

Child's Date of Birth _____ TODAY'S DATE _____

Child's Full Name _____ Name Called _____

Current Address _____

City _____ State _____ Zip code _____

Mailing address if different than above address _____

HOME AND FAMILY INFORMATION

Who does the Child live with? _____

Names and ages of Siblings _____

IF THERE IS A CUSTODY AGREEMENT BETWEEN PARENTS OR ONE PARENTS HAS SOLE CUSTODY, WE MUST HAVE A COPY TO PLACE IN CHILD'S FILE

MOTHER'S INFORMATION

Name _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

EMAIL ADDRESS _____

Occupation & Employer _____

Where can we reach you during school hours? _____ PHONE # _____

FATHER'S INFORMATION

Name _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

EMAIL ADDRESS _____

Occupation & Employer _____

Where can we reach you during school hours? _____ PHONE # _____

IN CASE OF AN EMERGENCY OR ACCIDENT, OUR FIRST ATTEMPTS ARE MADE CONTACTING THE PARENTS OF THE CHILD. IF WE ARE UNABLE TO CONTACT THEM, PLEASE LIST THREE ADDITIONAL PERSONS THAT WE COULD CONTACT AND NOTIFY.

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to Child _____

Home / Work phone _____ Cell Phone _____

Name: _____ Relationship to Child _____

Home / Work phone _____ Cell Phone _____

Name: _____ Relationship to Child _____

Home / Work phone _____ Cell Phone _____

TRANSPORTATION INFORMATION:

Who will normally be picking up your child? _____

In case of early dismissal, who should we contact to pick up your child? _____

ADDITIONAL PERSONS AUTHORIZED TO PICK UP YOUR CHILD WITH ADVANCE NOTICE:

Name: _____ Relationship to Child _____

Home / Work phone _____ Cell Phone _____

Name: _____ Relationship to Child _____

Home / Work phone _____ Cell Phone _____

Name: _____ Relationship to Child _____

Home / Work phone _____ Cell Phone _____

Additional Emergency Information:

Child's Doctor: _____ Phone Number _____

Name of Practice: _____

Address _____ City _____ Zip _____

Child's Dentist: _____ Phone Number _____

Name of Practice: _____

Address _____ City _____ Zip _____

HEALTH INFORMATION:

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING?

_____ Chicken Pox _____ Measles _____ Mumps _____ Rheumatic Fever

_____ Scarlet Fever _____ Whooping Cough _____ Rubella

_____ Other - Please explain _____

WE MUST HAVE A COPY OF YOUR CHILD'S IMMUNIZATIONS WITHIN THIRTY (30) DAYS OF ENROLLMENT OR YOUR CHILD WILL NOT BE ABLE TO ATTEND UNTIL IMMUNIZATIONS RECORD IS RECEIVED.

FOR THE SAFETY OF STAFF AND STUDENTS, IF YOUR CHILD HAS NOT BEEN IMMUNIZED, THEY WILL NOT BE ABLE TO ATTEND OUR PROGRAM.

If yes to any of the following questions, please explain:

Has your child had any surgeries? _____

Has your child had any serious accidents or injuries? _____

Is your child on medication? _____ What kind/reason _____

HEALTH QUESTIONS / CONCERNS:

Does your child have any allergies or has experienced any of the following?:

- Seasonal Allergies Asthma/Coughing/ Wheezing Drug Allergies
 Food Allergies Bedwetting/ Kidney troubles Nose Bleeds
 Tonsillitis/ Sore Throat Ear Infections Frequent Headaches
 Trouble with Joints, Feet, Legs Epilepsy Diabetes
 Stomach Pains / Constipation Skin Disorders Dizzy/ Fainting
 Nightmares Other

If yes to any of the above, please explain _____

IF YOUR CHILD HAS FOOD ALLERGIES, WHAT ARE THEY ALLERGIC TO:

Is your child in good health as far as you know? _____

Do you have any health concern such as hearing, speech or vision? _____

How would you describe your child? Do you have any information that will be helpful to your child's teacher? _____

PARENT/GUARDIAN SIGNATURE DATE

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY:

At West Asheville Presbyterian Preschool, we believe that praise and positive reinforcement are effective methods of the behavior management of the children. When a child receives positive, non-violent and understanding interactions from adults and others, they develop good self concepts, problem solving abilities and self discipline. Based on this belief of how children learn and develop values, this facility will practice the follow discipline and behavior management policy.

WE DO THE FOLLOWING:

- | | |
|--|---|
| Praise and reward and encourage | Model appropriate behavior |
| Reason with and set limits | Modify classroom environments |
| Listen to the child | Provide alternatives for inappropriate behavior |
| Ignore minor misbehavior | Explain things on their level |
| Use supervised timeouts | Stay consistent in behavior management system |
| Provide children with natural and logical consequences of their behavior | |
| Treat the children as people and respect their needs, desires and feelings | |

WE DO NOT:

- Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the child
- Make fun of, yell at, threaten, make sarcastic remarks, use profanity or verbally abuse
- Shame or punish the child when a bathroom accident occurs
- Deny rest or food as punishment
- Relate discipline to eating, resting or sleeping
- Leave the children alone, unattended or without supervision
- Place the children in locked rooms or boxes for punishment
- Allow discipline of children by children
- Criticize, make fun of or belittle children, their parents, families or ethnic groups

REMOVAL OF A CHILD FROM THE PROGRAM:

There are times when it might be necessary to remove the child from the program. Reason for removing a child from the program are 1) When a child chronically exhibits disruptive behavior such as hitting, biting, etc on a consistent basis toward a staff member or another child in the program. 2) A parent or guardian displays disrespectful behavior.

Prior to removal from the program for disruptive behavior, we will do the following: 1) First Offense: Verbal warning communicated to the parent. At this time, we will work with the Parents/Guardian to try and find a solution for the behavior. 2) Second Offense: Parent/Guardian will be contacted for immediate pick up of the child. 3) Third Offense: School Suspension for Three (3) days 4) Fourth Offense: Termination from the program.

Our program cannot serve students who display chronically disruptive behavior. Chronically Disruptive Behavior is defined as verbal or physical activity, which may include, but is not limited to to following: A) Behavior that requires constant attention from the staff B) Behavior that inflicts physical or emotional harm on others C) Behavior that abuses the staff and/or ignores or disobeys the rules.

AT THE DISCRETION OF THE DIRECTOR AND/OR STAFF MEMBERS, WE RESERVE THE RIGHT TO TERMINATE WITHOUT NOTICE OR WARNING

I, the Parent/Guardian of _____(Child's Full Name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the Director/Staff Member has discussed the facility's Discipline and Behavior Management Policies with me.

Signature of Parent/Guardian

Date

INCLEMENT WEATHER POLICIES:

Please listen, watch, visit the WLOS TV Web page or sign up for Text alerts from WLOS TV for the latest school closing information. We will be listed as West Asheville Presbyterian Preschool which will be scrolling across the bottom of the screen. I normally will send an email or post on our Facebook Page, but if internet service is down, I am unable to. It is your responsibility to watch and listen for school closings. But please recheck status before leaving home, there have been occasions where we have to change our status.

Listed Below are our policies:

If Buncombe County Schools are **CLOSED** then we are **CLOSED**
If Buncombe County Schools are on a **2 HOUR DELAY** then we open at **10**
If Buncombe County Schools are on a **3 HOUR DELAY** then we are **CLOSED**

In case of Early Dismissal of Buncombe County Schools during School Hours:
You will need to **pick up your child immediately or within a 30 minutes from first announcement of Early Dismissal. IT IS YOUR RESPONSIBILITY TO WATCH/ LISTEN DURING SCHOOL HOURS FOR THE ANNOUNCEMENT.** You need to have a backup plan to have your child picked up during the thirty minutes time frame. If you are late, **YOU WILL BE CHARGED A LATE FEE OF \$20.00 PER 15 MINUTES INCREMENTS THAT YOU ARE LATE. THERE WILL BE NO EXCEPTION TO THIS RULE OR THE LATE FEE CHARGES.**

The Staff need to leave the facility so that they may pick up or get home to their children. Please be considerate to our Staff members if bad weather is pending. PLEASE GET YOUR CHILD BEFORE THE ROAD CONDITIONS WORSEEN.

I have read and understand the policies concerning the Inclement Weather Policies.

Parent/Guardian Signature

Date

West Asheville Presbyterian Preschool Fee Agreement:

Terms of Payment: Fees are due by the end of the First Week of each month starting September and continuing thru May. If the school is closed or your child did not attend the program on a scheduled payment day, tuition will be due the following day. If payment is not received, a reminder will be given. If full payment or special arrangements are not made within the first week, a termination notice can be given. Your child's participation in the program will be terminated at the end of the second week of the month until payment is received. Habitual late payments of fees can result in permanent termination of your child.

FEE POLICIES:

- 1) There will be an additional charge of **\$5.00 per day late fee** on accounts not paid by the seventh of the month.
- 2) There will be an **\$ 30.00** charge on all returned checks. When a fee is paid by check and the check is returned for insufficient funds, the following procedure will be followed: A) First Offense - Check will be returned and exchanged for cash and Returned Check fee will be imposed. B) Second Offense - In addition to the First Offense, we will no longer accept checks from you and Additional Fines will be imposed. We will accept CASH only from this point on.
- 3) Receipts and/or cancelled check should be kept for tax purposes.
- 4) **CHRISTMAS BREAK, SPRING BREAK AND TEACHER WORK DAYS OR HOLIDAYS ARE ALL INCLUDED IN THE MONTHLY FEE ON AN AVERAGED BASIS. THERE ARE NO PRORATES FOR THESE ITEMS. YOU WILL BE PAYING YOUR REGULAR MONTHLY TUITION SEPTEMBER - MAY AT YOUR MONTHLY RATE.**
- 5) ALL FEES WILL BE COLLECTED FOR LATE PICKUP **\$ 10.00 PER 15 MINUTE INCREMENT** and LATE PAYMENT FEES SHOULD BE PAID THE FOLLOWING DAY.
- 6) Failure to adhere to the above policies can result in West Asheville Presbyterian Church taking this matter to Court and you would be responsible for all cost involved in this matter including Court Cost.

FEE AGREEMENT:

_____ **PARENT/GUARDIAN NAME**

_____ **CHILD'S FULL NAME**

Agrees to pay the following:

_____ **Monthly Rate / Per Child**

I have read and understand the above and agree to comply with the fee agreement/ policy and the terms of payment. I understand that failure to adhere to the payment schedule / fee agreement / policies can result in termination of my child's position from the program. And also, I understand that West Asheville Presbyterian Church can pursue this matter through the Court System for collection of fees owed including late charges and all court cost.

Parent/Guardian Signature

Date

PERMISSION TO PHOTOGRAPH:

I, _____ give permission for West Asheville Presbyterian
Parent/ Guardian
Church / Preschool to photograph my child, _____
Child's Name

for the following purposes:

Still Photographs:

- **DISPLAY IN Yearbooks, Scrapbooks and Year End DVD Slide show**
- **DISPLAY ON Bulletin Boards, Church Newsletters, Preschool Website AND Preschool FACEBOOK Page.**

Videos:

- **PRESCHOOL FACEBOOK PAGE**

I understand that only First Names and possibly Last Name initials will be displayed on any of the above still photographs or videos.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

Parent / Guardian Signature

Date

CHILD'S NAME _____

PARENTS/GUARDIAN NAME _____

I have read and understand all the policies, regulations and rules contained in the Application and Handbook. I've had the opportunity to discuss or ask questions about the information contained in the Application, Handbook or about the Preschool Program of West Asheville Presbyterian Church. I fully understand and agree to abide by all the policies, regulations and rules of the West Asheville Presbyterian Church Preschool Program.

I understand that this agreement may be changed at any time to comply with regulations changes or for any other reasons and a copy of any changes will be posted prior to taking effect.

Parent/Guardian Signature _____ Date _____

**MEDICAL AUTHORIZATION
WEST ASHEVILLE PRESBYTERIAN CHURCH PRESCHOOL**

CHILD'S
NAME _____

PARENT'S
NAME _____

- A. I hereby grant permission for my child to use all of the play equipment and participate in all activities of the preschool.
- B. I hereby grant permission for agents/representative/employees to take whatever steps may be necessary to obtain emergency care. These steps may include, but are not limited to the following:
 - 1. Attempt to contact a parent or guardian, or persons listed on the emergency information form.
 - 2. If we cannot contact your or your emergency contacts, we will do one or both of the following.
 - A. Call Paramedics / 911 and/or have the child taken to the emergency room in the company of a staff member by ambulance.
 - B. The Preschool will not be responsible for anything that may happen as a result of false information or information that has not been updated.
- C. ANY EXPENSES INCURRED WILL BE THE RESPONSIBILITY OF THE CHILD'S PARENTS OR GUARDIAN.**

In participating in the West Asheville Presbyterian Church Preschool, I agree to hold harmless and indemnify the West Asheville Presbyterian Church Preschool and its agents/representatives/employees from any and all liability, claims, demands and causes of action whatsoever for injury to person or persons or property resulting from my and my child's participation in the West Asheville Presbyterian Preschool. I understand that I am assuming all risks associated with our participation in the program.

In the event of an injury, accident or illness of my child or me during the course of this program, I hereby give permission for the agents/representatives/employees of the West Asheville Presbyterian Church Preschool to perform all First Aid techniques for which they are certified and that they deem helpful and/or necessary for the well being and survival of my child or me. I also give permission for them to admit my child or me to an emergency room or admit either of us for treatment by a medical doctor in the event of an injury, accident or illness. I agree to abide by any and all decisions made by the agents/representatives/employees of the West Asheville Presbyterian Church and Preschool relating to the safety and well being of my child or me, including decisions based on my mental and physical status and ability.

I have read and fully understand the above statements.

Printed Name: _____

Signature _____ Date _____