



Registration Form

Program choice: _____ School year _____

Child's name _____ Sex: _____ Birthdate: _____

Address: _____ Phone: _____

Parents: Father: _____ Mother: _____

Employment: _____

Address & phone: _____

Email Address: Father: _____ Mother: _____

Marital status: Single: _____ Married: _____ Separated: _____ Divorced: _____ Widow: _____

Church affiliation: _____ Reg. Fee _____

Two people to contact if parents are unavailable in an emergency: (Please give local numbers.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name, address and phone of persons authorized to call for/pick-up child:

_____ Relationship: _____

_____ Relationship: _____

Name and age of siblings:

Others in household and relationship:

I hereby enroll my child in the First Baptist Church Preschool and agree to abide by its policies.

Parents or Guardian's Signature

Written Consents

EMERGENCY MEDICAL CARE

This authorizes the First Baptist Church Preschool to secure EMERGENCY medical care for my child when I/We cannot be immediately reached at the time of emergency. I/we understand that the school does not assume responsibility for the emergency medical charges and I/we pay charges upon receipt of the statement. _____ is the preferred doctor/clinic/hospital.

Child's Clinic # _____

EFFECTIVE DATES: _____ to _____

Signature of Parent/Guardian, relationship to child

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize the First Baptist Church Preschool to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/We understand all such trips are under the supervision of the above/named facility and that health and safety precautions are taken in compliance with DCFS standards for licensee.

EFFECTIVE DATES: _____ to _____

Signature of Parent/Guardian, relationship to child

RELIGIOUS INSTRUCTION

I/We understand that the First Baptist Church Preschool is a Christian-based school. I/We give consent for my/our child to participate in the religious teachings of the school. In participating, the child may sing Christian songs, hear Christian stories, do Christian finger plays, etc.

EFFECTIVE DATES: _____ to _____

Signature of Parent/Guardian, relationship to child

PICTURES OF CHILD

I/We authorize the staff of First Baptist Church Preschool to photograph our child for the purposes of art projects, room display, and any media related activities such as television/radio station coverage of an event.

EFFECTIVE DATES: _____ to _____

Signature of Parent/Guardian, relationship to child

NAME: _____ SCHOOL YEAR: _____

ILLNESS POLICY

If a child is listless, or cannot go outside for play, he/she should remain at home. Please contact the school if your child will be out due to illness. A child should not be sent to school with a fever. If there is any doubt regarding a communicable disease, the child should remain at home during the contagious period. If a cough persists for weeks, the child's physician should be contacted. If a child should become ill while at school, parents, or emergency numbers, will be called and the child will be isolated and allowed to rest on a cot. Teachers will **not** administer any medication, except for routine first aid on cut and scrapes. In the event of any serious injury, an accident report will be filed with the director and parents will be notified of the accident and how the injury was treated. Parents must sign the consent form stating that they have read the illness policy and agree to abide by this policy.

Here are the guidelines you should follow when deciding when your child should stay home and when they can return to school following an illness.

FEVER-temperature of 100° F under the arm. May return when fever free for 24 hours.

VOMITING-May return to school when vomit free for 24 hours.

DIARRHEA-Free from diarrhea for 24 hours. The exception is if the child is on medication that causes diarrhea.

CONJUNCTIVITIS-Unusual redness of eyelid lining, irritation followed by swelling and/or discharge. May return when on medication for at least 48 hours or note from doctor stating child does not have conjunctivitis.

CHICKEN POX-Known exposure, low grade fever, blister-like rash. Child may return to school when all pox are scabbed over.

SKIN RASH-Yellowish, unusual or persistent rash, severe itching of body or scalp, potentially infectious skin patches that are crusty-dry, scabbed, weepy or gummy. Note from doctor that child is not contagious.

I/We have read and understand the illness policies of First Baptist Church Preschool as stated above and in the school's handbook. I/We will abide by the guidelines for illness in deciding whether our child/ren are able to attend school for that day.

EFFECTIVE DATES: _____ to _____

Signature of Parent/Guardian, relationship to child

DISCIPLINE POLICY

"First Baptist Church Preschool abides by the regulations issued by the Department of Children and Family Services: "No child shall be subject under any circumstances to corporal punishment inflicted in any manner upon the body or to verbal abuse, deprived of regularly scheduled meals as punishment, or punished for toilet accidents." Time outs will be used if a child is out of control. The child's parents will be notified if a problem persists. Following any time of correction, the teacher will lead the child through appropriate steps to restore them with the class, the teacher and the Lord. This will usually be a short prayer of forgiveness and an opportunity to ask for forgiveness of anyone involved in the situation. "Any child who, after attempts have been made to meet the child's individual needs, demonstrate inability to benefit from the type of care offered by the facility, or whose presence is detrimental to the group, shall be discharged" (DSCFS 407.25j) Parents must sign the consent form stating that they have read this policy and agree to abide by this policy.

I/We have read and agree with the discipline policy of First Baptist Church Preschool as stated above and in the school's handbook. I/We understand that this policy follows the DCFS regulations.

EFFECTIVE DATES: _____ to _____

Signature of Parent/Guardian, relationship to child

STUDENTS NAME:

SCHOOL YEAR:

Late Pick-up Policy

As stated in the First Baptist Church Preschool Handbook, all children are to be picked up at the end of the morning session by 11:40 am and the afternoon session by 3:10 pm. In the event that your child remains in our care past this time, the following actions will be taken:

Preschool staff will attempt to reach parent/guardian, and/or emergency contact until 12:00 pm for morning session and 3:30 pm for the afternoon session. The staff will continue to call and leave messages/voice messages and wait for a return call until the times stated above. A minimum of 3 calls will attempted during this time.

At 12:00 pm/3:30 pm, if no contact has been made with the parent/guardian, or emergency contact, Preschool staff will contact local police. Preschool staff will remain with the child until authorities arrive and assume custody of the child regardless of time elapsed.

Payment of \$1.00 per minute will be charged to the parent/guardian following the 11:40 am & 3:10 pm times. This fee is due when the child returns to school at their next scheduled time.

Preschool Staff/Administration assumes responsibility for the following:

Staff acknowledges responsibility for the child's protection and well-being until the parent or authorities arrive and assume custody of the child.

Staff will discuss the issue with the parent only, not with the child, and at a time in which the child is not present.

Parents/Guardian assumes responsibility for the following:

Information regarding phone numbers by which to reach parent/guardian is to be kept current at all times. Immediate notification will be submitted to FBC Preschool of changes throughout the year.

Emergency contact information (phone numbers, work location, etc.) must be kept current at all time. Should information change, parents are to submit this information to the preschool immediately.

I/We have read the above information and have asked for and received clarification regarding any portion that was unclear.

Mother's signature/date

Father's signature/date



Child's Personal Record

Child's Name: _____ School year _____

Address: _____ Birthdate: _____

_____ Birthplace: _____

Program Choice: _____ Enrollment Date: _____

Describe other group experiences your child has had or is having now: _____

Child's favorite indoor activities: _____

Child's favorite outdoor activities: _____

Any Pets in the home? ____ Type and name _____

Any food allergies? ____ Describe: _____

Any other allergies? ____ Describe: _____

Does your child have any fears? ____ Describe: _____

How do you handle them? _____

Are there any special circumstances in the family, which may be a factor in your child's behavior? (Recent moves, death, new baby, divorce, etc.) Please explain:

What concerns do you have about your child's present behavior?

In what way(s) would you like to see your child develop during his/her experience at our preschool?

Please add any additional information that will help us know your child better.

Signature(s) of person(s) completing forms