

Westridge Newsletter May 2024



Contact us by email
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Dates to Remember:

May 1st-3's-4/5's Vision Screening

May 2nd-3's-4/5's Hearing screening

May 6th: Snow make up day

May 6th-10th Staff appreciation week

**May 10th: Kindergarten Round Up
(no school for kindergarten students)**

May 12th: Happy Mothers Day!

May 27th: Closed (Memorial Day)

**May 30th: Preschool Graduation
@930**

Notes from the Directors:

- Please remember to bring in sunscreen for your child (lotion kind only, no spray).
- Reminder schedules are due by 10 am Tuesday mornings.

Finally, the weather is getting warmer! Try some of these fun outdoor activities/games:

1. Another fun activity would be to have a scavenger hunt around your yard!
This can be fun for all ages.
2. A simple game kids love is also "red light, green light!"-

With enough room, this game can easily be played inside. One person is the traffic light at one end, and the other players are at the other end. When the traffic light faces the group, he or she says, "Red light!" and everyone must freeze. The traffic light then turns his or her back and says, "Green light!" while the group tries to get as close to the traffic light as possible. The traffic light turns around quickly, again saying, "Red light!", and if anyone is spotted moving, they have to go back to the starting place. The first person to tag the traffic light wins and gets to be the next traffic light. Number of Players: A small group. Equipment: None.

Use this form for topical non-prescription medications such as sunscreen, diaper cream, lip balm and Vaseline.

Any other medications will need family and doctor authorization forms.

Community United Child Care Centers, Inc
Child Development Centers – Administration Office
1026 E Seerley Blvd, Cedar Falls, IA 50613
(319) 277-7303, (319) 277-0472 fax



NON-PRESCRIPTION MEDICATION RELEASE
(FAMILY AUTHORIZED)

rev 03/15/17

Child's full name: _____ Date med brought to center: ____/____/____

Medication: _____ Amount in container: _____

Amount: _____ Time to Administer: _____

Start Date: ____/____/____ End Date: ____/____/____

I give permission to CUCCC to administer medicine as indicated above. I have administered at least one dose of medicine to my child without adverse effects.

Parent/Guardian signature: _____ Date: ____/____/____

DATE	TIME	MEDICATION	DOSAGE	STAFF INITIALS
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Documentation for non-prescription medication is required only when given to/used on the child. Turn into office after the end date indicated above. Additional sheets can be added to reach the end date without additional health care provider and family signatures.

PD/APD Signature: _____ Date: ____/____/____