



First Christian Church Preschool

2023-2024 ENROLLMENT APPLICATION

Child & Family Personal History

The purpose in obtaining this information is to better understand your child and assist you in knowing what to expect from your child's experience at First Christian Church Preschool. Your child's care during the day is a responsibility we both share. All information is kept confidential and requires written permission from you if it is to be shared with any organization or individual. Some questions may not be applicable to your child, so please leave those blank.

Child's Full Name _____

Sex _____ Birth Date _____ Nickname (if any) _____

Address _____ City _____ State _____

Zip code _____

Mother's Name _____ Birth Date _____

Address (if different) _____

Cell Phone Number _____ Email _____

Employer _____ Business Phone Number _____

Father's Name _____ Birth Date _____

Address (if different) _____

Cell Phone Number _____ Email _____

Employer _____ Business Phone Number _____

Marital Status of parents: Married ☐ Divorced ☐ Separated ☐ Single Parent ☐ Living Together ☐

Custody/Visiting Arrangements (please attach copies of any existing court orders if necessary):

Stepfather's Name: _____ Stepmother's Name: _____

If child is adopted, age at adoption _____ Does your child know that he/she is adopted? _____

Siblings: Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Please list any other person(s) living in the household with the child and their relationship to the child.

Please list any pets and their names/pet type

Do you speak any other language at home other than English? ____ If so, what language? _____

Are there any cultural or religious practices or holidays that you would like us to know about?

Personal Health/Behavioral History

Any complications at birth _____

Does your child have any speech problems and/or delays? If yes, please explain.

Sleep Habits

What time does your child go to bed in the evening? _____ Awaken in the morning? _____

What does your child take to bed? _____

Does your child take naps? _____ (from when to when?) _____

Does your child need noise to sleep (i.e. music, fan, white noise, etc.)? _____

How do you comfort your child when they are tired or having trouble sleeping?

Social Relationships

Has your child been cared for by anyone other than parents? _____

Has child had previous group or preschool experience? _____ If so, where and when? _____

Does your child know any other children at FCC Preschool? _____ If so, who? _____

Do you feel your child will adjust easily to the structured preschool environment? _____

Please list any concerns you may have: _____

What makes your child angry or upset? _____

How does your child show feelings? _____

What are your child's favorite toys and activities at home?

Does your child like to be read to? _____ Favorite books: _____

Does your child enjoy listening to music? _____ Favorite type of music: _____

What is your child's favorite song? _____

Favorite games: _____ Does your child enjoy playing outdoors? _____

What is your child's favorite movie/TV show? _____

Does your child have any sensory aversions of which we should be aware (i.e. doesn't like paint or glue on feet or hands, etc.)? If yes, please explain. _____

Health History

Has your child ever been diagnosed with a serious illness? If yes, please explain.

Has your child had any serious accidents? _____ If yes, please explain. _____

Is your child allergic to anything or have dietary restrictions (foods, drugs, insect bites, etc.)?

If so, how does it usually manifest (eczema, hives, wheezing, etc.)? _____

Bathroom Habits Please only fill out if your child is THREE AND UNDER

Can your child be relied upon to indicate the need to go to the bathroom? _____

At what age did your child begin toilet training? _____

What word does your child use for urination? _____ Bowel movement? _____

Is your child able to wipe and/or pull up and down their underwear and pants without assistance? _____

If no, please explain. _____

Does your child ever have "accidents"? _____ If so, how often? _____

Additional Information/Things You Would Like Us to Know about Your Child

Are there any special benefits you wish your child to derive from his/her experience at First Christian Church Preschool?

Please describe anything else about your child or their background that might be helpful to our teachers.

Church Affiliation

**Please note that we respect the individual religious preferences and affiliations (or lack thereof) of our FCC Preschool families and/or those interested in our preschool program, and that we would never require that anyone attend services at FCC in order for your child to be enrolled here. Furthermore, if you choose not to answer these questions, please be assured that we also respect your right to privacy and that we will not provide your contact information to anyone representing the church unless you give us explicit permission to do so.*

Are you currently attending services at or are members of a local church? _____

If yes, what church and/or affiliation? _____

Are you interested in a representative from First Christian Church of Paducah contacting you regarding the various programs, church services, and other community events they have to offer families?

YES/NO (please circle)

Class Options

Class Options (All preschool classes meet from 9:00 a.m. to 2:30 p.m. daily. Options are as listed. There will be no substitutions of days) Please note that while you may mark a particular class, we have the ability to place them in a different class based off their exact date of birth.

18-24 months/2s/Trans. 2s & 3s _____

MWF _____

T/Th. _____

M-F _____

Trad. 3-Year-Old _____

MUST be potty trained

MWF _____

T/Th. _____

M-F _____

4s/Pre-K _____

MUST be potty trained

MWF _____

M-F _____

Extended care (Applicable weekly rate includes both a.m. & p.m. extended care, though please mark extended care periods you intend to use for employee scheduling purposes. You may use all of them or only a few, but your weekly rate will stay the same):

Morning (7:30 a.m. – 9:00 a.m.): M _____ T _____ W _____ Th. _____ F _____

Afternoon (2:30 p.m. – 5:30 p.m.): M _____ T _____ W _____ Th. _____ F _____

Date of Registration _____ **Parent Signature** _____

Date of Enrollment _____ **Director Signature** _____

Registration Fee

A one-time registration fee is due at the time of enrollment to hold your child's spot. This fee is non-refundable. This covers the cost of your child's registration fee and supplies. Please send cash or check made payable to FCC Preschool OR if you are an existing family, we can charge your brightwheel account.

Preschool Only: \$85.00

Preschool with Extended Care: \$110.00

Please mark below how you would like to pay your registration fee

Check _____ Cash _____ Brightwheel _____

Emergency Contact Information

Permission for Healthcare/Emergency Contacts

Child's Name _____ DOB _____

Child's Physician _____ Phone # _____

Full Address _____

Local Hospital Preference _____

Allergies and or dietary restrictions

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature _____ Date _____

Mother: _____ Phone # _____

Father: _____ Phone # _____

Authorized Pick-Up (persons authorized to pick up child other than parent/guardian)

#1:

Name _____ Cell Phone _____

Relationship _____

#2:

Name _____ Cell Phone _____

Relationship _____

#3:

Name _____ Cell Phone _____

Relationship _____

Names of those NOT AUTHORIZED to pick up my child

Release of Liability

I understand that First Christian Church Preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment. In consideration of the permission granted for _____, to attend First Christian Church Preschool and participate in the activities herein, I hereby release and discharge First Christian Church Preschool and its employees from all claims, demands, actions, judgments and executions which the undersigned heirs, executors, administrators and assigns may have or claim to have against it successors or assigns to all personal injuries known or unknown, and injuries to property caused by or arising out of the above described attendance and activities.

Parent(s) Name Printed _____

Signature(s)/Date _____

First Aid: In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Signature/Date _____

Health Record transfer: In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Signature/Date _____

Social Media/Website Permission Form

First Christian Church Preschool has an active presence on both social media and the church's website. Our goal is to keep you informed and up-to-date with what is happening in your child's class and at the school in general, and to also showcase that FCC Preschool is truly the VERY BEST around! Therefore, we take numerous pictures of your child during the year and hope to incorporate these into our social media accounts and the church website. Before we can publish any photos of your child electronically, we must have your permission to do so. Please choose "YES" or "NO" as to whether you give permission for your child's photo to be published on FCC's website and/or social media accounts, OR social media accounts of businesses we work with throughout the year.

____ **YES!** FCC Preschool HAS MY PERMISSION to publish my child's picture on the church website and/or the preschool's social media accounts.

____ **NO!** FCC Preschool DOES NOT HAVE MY PERMISSION to publish my child's picture on the church website and/or the preschool's social media accounts.

Signature: _____ Date: _____

Health and Wellness Policy

All staff shall monitor a child for signs and symptoms of acute illness; notify a child's parent or other designated person upon observing a sign or symptom of acute illness; and temporary isolation for the affected child will be provided in a suitably separate and equipped area within sight and hearing of an adult.

FCC Preschool will not admit a child into our care or allow a child to remain in our care when the child is exhibiting symptoms of acute illness.

A child may not be readmitted to our care after an absence of THREE (3) days or more due to illness without a written statement from the child's health care practitioner that the child may return to a regular schedule.

- Children are to remain home should they have any of the following:
- Fever of 100°F or higher
- Lethargy that prevents the child from functioning normally within the group
- Diarrhea (more than one abnormally loose stool within a 24-hour period)
- Vomiting
- Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.
- Signs of severe cold or sore throat
- Difficult or rapid breathing
- Yellowish skin or eyes
- Thick discolored mucus
- Discharging from eyes or ears
- Evidence of lice, scabies, or any other parasitic infestation

Should any of the above mentioned occur during the school day, the child will be sent home. Parents are expected to make arrangements for the child to be picked up within an hour of being contacted. No exception to this policy will be made. If parents cannot be reached or will not be able to pick up their child within the hour then the authorized individuals listed on the emergency form will be contacted to pick up the child. Please ensure that the authorized individuals listed on your child's emergency form live within one hour's distance of the center.

Children should be fever-free and symptom-free for at least 24 hours without the aid of fever-reducing medication before returning to FCC Preschool. Additionally, this means they must be 24 hours free from symptoms such as vomiting, diarrhea, discharge from the eyes, severe cough, and thick and/or discolored mucus. For example, if your child went home from our care at 10:00 a.m. on any given day with a fever, they would not be able to return to school the next day, as they can't possibly be 24 hours fever-free. If, for any reason, you have to pick up your child from FCC Preschool due to illness, upon pickup you will be asked to sign a form acknowledging that you understand and will adhere to our 24-hour fever-free, symptom-free health and wellness policy.

If your child is diagnosed with any communicable or contagious illness the center needs to be contacted immediately in order for us to inform the other parents and sanitize the classrooms.

If a child is diagnosed with or sent home with lice, a doctor's note stating the child is lice free is required before the child may return to the center.

Parents' adherence to this outlined policy is absolutely imperative, as we want to reduce the risk of spreading illnesses between children in a responsible and consistent manner if at all possible. While we understand it is never convenient for your child to be sick, it is also not convenient for any other child or center employee to contract an illness due to unnecessary contact with a contagious child. Your cooperation with these matters is greatly appreciated.

Signature _____

DATE: _____