

FOR OFFICE USE ONLY

St. Simons Christian Renewal Preschool

Age Group: Infant 1 2 3 Pre-K

Date: _____

Reg Fee: _____

Check#: _____

Cash: _____ Online: _____

My child will attend (circle one):

Part-time (8:00 a.m. – 2:30 p.m.) Full-time (7:00 a.m.-6:00 p.m.)

I am currently a member of St. Simons Christian Renewal Church _____

I am not currently a member of St. Simons Christian Renewal Church but
am interested in find out more about what this church has to offer my family _____

Child's Name: _____ **Date:** _____

Child's Preferred Name: _____ Sex: _____ Age: _____ DOB: _____

Home Address (Street): _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Last School Attended: _____

Father's Name: _____ Father's Cell Number: _____

Father's Home Address (if different from child's) Street: _____

City: _____ State: _____ Zip Code: _____

Father's Place of Employment: _____ Work Number: _____

Employer's Street Address: _____

City: _____ State: _____ Zip Code: _____

Father's E-mail Address: _____

Mother's Name: _____ Mother's Cell Number: _____

Mother's Home Address (if different from child's) Street: _____

City: _____ State: _____ Zip Code: _____

Mother's Place of Employment: _____ Work Number: _____

Employer's Street Address: _____

City: _____ State: _____ Zip Code: _____

Mother's E-mail Address: _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

My child may be released to the person(s) signing this agreement or to the following:

*Name: _____ Address: _____
(Street-City-State-Zip)
Phone Number: _____ Relationship to child: _____
Relationship to Parent(s) or Guardian: _____
E-mail Address: _____

*Name: _____ Address: _____
(Street-City-State-Zip)
Phone Number: _____ Relationship to child: _____
Relationship to Parent(s) or Guardian: _____
E-mail Address: _____

Persons to contact in case of emergency when parent or guardian cannot be reached:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Child's Doctor or Clinic Name: _____

Doctor/Clinic Phone Number: _____

My child has the following special needs/services: _____

The following special accommodations(s) may be required to most effectively meet my child's needs while at the school: (physical therapy, speech therapy, case workers visits etc.)

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies (including food) or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ DOB: _____
suffer an injury or illness while in the care of St. Simons Christian Renewal Preschool, and the school is unable to contact me (us) immediately, the Director, teacher, staff shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment of services.

Parent/Guardian: _____
(Signature)

Date: _____

I agree to have someone pick up my child within one hour of being notified so as to minimize the spread of contagious illnesses to other students or staff. I also agree not to send my child to school without a doctor's excuse if symptoms of sickness are present or if he/she has been ill in the past 24 hours. Failure to adhere to these policies may result in my child being permanently dismissed.

Parent/Guardian: _____
(Signature)

Date: _____

PARENTAL AGREEMENTS WITH ST. SIMONS CHRISTIAN RENEWAL PRESCHOOL

Please take the time to review the Family Handbook and contact us with any questions you may have.

I, _____, have read the Family Handbook and agree to abide by the policies and procedures for St. Simons Christian Renewal Preschool.

Signature: _____

Date: _____

I understand that if I choose to withdraw my child from the fall program, I must provide written notice 30 days prior to the withdrawal date. Failure to do so will result in a penalty of \$200.00.

Signature: _____

Date: _____

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

Child's Name: _____ DOB: _____

Parent/Guardian Printed Name: _____

Authorization to Dispense External Preparations 590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent/guardian. Such authorization will include, when applicable: date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent/guardian.

I give St. Simons Christian Renewal Preschool, permission to apply one or more of the topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar ointment

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A&D, Destin, Vaseline)

_____ Baby Powder

_____ Other (Please specify) _____

Parent/Guardian Signature

Date

*Original on file in child's file in the office. Teacher may keep a copy in classroom.

PARENTAL PHOTO CONSENT FORM

We recognize the need to ensure the welfare and safety of your children taking part in St. Simons Christian Renewal Preschool.

In accordance with our safety guidelines, we will not permit photographs, video, or other images to be taken with the consent of the parent/guardian consent. As your child will be taking part at St. Simons Christian Renewal Preschool, we would like to ask for your consent to take photos/videos that may contain images of your child. It is likely that these images may be used as:

- A record of an activity or event
- Daily activities in or outside the classroom
- Marketing material such as social media, website, handouts, etc.

We will take all steps to ensure these images are used solely for the purposes they are intended.

I consent to have my child, _____ photographed or videoed while at St. Simons Christian Renewal Preschool.

Parent/ Legal Guardian Signature

Date

(Optional) Consent of a Second Parent/ Legal Guardian

Parent/ Legal Guardian Signature

Date

INFANT FEEDING PLAN

Child's Full Name: _____ Date: _____

DOB: _____

Does child take a bottle? Yes [] No []

Is the bottle warmed? Yes [] No []

Does the child hold own bottle? Yes [] No []

Can the child feed self? Yes [] No []

Does the child eat: (Check all that apply)

Strained Foods [] Whole Milk []

Baby Foods [] Table Foods []

Formula [] Other []

Breast Milk []

What type of formula used? _____

Amount of formula/breast milk: _____ Date: _____

Updated amounts of formula/breast milk: _____ Date: _____

Amount: _____ Date: _____

Amount: _____ Date: _____

Amount: _____ Date: _____

Does the child take a pacifier? Yes [] No [] If yes, when? _____

Food likes: _____

Dislikes: _____

Allergies? (Include any premixed formula) _____

FORMULA/BREAST MILK			FOOD		
TIME	AMOUNT	TYPE	TIME	AMOUNT	TYPE

Instructions for the introduction of solid foods _____

Any updated instructions regarding adding new foods or other dietary changes, please list as needed.

Parent/Guardian Signature

Date

SAFE SLEEP PRACTICES POLICY

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____

1. Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
2. Crib shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
3. No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
4. No objects shall be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors, and mobiles.
5. Only sleepers, sleep sacks, and wearable blankets by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will slip up around the infants face may be worn for the comfort of the sleeping infant.
6. Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, these sheets/covers must be laundered weekly or more frequently if needed.
7. Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib to sleep.
8. Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
9. Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Initial: _____ I acknowledge this information is accurate.