

## Clark County Christian Preschool Summer Enrollment Form



Child's Name: \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

	Mother	Father
Name:		
Home Address:		
Employer		
Work Phone #		
Home Phone #		
Cell Phone #		

Person/s with whom the child lives: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

My child has permission to be released to the following individuals/transportation services listed below. In the event of an emergency, if parent(s) are unable to be reached, these persons may also be contacted. Please notify all individuals that they will be asked to show proof of identity. Parents DO NOT need to be listed in this section.

You will need to add the people below to the Brightwheel app as an Approved Pickup. Please let them know that they will need to use the app to check your child in and out (They will receive an invite to download Brightwheel once you add them as an approved pickup).

Name and Relationship	Phone Number

Does your child have any food allergies?      No      Yes \_\_\_\_\_

Does your child have any dietary restrictions?      No      Yes \_\_\_\_\_

Does your child have any special needs?      No      Yes \_\_\_\_\_

Does your child receive any special services?      No      Yes \_\_\_\_\_

Will your child receive services at the center?      No      Yes \_\_\_\_\_

Name of service provider and frequency \_\_\_\_\_

I agree to pay a \$75.00 non-refundable registration fee and \$45.00 a day, due every Monday.

I understand my child will be dismissed if I do not provide the center with a current immunization certificate.

I authorize this facility to secure emergency medical treatment for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First day of enrollment: \_\_\_\_\_

## PERMISSION TO USE FIRST CHURCH OF GOD BUILDING AND PLAYGROUND

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to play in the field behind, the field in front (by playground), field on side of building, parking lot (bike day), sidewalks and to walk to the First Church of God and use their gym, playground, pavilion, field, sanctuary at any time during my child's enrollment at Clark County Christian. I also give permission for Clark County Christian to temporarily care for my child in the First Church of God building in the event that the preschool/daycare facilities should need to be evacuated.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## 3<sup>rd</sup> Party Professional Services Consent Form

I \_\_\_\_\_ give my permission for the following professional services to work with my child \_\_\_\_\_.

### Third Party

1. **Clark County Public Library – Comes monthly and reads to the children**
  - a. **Begin Date:** \_\_\_\_\_
  - b. **End Date:** \_\_\_\_\_
2. \_\_\_\_\_
  - a. **Begin Date:** \_\_\_\_\_
  - b. **End Date:** \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## Pesticide Notice Form

Clark County Christian utilizes an Integrated Pest Management (IPM) inspection and monitoring program to control pests in a way that minimizes economic, health, and environmental risks, if a pesticide application is needed, those individuals requesting notification will be informed 24 hours before application or as soon as possible after an emergency application. We need to file this request in our student records. **Please sign and return the request even if you do not wish to be notified.**

\_\_\_\_\_ No, I do not wish to be notified 24 hours in advance of a planned pesticide application or as soon as possible after an emergency application.

\_\_\_\_\_ Yes, I do wish to be notified 24 hours in advance of a planned pesticide application or as soon as possible after an emergency application.

Name of Contact (please print) \_\_\_\_\_ Phone number \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## SUNSCREEN

I give permission for the staff at Clark County Christian to apply sunscreen, on all exposed skin, to my child \_\_\_\_\_ during the months of May-September if outside for more than 15 minutes unless I specify otherwise: I have provided \_\_\_\_\_ brand/type for my child to use. If no brand is specified, I verify that my child does not have any known reactions to sunscreen, and any brand may be used.

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

## Diapering

I give permission for the staff at Clark County Christian to apply diapering ointment to my child \_\_\_\_\_ if redness is present \_\_\_ or every diaper change \_\_\_ (please X one). I have provided \_\_\_\_\_ brand of diapering ointment for my child to use. If no brand is specified, I verify that my child does not have any known reactions to diapering ointment, and any brand may be used.

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

## Family Release for Media/ Print Inclusion

I \_\_\_\_\_ hereby **grant** permission for Winchester First Church of God/Clark County Christian to use images taken of my child and family members. This permission includes the display, distribution, publication, transmission, or otherwise use of photographs images, and or video taken of my child for the use in materials that include, but may not be limited to printed materials, such as brochures, and newsletters, videos, and digital images such as those on our websites. Names will not be used in conjunction with the images. I understand that these images may be used without further notification.

I \_\_\_\_\_ hereby **deny** permission for Winchester First Church of God & or Clark County Christian to use images taken of myself or my family.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name (Please Print) \_\_\_\_\_

## Electronic Viewing

We want to make sure you are aware that occasionally students will watch T.V. related to lesson. We will only show G rated programs at our school. State regulations require that parents be informed if a child care center has T.V. viewing time. Please sign below to indicate you have been informed and give permission for your child to watch programs deemed age appropriate by the school staff and rating system.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Allergy Alert Form

Student's Name \_\_\_\_\_

My child does not have allergies.

My child is allergic to:

---

---

---

Please be aware of the following symptoms:

---

---

---

**My child has been prescribed an Epi Pen/Twinject and I will supply it and all necessary related medications (i.e. Benadryl) ON THE FIRST DAY OF SCHOOL. The "PEN" and medications will be new and unopened. I understand these medications will only be accepted in accordance with the above.**

**If Epi Pen is administered staff will call 911 and then contact parent.**

My child has the following physical restrictions

---

---

---

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_