

Preschool on the Hill

Teacher's Classroom Info

Room # _____

Days attending: 2 * 3 * 5 *
(Office will fill this out) **Half Day * Full Day**

Please **PRINT CLEARLY** in Black or Blue ink.

Child's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Birthday: _____ Sex: Male Female (circle one)

Age on August 1, 2023: _____ yrs. and _____ months

Mom's name: _____ Cell # _____ Work # _____

Dad's name: _____ Cell # _____ Work # _____

Please list all **FOOD ALLERGIES AND REACTIONS:** _____

Will there be medication stored in the office for allergies? Yes / No

Other Food Restrictions: Please explain: _____

Does your child have **ASTHMA**? Yes / No **Will there be any medication stored in the office for asthma? Yes / No**

Any special fears? _____

Note to teacher: _____

Do you want your family listed in school directory? Yes / No

Today's Date: _____

VOLUNTEERS ARE THE BACKBONE OF OUR GREAT SCHOOL

Child's name _____ Teacher's name _____ Room #: _____
First Last

Mom's name _____ Occupation _____ Phone # _____

Dad's name _____ Occupation _____ Phone # _____

PLEASE CHECK WHAT YOU CAN DO TO HELP THE TEACHER AND PROGRAM:

WE HAVE UNITS OF STUDY OF THE FOLLOWING: Safety (police & fire), Pumpkins/Fall/Apples, Cowboys, Thanksgiving, Christmas, Snow & Winter, Penguins, Bears, Nutrition, Alphabet (4/5's), Colors, Numbers, Shapes, Space, Bugs, Occupations, Transportation, Planting, Jungle, Farms, and Underwater.

_____ VISIT and talk about your pets or animals: _____

_____ VISIT and talk about your Occupation: _____

_____ VISIT and talk about your hobby: _____

_____ VISIT and share your "special" transportation: _____

_____ VISIT and share your work vehicle (fire truck, police car, city truck etc.): _____

SOMETIMES WE NEED SPECIAL THINGS to use or show the children in support of a theme.

_____ Straw or Corn Stalks in October for Pumpkin Patch & Cowboy/Cowgirl theme

_____ Saddle, Horse and Horse "Stuff" for Cowboy/Cowgirl theme

_____ Doctor's Bag "stuff"

_____ Airplane, Space Shuttle Models or support materials

_____ OTHER IDEAS _____

DO YOU HAVE A "COMMUNITY HELPER" OCCUPATION OR do you know someone who can come and share with the children?

_____ Police Officer, Mail Carrier, Gardener, Barber/ Hair Stylist, Sanitation worker, Grocer, Doctor, Fire Fighter, Dentist, Dental Hygienist, Crossing guard, etc.: _____

CAN YOU HELP?

_____ **Spend a morning helping with easel painting on the playground?**

_____ CUT OUT THINGS at school _____ or home _____

_____ WITH PARTIES at school, help set tables, pass out food, clean up

_____ HELP WITH SPECIAL DAY: _____ School Pictures _____ Eye Testing

_____ WAITRESS FOR DADDY DATE Pancake Breakfast

_____ HIDE EASTER EGGS for class egg hunt

WE SOMETIMES NEED SUBSTITUTES. Do you have 6 or more Early Childhood Units? YES / NO

Name: _____ **Room #** _____ **Home #** _____ **Cell #** _____

A LITTLE HELP IN THE OFFICE:

Can you occasionally answer the phone and sit in the office if the Director is out for a while? **YES / NO**

Name: _____ **Room #** _____ **Home #** _____ **Cell #** _____

THANK YOU for your participation!

PRESCHOOL ON THE HILL (FIRST BAPTIST PRESCHOOL)

PICTURE PERMISSION SLIPS

***Please complete sections A) and B)**

A) We take pictures of the children throughout the year: during special events, while they are playing, to use in a special "Me Book" that you will receive that documents the year, and in a slide show that we show the families at our End of the Year Program. We would like your permission to take your child's picture and use it as mentioned above.

☐ **YES** I, _____ (Parent Name), **give** Preschool on the Hill permission to take pictures of my child, _____.

OR

☐ **NO** I, _____ (Parent Name), **do not give** Preschool on the Hill permission to take pictures of my child, _____.

Parent Signature _____ Date _____

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B) Preschool on the Hill (First Baptist Preschool) uses social media throughout the year to promote the school as well as to share pictures and information with our families. Media includes the school's website, Facebook, and Instagram. We also may use the pictures in our newsletter and other printed material from time to time. We would like to add pictures of the children doing different activities here at school. We will not use or print your child's name anywhere. We would like your permission to take your child's picture and use it on Preschool on the Hill (First Baptist Preschool) social and printed media.

☐ **YES** I, _____ (Parent Name), **give** Preschool on the Hill permission to take pictures of my child, _____ and use them on the school's social media sites.

OR

☐ **NO** I, _____ (Parent Name), **do not give** Preschool on the Hill permission to take pictures of my child, _____ and use them on the school's social media sites.

Parent Signature _____ Date _____

Preschool on the Hill (First Baptist Preschool)
5500 Alessandro Blvd.
Riverside, CA 92506
Phone: (951) 683-4803

ADMISSION AGREEMENT 2023-2024 SCHOOL YEAR

This admission agreement is entered into on (Date) _____, between Preschool on the Hill (First Baptist Preschool) and (Your Name) _____.

1.0 BASIC SERVICES

1.1 SERVICES TO BE PROVIDED: We agree to provide the following services for your child

a) We will provide non-medical care.

b) We will maintain a set of rules for the protection of children participating in our program.

RELEASE OF CHILD: Parent will provide a list of individuals authorized by Parent to pick up Child from our school ("Authorized Representatives").

Parent agrees to notify us in advance each day if anyone other than Parent/Authorized Representative will pick up Child from our school on such day. Parent understands that Child will NOT be released to ANY individual for whom we have not received prior authorization from Parent. **DROP OFF:** Parent understands that School is open to receive the child no earlier than 7:00am.

SIGN IN/ SIGN OUT: Parent agrees that each day Parent shall not leave Child at School unless and until on such day Parent/ Authorized Representative has both (i) made personal contact with a member of School Staff, and (ii) signed Child into School's program. The "Time In" will be written on the sign-in/ sign-out sheet. An emergency telephone number where Parent/ Authorized Representative can be reached during the hours Child will be on school campus that day will be written on the sign-in sheet in case the Parent/Authorized Representative is needed by school personell. The school day ends at 12 noon for all morning classes, unless Child is staying for Time For Fun, which ends at precisely at 2:30pm or is enrolled in the Full Day Program, which ends at precisely 5:30pm. The "Time Out" and Parent/ Authorized Representative's signature is also required at the end of the school day.

CHANGE OF ADDRESS OR TELEPHONE NUMBER: Parent agrees to provide immediate oral notice (by telephone or in person), followed by written confirmation of any change of address or of Parent's home, cell or work telephone number.

c) School will provide supervision of Child's schedule and activities at School.

BASIC SERVICES SCHEDULE: The School will provide the Basic Services each

month according to the following schedule ("Child's Schedule"): Preschool on the Hill (First Baptist Preschool) is a "half day" school with extended care options to Parent, which shall mean one of the following, as indicated (please mark Program chosen):

- _____ *Half Day: Monday, Wednesday, Friday (3 Day)*, 9am to 12 pm includes time for one snack (provided by Parent)
- _____ *Half Day: Tuesday, Thursday (2 Day)*, 9am to 12 noon, includes time for one snack (provided by Parent)
- _____ *Half Day: Monday, Tuesday, Wednesday, Thursday, Friday, (5 Day)*, 9am to 12 noon, includes time for one snack (provided by Parent)
- _____ *Full Day: Monday, Wednesday, Friday, (3 Day)*, 7am to 5:30pm, includes time for two snacks (provided by Parent), time for lunch (provided by Parent), a rest period/ nap time
- _____ *Full Day: Tuesday, Thursday (2 Day)*, 7am to 5:30pm, includes time for two snacks (provided by Parent), time for lunch (provided by Parent), a rest period/ nap time
- _____ *Full Day: Monday, Tuesday, Wednesday, Thursday, Friday (5 Day)* 7am to 5:30pm, includes time for two snacks (provided by Parent), time for lunch (provided by Parent), and a rest period/ nap time

HOLIDAY SCHEDULE: The School generally follows the Riverside Unified School District's Holiday schedule and will provide the Parent with a copy of the Preschool on the Hill (First Baptist Preschool) Calendar. Any change in the regular schedule will be posted on the classroom parent bulletin board or receive a written notice. Parent will not receive a refund of or a credit against the Yearly Tuition Fee (or monthly payment) for such days.

ISOLATED CARE: School will provide Isolated Care for Child in the event Child becomes ill at School. However, Parent will be notified by School by telephone when Child becomes ill and Parent shall have Child removed from School within 1 hour of such notice. For purposes of this agreement, "Isolated Care" means care in an area at School that affords easy supervision by School's staff, which is equipped with a mat, and which is not located in the kitchen or in the general use toilet area.

- 1.2 **SERVICES NOT TO BE PROVIDED:** School will not provide the following services for your child:
- a) Assistance with taking medication;
 - b) Monitoring food intake or special diets. School will encourage Child to eat the snack/lunch (protein food group first is encouraged and the rest of the lunch

follows, but School depends on Parent to provide healthy food Child likes to eat and in appropriate amounts).

2.0 OPTIONAL SERVICES

2.1 TIME FOR FUN: Time For Fun (TFF) may be available for an extra fee to Half Day Students on Monday, Tuesday, Wednesday and/or Thursday afternoons (Fridays may be added based on enrollment), from 12noon until 2:30pm. Days offered will be determined by the need for the service. Sign up in advance to ensure availability.

- a) TFF is an extended play time for Child and is not intended to be "Day Care".
- b) Parent will provide a healthy, well balanced lunch and drink for Child.
- c) Sign-in: Parent/ Authorized Representative will print "TFF" in appropriate column on sign in/ sign out sheet.
- d) Sign-out. Parent/ Authorized Representative will sign out at the assigned classroom, then collect the Child.
- e) Parent/ Authorized Representative must pick up Child by or before 2:30pm, or late fee of \$1.00 per minute will be applied.
- f) There is no TFF the first week of school or the last week of school.

2.2 EARLY BIRD DROP OFF: Early Bird drop off (EB) is available for an extra fee Monday through Friday from 7:00am to 8:50am in Room 302 (room is subject to change) on a permanent or drop-in basis. No advance sign-up is required.

3.0 PAYMENT PROVISIONS

3.1 BASIC RATES: Parent shall pay to School a yearly Annual Tuition. 5% discount if paid in full by September 1st. Ten (10) monthly payments optional for the Basic Services. School rates for such services are as follows:

a) FIRST PAYMENT DUE AUGUST 1ST - LAST PAYMENT DUE MAY 1ST		
Two days per week, Half Day	\$2,475.00 per year	10 payments of \$247.50
Three days per week, Half Day	\$3,245.00 per year	10 payments of \$324.50
Five days per week, Half Day	\$4,565.00 per year	10 payments of \$456.50
Two days per week, Full Day	\$4,510.00 per year	10 payments of \$451.00
Three days per week, Full Day	\$6,160.00 per year	10 payments of \$616.00
Five days per week, Full Day	\$8,580.00 per year	10 payments of \$858.00

*A 10% Tuition discount applied for the second Child in the family concurrently enrolled.

- b) MID SCHOOL YEAR START: In addition to the Registration Fee, **first payment is to be made upon starting, last payment is due May 1st.**

3.2 OPTIONAL SERVICE RATES: Parents agree to pay to School the following fees for optional services as provided to Child by School pursuant to Section 2.0 of this

agreement.

\$10.00 per Time For Fun (TFF)--\$8.00 second Child in the family concurrently enrolled
\$5.00 per Early Bird drop off (EB) per Child, per hour or any portion of the hour.

- 3.3 REGISTRATION FEE: Parent shall pay to School a *nonrefundable* annual Registration Fee of \$135.00 on the registration day and thereafter on the registration day each year in which Child is enrolled in School's program.
- 3.4 PAYMENT DUE DATE: A full payment and any additional fees incurred in the previous month are due on the FIRST CALENDAR DAY OF THE MONTH in which the Basic Services are to be provided. A late fee of \$20.00 may be applied to the account if not paid by the 10th of the month.
- 3.5 DISCOUNT OPTIONS: If the annual fee is paid in full by September 1st of the school year, a discount of 5% will be applied. If the Annual Tuition Fee is paid in full in two payments (first payment received by September 1st, second payment received by January 31st of the School Year) then a discount of 3% will be applied.
- 3.6 MISSING TUITION PAYMENTS: Any delays in payments should be addressed with the Assistant Director or the Director. Late or missing Tuition payments will incur a late fee of \$20.00. If two payments of tuition are missed, Child will not be permitted to attend School. School will hold Child's place in class for 10 school days, and if no payments are received or payments schedule is arranged with the director, then enrollment will be terminated.
- 3.7 METHOD OF PAYMENT: Payment to School may be made by cash, credit card, check or money order payable to Preschool on the Hill. Credit card payments may be made online by sending a request via email to the Assistant Director at preschool@thehillriverside.org. *If any Payment is returned unpaid, Parent shall pay School the bank service fee, in addition to other amounts due, and thereafter the School reserves the right to have Parent make Payments by cash or money order.
- 3.8 LATE PICK-UP FEE: Each day Child is picked up at school LATER than the scheduled pick-up time, as provided in Section 2.1 of this agreement, Parent shall pay a fee of \$1.00 per minute. Parent shall pay School the Late Pick-Up Fee on the day the Fee is assessed against Parent or the next school session unless other provision is made with the Director. Consistent late pick-ups will result in refusal of School to provide this service to Child.
- 3.9 LATE FEE FOR TARDY RETURN OF ENROLLMENT FORMS PACKET: Completed Enrollment Packet is due no later than July 15, 2023. Late fee is \$20.00, due when the packet is returned. Physician's Report MUST be included on that day.

- 3.10 ABSENCE POLICY: Parent shall pay a full Payment to School for each month Child is enrolled in School's program, regardless of whether Child is absent for any reason, including but not limited to illness or vacation. Parent will notify School when Child will be absent, especially due to illness.
- 4.0 RIGHT OF LICENSING OFFICIALS TO INTERVIEW CHILDREN: Parent understands and acknowledges that School is a licensed Preschool and that, under California law, the California Department of Social Services has the right at any time, without notice or prior consent, to privately interview children or staff at any licensed preschool, to inspect and audit children's records; to observe the physical condition of the children, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional conduct physical examinations of children.
- 5.0 WITHDRAWAL BY PARENT: Parent may withdraw Child from School's program at any time; provided, however, that Parent shall notify School in writing two (2) weeks in advance of withdrawing child from School's program. If the Parent withdraws Child in the middle of the month, provided that Parent provides School two weeks prior notice of such withdrawal, School will refund any unused portion of tuition paid for such month.
- 6.0 SUSPENSION/ TERMINATION CONDITIONS:
- 6.1 IMMEDIATE: School may suspend child's enrollment in School's program effective immediately upon written notice to Parent of such suspension, if the following condition arises:
- In the sole judgment of School's Director, Child's behavior threatens the physical or mental health of well-being of one or more of the other children or staff at School.
- 6.2 TWO-WEEKS NOTICE: School may terminate Child's enrollment in School's program effective upon two-weeks notice to Parent of such suspension, if the following condition arises:
- a) Any on the conditions listed under Section 6.1 above, provided that School has not exercised its right to terminate Child's enrollment immediately;
 - b) In the judgement of School's Director/ School Committee, School's Program does not meet the developmental or special needs of Child;
 - c) Parent fails to abide by any other terms of this Agreement and/ or School's Parent Handbook.

If School terminates Child's enrollment in School's program pursuant to the Section 6.2, School will refund a portion of the Tuition Payment paid by Parent in advance for that payment, prorated on a daily basis for the remainder of such month.

- 7.0 MODIFICATION: Parent understands and acknowledges that, under California law, School may modify this Agreement whenever circumstances covered in this Agreement change, provided that any such modification shall be in writing and shall be signed and dated by Parent and School, and provided further that:
- a) If School's rates or fees are changed by School, School agrees to provide written notice to Parent thirty (30) days prior to implementing any change to such rate or fees.
- 8.0 PARENT'S ADDITIONAL RESPONSIBILITIES AND OBLIGATIONS:
- 8.1 CERTIFICATION THAT ALL INFORMATION IS CORRECT: The attachments listed below form a part of this Agreement. Parent certifies that s/he had read and agrees to notify School immediately in writing of any changes in the information supplied on the forms listed below. These FORMS will be RETURNED NO LATER than July 15, 2023.
- 8.2 MEDICAL ASSESSMENT: Parent agrees to provide to School's Director a written medical assessment of child in a form provided by School or in a form approved by School, performed by or under the supervision of a licensed physician by July 15, 2023 and if starting school after Fall starting date, no later than 14 days after the enrollment date. The TB Risk Factor Box at the bottom of the form should be evaluated and checked by the physician.
- 8.3 IMMUNIZATION RECORDS: Parent will provide YELLOW CALIFORNIA IMMUNIZATION RECORD of Child to the Director PRIOR to admission at School. This record shall verify that Child has received 3 Polio, 4 DTP, 1 MMR on or before 1st birthday, 1 Varicella (Chickenpox), 3 HEP B and 1 HIB vaccine.
- 8.4 NECESSARIES: Parent agrees to provide School with a change of clothes for Child, in a gallon sized bag labeled with Child's name.
- 8.5 EARTHQUAKE/ DISASTER KIT: Parent agrees to provide an Earthquake/ Disaster kit as requested and described in Enrollment papers. This kit may be picked up on the last day of school. Any left over kits will be discarded at the end of the last week of school. *This kit is not to be used as a snack replacement, and will remain in a location on the School campus designated for emergencies.
- 8.6 CENTER VISITS:
- a) Parent acknowledges that, while California law affords the Parents the right to visit School without advance notice, such visits may disrupt School/ Child's schedule when they occur at a time other than the scheduled Drop-Off or Pick-Up time. Parents should check with either the Teacher or the Director when planning to stay on campus during the school session. Additionally, for the safety and well-being of Students, Staff and Visitors, School shall monitor all Visitors on School campus. School shall maintain a count of the number of Visitors on School campus each day. Therefore,

Parent agrees to sign-in in the "Visitor's Log" at the School Office and wear a "Visitor" badge while they are on the campus at any time other than the scheduled Drop-Off or Pick-Up time. Parent also agrees to sign-out in the "Visitor Log" and return "Visitor" badge at the end of each visit.

- b) *California State Law requires volunteers on School campus to be fingerprinted through LiveScan. The School is also required to have on file documentation of TB test, Measles vaccination, Whooping Cough vaccination, and annual Flu vaccination.
 - c) For the safety and well-being of each and every Child on campus, Parent/ Visitor may not discipline, correct, or interfere with the teachings of any Student at any time. The Director or Teacher may ask the Visitor to leave the classroom/ campus at any time. Rules for volunteering in the classroom are available for review at any time.
9. TERM: This agreement shall be in effect until Child is withdrawn from School's program by Parent or unless terminated sooner in accordance with the provisions of this agreement.
10. ENTIRE AGREEMENT: This Agreement, together with the Admission forms and School's Parent Handbook, incorporated herein by this reference, contains the entire agreement and understanding between the parties as the subject matter hereof.
11. ASSIGNABILITY: This Agreement is binding upon and shall inure to the benefit of the School, but shall be personal to Parent. The interest of Parent hereunder may not be transferred or assigned, by operation of law or otherwise, without the written consent of School, which may be granted or withheld in the sole and absolute discretion of School.

Parent(s)/ Guardian(s)

Signed: _____ Date: _____

Signed: _____ Date: _____

PRESCHOOL ON THE HILL (FIRST BAPTIST PRESCHOOL)

(School's Legal Name: FIRST BAPTIST DAY NURSERY)

SCHOOL STATE LICENSE NUMBER: 330-900-315

Signed: Heather L. Young, Director Date: 2/12/2023

ADMISSION AGREEMENT- SCHOOL COPY

SIGN AND RETURN THIS COPY FOR YOUR CHILD'S FILE

This Admission Agreement is entered into on (Date) _____, between Preschool on the Hill (First Baptist Preschool) and (Parent/Guardian Name)_____.

Student Name: _____

Please Mark Basic Services Schedule Requested:

- _____ *Half Day: Monday, Wednesday, Friday (3 Day)*, 9am to 12 pm includes time for one snack (provided by Parent)
- _____ *Half Day: Tuesday, Thursday (2 Day)*, 9am to 12 noon, includes time for one snack (provided by Parent)
- _____ *Half Day: Monday, Tuesday, Wednesday, Thursday, Friday, (5 Day)*, 9am to 12 noon, includes time for one snack (provided by Parent)
- _____ *Full Day: Monday, Wednesday, Friday, (3 Day)*, 7am to 5:30pm, includes time for two snacks (provided by Parent), time for lunch (provided by Parent), a rest period/ nap time
- _____ *Full Day: Tuesday, Thursday (2 Day)*, 7am to 5:30pm, includes time for two snacks (provided by Parent), time for lunch (provided by Parent), a rest period/ nap time
- _____ *Full Day: Monday, Tuesday, Wednesday, Thursday, Friday (5 Day)* 7am to 5:30pm, includes time for two snacks (provided by Parent), time for lunch (provided by Parent), and a rest period/ nap time

Parent(s)/ Guardian(s)

Signed: _____ Date: _____

Signed: _____ Date: _____

PRESCHOOL ON THE HILL (FIRST BAPTIST PRESCHOOL)

(School's Legal Name: FIRST BAPTIST DAY NURSERY)

SCHOOL STATE LICENSE NUMBER: 330-900-315

Signed: Heather L. Young, Director Date: 2/12/23

Disaster Preparedness Plan

Here at Preschool on the Hill (First Baptist Preschool), we know that it is essential to be prepared for a potential emergency or disaster. The plan that we have implemented involves the staff, the children, and you, the parents.

The staff knows the physical characteristics of our facility. They have been informed as to how, where and when to turn off the gas, water and electricity. They know the safest places for the children in their rooms. They are all current with CPR and First Aid training. Each room is equipped with a first aid kit for use in case of a minor emergency or a disaster. We also keep most of our food, water and other supplies in the storage trailer on the main parking lot. We have 1 major earthquake drill a year as well as monthly fire and "duck and cover" drills. Our classrooms have been safety checked, the furniture is secured to the walls and the windows are covered with safety film. Disaster preparedness is included in our curriculum.

The children are instructed on the proper safety procedures concerning fire and earthquakes and they practice those fire drills and "duck and cover" earthquake drills regularly. The parents can and should discuss the safety procedures for school with their children as well as implement an emergency plan for home. Remember to keep the conversation age appropriate to avoid excessive fear.

Finally, please supply your child with an emergency food packet that will be stored at school for the entire school year. This packet should sustain your child for 24 – 48 hours. If your child has asthma, severe allergies and/or requires medication, please be sure to note that on the "Child ID Information" form on the reverse side of this page. Please be sure that that medication is stored in the preschool office and that the indications for use, dosage and instructions for administering the medication are clearly written in the space provided on this form and are also included with the medication itself. You may include a picture of adult family members (parents, grandparents, aunts and uncles) who might pick up the child in case of emergency.

The food packets need to be uniform in size for easy storage. Please do not put the packet in a backpack or duffle bag. **Use a gallon size Zip-Lock bag** and fill it with food your child can and will eat, with consideration to your child's food preferences and any allergies. **Please do not include nuts or nut products of any kind. (We are a nut free school!)** Also, remember that nothing will be heated or cooked. All items must be nonperishable! Canned goods are best because they have a longer shelf life. All canned goods must have pop-top lids. Please write your child's name on the Zip-Lock bag with permanent marker and include the form on the reverse side of this page inside the packet.

Some ideas of what might be in a packet:

- Pop-top single serving size containers of pasta or soup etc.
- Pop-top canned meat (Vienna sausage, tuna or chicken salad kits, etc.)
- Packs of cheese and cracker Handi-snacks
- Cereal bars
- Individual packs of snack crackers
- Pop-top individual cans of fruit
- Cans of juice

Remember, these are just ideas. Put in the packet what your child will eat. We will return the packets on the last day of school, unless your child is enrolled in summer school, in which case it will be returned the last day of summer school. A fresh emergency food packet is required each school year.

Please put this inside your child's earthquake food packet.

Child ID Information:

Child's Name _____

Address _____

Home Phone (_____) _____

Mother's Name _____ Cell Phone (_____) _____

Father's Name _____ Cell Phone (_____) _____

Child's Doctor _____

Phone (_____) _____ Patient # _____

My Child is allergic to the following foods and / or medications. _____

My Child has asthma: Yes _____ No _____

If YES, be sure medication is stored in the preschool office and include information (indications for use, dosage and directions for administering) on the following lines:

My Child is in need of medication within a 48 hour period for _____

.Yes _____ No _____

If YES, be sure medication is stored in the preschool office and include information (indications for use, dosage and directions for administering) on the following lines:

For the Red Cross, if needed:

Out of State family/friend contact: Name _____

Phone (_____) _____ Address _____

Relationship _____ City _____ State _____ Zip _____

Out of Area family/friend contact: Name _____

Phone (_____) _____ Address _____

Relationship _____ City _____ State _____ Zip _____

In case of disaster, my child may be picked up by the following adults: _____

Please note that parents/family/friends picking up child must have valid identification with them.

+++++

The following is to be filled out by the staff.

Condition of the child upon release: _____

+++++

Name of adult picking up child (please print clearly) _____

Date _____ **Time** _____ **Staff Name** _____

ID provided _____ **#** _____

Signature of adult picking up child _____