

# St. Simons Christian Renewal Preschool Registration Form

## Child Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Living Arrangements (Select one that's most accurate):

Both Parents  Mother  Father  Other

Gender: Male  Female

Are you interested in learning more about St. Simons Christian Renewal Church? Yes  Not at this time

## Emergency Contact 1 (Required)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Emergency Contact 1 (Optional)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Currently Enrolled Students

If your child is **CURRENTLY ENROLLED** and you would like to register for the upcoming school year, please select one of the following:

**Yes**, I would like to register my currently enrolled student(s) for the upcoming year and all of their information is still the same as last year. If so, please sign below and return the first page of this form. By signing the line below, I (we) acknowledge that the information SSCRP has on record is accurate, complete, and up to date.

Parent/Guardian Signature: \_\_\_\_\_

**Yes**, I would like to register my currently enrolled student(s) for the upcoming year but **some information has changed**. If so, please fill out and return the form with any updated information.

**No**, my student will not be registering for the upcoming academic year. If so, would you like to speak to schedule a time to meet with the Director?  No  Yes, and the best way to reach me is via:  phone  email  during drop/off-pick/up.

## Enrollment Information

Program (**Based on age by September 1<sup>st</sup> of current year**):

Infant (6 weeks – 11 months)  Toddler (12 months and walking)

Two's (2 years old)  3's/4's (3 years old and fully potty trained)

## Sibling

My student has a sibling that would like to register for the upcoming academic year.

Sibling's name: \_\_\_\_\_

Program:  Infant  Toddler  Two's  3's/4's

## Parent/Guardian Information

### Father

Name: \_\_\_\_\_

Address (if different from student's):

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Employment Information

Establishment: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Mother

Name: \_\_\_\_\_

Address (if different from student's):

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Employment Information

Establishment: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## Legal Guardian (if not the student's mother or father)

Name: \_\_\_\_\_

Address: (if different from student's)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Employment Information

Establishment: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## Health and Wellness

### Primary Care Provider

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

### Allergies

Does the student have any allergies needs? If yes, please list all allergies and their treatments. **If not applicable, enter NA.**

### Mental and Emotional Wellness

Does the student have any mental health needs? If yes, please list all mental health needs and treatments/medications. **If not applicable, enter NA.**

Does the student have any special requests or needs? If yes, list all special requests and/or needs. **If not applicable, enter NA.**

By signing the line below, I (we) acknowledge that the health and wellness information provided above is accurate and complete.

X

\_\_\_\_\_  
Parent/Guradian Signatue

### Immunizations

By signing the line below, I (we) understand I am required to provide evidence of current age-appropriate immunization or an affidavit against such immunization.

X

\_\_\_\_\_  
Parent/Guardian Signature

# Authorizations

Child Release (Please provide a copy of each person's driver's license)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Parents/Guardian:

\_\_\_\_\_

Relationship to Student:

\_\_\_\_\_

Allow access to Brightwheel profile: Yes  No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Parents/Guardian:

\_\_\_\_\_

Relationship to Student:

\_\_\_\_\_

Allow access to Brightwheel profile: Yes  No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Parents/Guardian:

\_\_\_\_\_

Relationship to Student:

\_\_\_\_\_

Allow access to Brightwheel profile: Yes  No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Parents/Guardian:

\_\_\_\_\_

Relationship to Student:

\_\_\_\_\_

Allow access to Brightwheel profile: Yes  No

By signing the line below, I (we) acknowledge that the child release information provided above is accurate and complete.

**X**  
\_\_\_\_\_

Parent/Guradrian Signature

## Emergency Medical Authorization

By signing on the line below, I (we) agree to the following:

Should my child 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, and/or 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.

I agree to have someone pick up my child within 1 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 there are symptoms of sickness present, or if he/she has been ill within the past 24 hours.

X

\_\_\_\_\_  
Parent/Guradian Signature

## Authorization to Dispense External Preparations

By signing on the line below, I (we) agree to the following:

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 listed below to my child in accordance with the directions on the label of the container. NOTE: select 'YES' if all items listed below are approved. YES

- |                                                        |                                                      |                                                                                       |
|--------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Baby Wipes                    | <input type="checkbox"/> Bactine or similar ointment | <input type="checkbox"/> Non-Prescription ointment<br>(such as A&D, Destin, Vaseline) |
| <input type="checkbox"/> Band-aids                     | <input type="checkbox"/> Sunscreen                   | <input type="checkbox"/> Baby Powder                                                  |
| <input type="checkbox"/> Neosporin or similar ointment | <input type="checkbox"/> Insect Repellent            | <input type="checkbox"/> Other (Please specify)                                       |

X

\_\_\_\_\_  
Parent/Guardian Signature

## Parental Photo Consent

By signing on the line below, I (we) agree to the following:

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: 1) a record of an activity or event, 2) daily activities in or outside the classroom, 3) daily activities in or outside the classroom. We will take all steps to ensure these images are used solely for the purposes they are intended.

X

\_\_\_\_\_  
Parent/Guardian Signature

## Policy Agreements with SSCR

### Withdrawal Policy

I (we) understand and agree to pay a \$200 penalty fee if the student is withdrawn without giving written notice two weeks prior to the desired withdraw date, regardless of when my child was enrolled. I understand that all fees and tuition payments are non-refundable regardless of when my child was enrolled and when they will be withdrawn.

X

\_\_\_\_\_  
Parent/Guardian Signature

### Handbook Review

I (we) have reviewed and agree to abide by the policies and procedures listed in St. Simons Christian Renewal Preschool's Parent Handbook. I agree to abide by the policies and procedures therein.

X

\_\_\_\_\_  
Parent/Guardian Signature

### Arrival and Departure

My child will typically arrive at \_\_\_\_\_ a.m. and will depart at \_\_\_\_\_ p.m. each day.

X

\_\_\_\_\_  
Parent/Guardian Signature

My child will not be allowed to enter or leave the preschool without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

X

\_\_\_\_\_  
Parent/Guardian Signature

### Incidents and Communication

St. Simons Christian Renewal Preschool agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to foods, etc., which include my child.

X

\_\_\_\_\_  
Parent/Guardian Signature

### Student Progress and Care

I understand that St. Simons Christian Renewal Preschool will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in all school activities.

X

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Parent/Guardian Signature

### Student Records

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., phone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, immunization records, etc.

X

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Parent/Guardian Signature

### Nutrition

I acknowledge it is my responsibility to provide my child with nutritious, and age-appropriate items for their daily meals and snacks.

X

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Parent/Guardian Signature

### Water-Related Activities

St. Simons Christian Renewal Preschool agrees to obtain written authorization from me before my child participates in water-related activities occurring in water that is more than two (2) feet deep.

X

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Parent/Guardian Signature

## Infant Information

The following information is for those enrolling their student in the Infant's Program.

### Infant Feeding Plan

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

Formula

Whole Milk

Baby Foods

Breast Milk

Table Foods

What type of formula used? \_\_\_\_\_

Amount of formula/breast milk: \_\_\_\_\_ Date: \_\_\_\_\_

Updated amounts of formula/breast milk: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Food likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Instructions for the introduction of solid foods \_\_\_\_\_

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

### Daily Food/Bottle Schedule

FORMULA/BREAST MILK			FOOD		
TIME	AMOUNT	TYPE	TIME	AMOUNT	TYPE

### Pacifier

Does the child take a pacifier? Yes  If yes, when? \_\_\_\_\_

No



Allergies

Allergies? (Include any premixed formula) \_\_\_\_\_

By signing the line below, I acknowledge that all the above information for the Infant Feeding Plan is current and accurate.

X  
\_\_\_\_\_

Safe Sleep Practices

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.

By signing the line below, I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

X  
\_\_\_\_\_

Parent/Guardian Signature