

Valley Covenant Preschool

Application • Record of child Information

Date Child Received _____

Date Child Left _____

Name of child _____ Nickname _____

Birthdate _____ Sex _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Parent(s) or Guardian(s) Placing the Child

Name _____

Relation to Child _____

Marital Status: Married Divorced Single Remarried

Address* _____

Phone* _____ (*If different than above)

E-mail _____

Place of Employment _____

Working Hours _____

Work Phone _____

Cell Phone _____

Name _____

Relation to Child _____

Marital Status: Married Divorced Single Remarried

Address* _____

Phone* _____ (*If different than above)

E-mail _____

Place of Employment _____

Working Hours _____

Work Phone _____

Cell Phone _____

We send notes home throughout the school year. Please indicate the best way to communicate with you:

E-mail (please check at least once a week, this saves us paper/ink costs) Printed note in child's mailbox at school

Emergency Contact (if parent/guardian cannot be reached)

Name _____

Phone _____

Address _____

Relationship _____

Babysitter / Daycare Provider (during class hours)

Name _____

Phone _____

Address _____

Cell Phone _____

Class Preference - *Indicate your 1st & 2nd choice. Placements will be made in order that money is received.*

_____ 3 yr Monday & Tuesday 8:00 - 10:30 AM

\$105/ month

_____ 3 yr Monday & Tuesday 12:00 - 2:30

\$105 / month

_____ 4 yr Wed., Thurs. & Friday 8:15 - 11:15 AM

\$140/ month

_____ 4 yr Wed., Thurs. & Friday 11:45 - 2:45 PM

\$140/month

A nonrefundable \$85. Registration fee is due with the application and first month tuition is due to secure class payment.

Person(s) providing transportation (if not parent/guardian)

Name _____

Phone _____

Relationship _____

Cell Phone _____

Physician to call if child becomes ill or injured

Name _____

Phone _____

Address _____

Hospital _____

List any Food allergies _____

List any Medications (include directions if needed) _____

Does the child have any of the following:

Medical problems? Y N Physical handicaps? Y N

Restrictions for play? (indoors or outdoors) Y N Allergies? Y N

Fears? Y N

If you answered yes for any of the above, please explain: _____

Does your child take a nap? Y N Time _____ Length _____

Is your child toilet trained? Y N (Toilet training is required by first day of class.)

Please list any expertise / job / skill you would be willing to share (when it fits into the unit being taught)

Please indicate if you would be willing to volunteer as a classroom helper (sign up sheet will be available) Y N

Church Affiliation _____ Member Attend None

Other Comments _____

Signature of parent or other person placing child _____

All information shall be regarded and handled confidentially

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times in licensing representatives of the Department of Children and Family Services.

Effective Dates: _____ to _____

Valley Covenant Preschool

Written Consent • Permission • Release

Name of child _____

Emergency Medical Care

This authorizes Valley Covenant Preschool to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

Preferred Doctor _____ Preferred Hospital _____

Medical records are located at _____

Signature of Parent / Guardian

Relationship to Child

Trips, Excursions & Public Park Facilities

I/We authorize Valley Covenant Preschool to take my/our child on walking trips, special excursions and to nearby public park facilities. I/We also authorize the child to ride as a passenger in a vehicle under the supervisions of the above-named facility with health and safety precautions taken in compliance with DCFS Standards for Licensing.

X _____
Please Initial

Photographs, Publications & Contact Info Release

There is a possibility that your child's picture may be taken while attending Valley Covenant Preschool. I/We authorize Valley Covenant Preschool to take my/our child's picture and publish it. Including the following methods: classroom bulletin boards, local newspaper, on CD (for parents only) and our website: www.valleycov.org & Facebook page.

X _____
Please Initial

We like to make a class list available to parents of children in each class. I/We authorize Valley Covenant Preschool to distribute our name, address, phone number and e-mail address to other parents of children in my class and to the church office. I agree to use this class list responsibly and not for solicitation, business gain or any other kind of unwanted contact or SPAM.

X _____
Please Initial

Religious Teaching Agreement

The curriculum of Valley Covenant Preschool will present God as Creator of the Universe and Jesus as a living friend. I/We give our permission for our child to participate in religious teaching.

X _____
Please Initial