



**FIRST PRESBYTERIAN PRESCHOOL
2018-2019 APPLICATION FOR ENROLLMENT**

Child's Name _____ Date of Birth _____
Name Called _____ Sex: Male _____ Female _____

Father's Name _____ Email _____
Address _____ Zip _____
Home Phone _____ Cell Phone _____

Mother's Name _____ Email _____
Address _____ Zip _____
Home Phone _____ Cell Phone _____

Please note: This registration is for enrollment in the school year running August 2018-May 2019.

Fees: \$150 Registration Fee (non-refundable) must accompany this application for enrollment.

Payment may be made annually, semi-annually or monthly. If paid monthly (August-May), payments are considered late after the 15th day of the month. A \$25 late fee will be charged to your account after the 15th. Returned checks from the bank will result in a \$15 fee being charged to your account. Refunds will not be given for days missed due to illness, surgery, appointments, vacations, etc.

You will be asked to provide school supplies once per semester or you may have your account billed \$15 per semester.
_____ I will provide supplies. _____ Bill me for supplies.

Requested Class: (check one) ****Class offerings are subject to change based on enrollment needs at registration.**

Class	Class Time	Age	Price
_____ MWF 2's	9:00-11:30AM	(must be 2 by August 1, 2018)	\$195 x 10
_____ TTH 2's	9:00-11:30AM	(must be 2 by August 1, 2018)	\$130 x 10
	Independent toileting not required in 2's classes		
_____ MWF Y3's	9:00-11:30AM	(must be 3 by February 1, 2019)	\$195 x 10
_____ TTH Y3's	9:00-11:30AM	(must be 3 by February 1, 2019)	\$130 x 10
_____ MWF 3's	9:00AM-12:00PM	(must be 3 by August 1, 2018)	\$195 x 10
_____ TTH 3's	9:00AM-12:00PM	(must be 3 by August 1, 2018)	\$130 x 10
_____ MWF Y4's	9:00AM-12:00PM	(must be 4 by February 1, 2019)	\$195 x 10
_____ TTH Y4's	9:00AM-12:00PM	(must be 4 by February 1, 2019)	\$130 x 10
Pre-K:			
_____ M-TH	9:00AM-12:00PM	(must be 4 by August 1, 2018)	\$260 x 10
	There will be three M-TH 9:00AM-12:00PM classes. (Friday may be added by enrolling in Super Science Fridays.)		

All enrollment forms must be submitted together on or after January 16, 2018 for enrollment into the 2018-2019 school year. Your child will not be placed in any class until all forms are complete and turned in together. Admissions will be received on a first come/first served basis

I have read and understand the registration and payment policy information stated above.

Parent/Guardian Signature _____ Date _____

For Office Use: Cash Receipt # _____ Check# _____ Amount _____ Date _____

Rapid Tuition Automatic Deduction _____ (parent's initials)

2018-2019
FIRST PRESBYTERIAN PRESCHOOL
Pupil Information Sheet
(completed annually)

Family History

Child's Full Name _____
Name you wish child to learn to write (example Michael vs. Mike) _____
Address _____
Home Phone _____
Birthdate _____
Sex – M _____ F _____ Ethnicity _____
Elementary school your child will be attending _____

Mother's Name _____
Address _____
Phone _____ Cell Phone _____
Email Address _____
Place of Employment _____
Occupation _____
Work Phone _____

Father's Name _____
Address _____
Phone _____ Cell Phone _____
Email Address _____
Place of Employment _____
Occupation _____
Work Phone _____

Are parents divorced? _____ Separated? _____

Primary language spoken in the home: _____
Is your child able to communicate in English? _____
If English is a secondary language for your child, how much does he/she understand when spoken to:
_____ none _____ a little _____ most

Does your child attend any other organized programs: _____
Your family's church home: _____
Primary Driver's Vehicle Make _____ Model _____ Color _____
Plate state and number _____
Persons authorized to pick up child: _____
Persons who may **not** pick up child: _____

Names, ages, and sex of other children in the family living with the child:

1. _____	3. _____	5. _____
2. _____	4. _____	6. _____

Are there adoption/foster care concerns which we need to be aware of? _____

Is there ethnic, cultural, or religious information that would be beneficial to our staff in understanding your child? _____

Names of persons living in home other than immediate family: _____

Stressors which may be affecting my child? (i.e. – special needs sibling, ill grandparent, step child visiting, weekends with other parent etc.) _____

Do you have local support for your family with childcare and parenting help? _____

Child's History

Does your child have any allergies? If yes, what kind? _____

Does your child have any dietary restrictions? If yes, what kind? _____

Does your child eat and drink independently? _____

Are there any medical problems of which we should be aware? _____

Has your child ever had any seizures? If yes, please explain. _____

Is speech normal for age? _____ Any hearing problems? _____ vision problems? _____

Is child right handed, left handed, or both? _____

Has child had a previous group or preschool experience? _____

Has your child been left with caregivers for more than 30 minutes? How did he/she respond? _____

Has your child had play experience with other children often _____, occasionally _____, or never _____

How much screen time does your child have daily? (TV, iPad, phone, Leapfrog, computer) _____

What method of discipline works best with your child? _____

Is your child familiar with the 1,2,3 Magic discipline approach? _____

How does child respond to corrections? _____

Is child toilet trained during the day? _____

Does your child require assistance with toileting? (wiping, manipulating clothes) _____

What word does child use for toileting? _____

Does child have any bowel or bladder irregularities? _____

Is child shy _____, jealous _____, aggressive _____, quick tempered _____, other _____

What fears does child have? animals (what kinds?) _____, storms _____, dark _____, loud noises _____, other _____

I will update the office and my teachers if there is change in address, family situation, and any other information that may be helpful to my child's school and caregivers. Yes _____ No _____

If you anticipate your child staying for Wee Care childcare and napping, please answer the following.

What is your child's typical bedtime/naptime routine? _____

Any special comforts that your child prefers? (i.e. rubbing back, special blanket, etc.) _____

Parent Signature _____



PARENT'S NOTICE

State Form 49444 (R2 / 5-17)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility

Address of facility (number and street, city, state, and ZIP code)

**First Presbyterian Preschool
512 Seventh Street
Columbus, IN 47201**

County

Bartholomew

FIRST PRESBYTERIAN PRESCHOOL - Emergency Information

(please complete all four cards)

Year _____ Class _____
Child's Name _____ Nickname _____
Date of Birth _____ Gender M F Home Phone _____
Mom Cell Phone _____ Dad Cell Phone _____
Address _____ Zip _____
Email _____ Primary Language _____
Person(s) with custody _____
Father's Name _____ Work Phone _____
Place of Employment _____
Mother's Name _____ Work Phone _____
Place of Employment _____

I authorize the following persons to pick up my child if I cannot be reached:

- 1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Parent/Guardian Signature _____ OVER

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(please complete all four cards)

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Child's Name _____ Nickname _____
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Parent/Guardian Signature _____ OVER

Medical Information

Medical conditions/allergies/special needs _____

Current Medications _____

Physician _____

Phone _____

Dentist _____

Phone _____

Other _____

Phone _____

I give First Presbyterian Preschool permission to contact a physician for emergency care if parents or above physician cannot be reached.

Parent / Guardian signature: _____ Date: _____

I have received a copy of the student handbook and understand that is my responsibility to understand and comply with the standards that have been established.

Parent / Guardian signature: _____ Date: _____

I have read the safe transportation of food policy and agree to take full responsibility for the safety of my child's food during preparation, storage and transport to preschool:

Parent / Guardian signature: _____ Date: _____

I have read the emergency plan of First Presbyterian Preschool and am aware of the procedures that are in place.

Parent / Guardian signature: _____ Date: _____

Medical Information

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Physician _____

Phone _____

Dentist _____

Phone _____

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FIRST PRESBYTERIAN PRESCHOOL

PHYSICAL HEALTH FORM

(*This FPP Physical Health Form must be completed annually and cannot carry over year to year.)

Child's Name _____ Date _____
Age _____ Date of Birth _____
Doctor _____ Phone _____
Serious Accidents _____
Serious Illnesses _____
Serious Conditions _____
Diagnosed Conditions _____
Operations _____
Hospitalizations _____
Physical Disabilities or Limitations _____

Does the child have any problems which would restrict strenuous physical activity?
Yes _____ No _____ Restrictions? _____

Emotional or behavioral problems? _____

Has your child received any of the following intervention services:
CRH Early Intervention _____ First Steps _____ Home School Partners _____

*If yes, name of therapist _____
Does your child have an IEP? _____ Does your child receive speech? _____
Does your child receive OT? _____ PT? _____ Other? _____

I give First Presbyterian Preschool permission to speak with my child's therapist to better understand my child's needs. _____

Allergies:
Foods _____
Medications _____
Other _____

Please list any medications or injections taken regularly: _____

Will medications need to be administered to your child during school? Yes ___ * No ___

*If so, an Authorization for Prescribed or over the Counter Medication Form must be on file! All medications must be handed to the teacher who will keep them in a locked cabinet. Since we do not have a nurse on staff, we are unable to administer medications or breathing treatments. Parents are welcome to come to preschool to administer any medications to their children as needed. Staff will administer medications only in life-threatening situations.

Your child's immunization record is included on the State of Indiana Child Care Center Health Record form. An update must be submitted to preschool as additional shots are given to your child.

Parent or Guardian Signature _____



**HEALTH CARE PROGRAM FOR CHILD CARE CENTERS
CHILD CARE CENTER HEALTH RECORD**

State Form 49969 (R4 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

Name of child (<i>last, first</i>)		Date of birth (<i>month, day, year</i>)	Date of admission (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)			
Child lives with (<i>relationship</i>)	Name	Telephone number () -	

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	-----
		Handicapping conditions:	-----
Screenings	Result / Date (<i>month, day, year</i>)	Other:	-----
TB Risk / Symptom			-----
Developmental Screen			-----
Lead			-----

PHYSICAL EXAMINATION	
Date of exam (<i>month, day, year</i>)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:
Note any unusual findings:	

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (<i>including sports</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:	

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	



2018-19 Releases

(Please circle "consent" or "decline" and sign at bottom.)

FIELD TRIP RELEASE

- | | | |
|---------|---------|---|
| Consent | Decline | I give permission for my child to attend field trips with First Presbyterian Preschool (FPP). |
| Consent | Decline | I will transport my child to and from all field trips or I will designate an adult to do so in my absence. I understand that if I cannot provide an adult chaperone for my child that my child will not be able to participate. |
| Consent | Decline | I understand that if my child does not participate in a field trip I will keep my child at home or make advanced reservations for Wee Care childcare. The fee for Wee Care childcare will be my responsibility. Wee Care may be at capacity and other childcare arrangements may need to be made. |

PHOTO RELEASE

I give FPP permission to take photographs of my child while at preschool. I understand that these photos may be used on the preschool website, Facebook page, marketing materials, or in *The Republic* newspaper. *(Circle one below)*

Consent All

Building Use Only

Decline All

Signature _____

Child's Name _____

Class _____ Date _____

Tuition Payment Agreement

Tuition is calculated on an ANNUAL BASIS, without exception. For your convenience we have established 3 payment options. Please circle your payment preference below.

- Annual payment due on or before August 1st.
- Semi-annual payments due on or before August 1 and January 1
- 10 Monthly payments due on or before the 1st of each month. Beginning August 1 and last payment due May 1st.

I understand that if I take my child on extended leave from school, I am contractually obligated to pay the full annual tuition & registration fees according to the payment plan that I selected above. If I fail to pay tuition in accordance to that plan, I acknowledge that I am forfeiting my child's place in the classroom.

In the case I choose to withdraw my child from class, I understand that re-registration would be required to return if space is available.

Child's
Name: _____

Parent/Guardian
Signature: _____

Date: _____



FIRST PRESBYTERIAN PRESCHOOL

512 Seventh Street
Columbus, Indiana 47201
(812)376-6277

Dear First Presbyterian Preschool Families,

We would love to see what type of global community we have here at First Presbyterian Preschool for the upcoming school year. Would you please complete the following information and return with your registration packet? We appreciate your time!

What is your family's native language? _____

What language(s) is (are) spoken in your home? _____

What is your race?

_____ White _____ Native Hawaiian or other Pacific Islander

_____ Black or African American _____ Hispanic or Latino

_____ American Indian or Alaska Native _____ Other: _____

_____ Asian _____ Multi-race: _____

Name (optional) _____

Again, thank you!



FIRST PRESBYTERIAN PRESCHOOL

512 Seventh Street
Columbus, Indiana 47201
(812)376-6277

EMERGENCY PLAN

*Listed below are the emergency procedures for our preschool. **After reading through these procedures, please sign the back of your child's emergency card to acknowledge that you are aware of the plans in place.***

1. In the event of illness of a staff member that may be contagious to others, a written notice will be sent to families that describes the illness. A substitute teacher from our approved list will be secured.
2. If an emergency exists within our facility and we cannot care for children and must evacuate our building, students will be moved to an alternate location nearby. Parents need to listen to their local radio stations for pickup information
3. All parents need to have a plan in place for their child in the event of a child's illness or the preschool's inability to care for children in the case of an emergency.
4. Parents need to be aware of the policies located in the handbook of when to keep your child home from school. See page 8 of the Student Handbook.
5. Parents must provide alternative contacts, people who are authorized to pick up your child, and medical care authorization for your child in the event parents can not be reached. This information is located on the Emergency Information Card. It is the parent responsibility to keep the list updated and accurate.
6. First Presbyterian Preschool has written plans for evacuation from our building in case of fire or other emergency. The local radio stations will inform you of where and when you can access your child.
7. First Presbyterian Preschool has written plans for safe shelter during a tornado warning or other threatening weather emergency. Please read your student handbook for further information.
8. No students will be released from our care until our emergency situation is stable. Parents will be asked to provide a picture identification card and sign out their child when leaving our premises.

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

Food must be brought to the center in clean, insulated, sanitizable containers, which keeps cold food at 41 degrees F. or below. Upon receiving the food from the parent, the center shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the center will not accept the food. Upon accepting the food, the center shall maintain correct food temperatures until served.

Please sign the back of your student's emergency card to acknowledge receipt and understanding of these policies.



WEE CARE PERMANENT RESERVATION FORM

Families have the opportunity to register for the Wee Care 9:00-11:30am class time as a "class" to secure spots for the entire school year. We will have ten spots available in our morning 9:00-11:30 time slot. All other Wee Care time slots (7:00-9:00am and 11:30am-5:00pm) will have unlimited spaces and operate using the same drop-in process as last year.

Families may register for Wee Care class on Mon./Wed., Tues./Thurs., and/or Fri. Payment for this class time would be billed as tuition in ten payments instead of hourly. Any class spots not registered for as a reserved spot will be open to everyone for drop-in (first come, first served) until ten children arrive for any given day. Due to licensing ratios, once ten children are present in Wee Care from 9:00-11:30am it will be considered full for the morning. Additional children will be welcome after 11:30.

Requested Reservation: (check all that apply)

	Time Slot	Day	Cost
_____	9-11:30am	Mon./Wed.	\$100 x 10
_____	9-11:30am	Tues./Thurs.	\$100 x 10
_____	9-11:30am	Fri.	\$50 x 10

Child's Name _____

Preschool class _____ Date of Birth _____

Address _____

Parent Name(s) _____

Email _____ Phone _____

Parent Signature _____

- Drop-in Wee Care from 7:00-9:00am and 11:30am-5:30pm may be added to my reservation and billed at the hourly rate at the end of each month.
- Tuition for the Wee Care class will follow the same Tuition Payment Agreement that our preschool classes follow.

If you have any questions, please see April Hemmerlein or email her at arhem@sbcglobal.net.