

Faithbridge Presbyterian Preschool

Student Registration Forms

start date _____

end date _____

Child's Name _____ Preferred Name _____

Gender _____ Date of Birth _____ Age as of Sept. 1, 2022 _____

Child lives with _____
(please list adults in household)

Child's Address:

_____ (Street address) _____ (city) _____ (zip code)

| | |
|---------------------|---------------------|
| Father's Name _____ | Mother's Name _____ |
| Cell phone _____ | Cell phone _____ |
| Home phone _____ | Home phone _____ |
| Work phone _____ | Work phone _____ |
| Address _____ | Address _____ |

Email address for correspondence _____

(Both parents have pick-up accessibility, unless otherwise documented in court ordered protection orders or custody agreements. These papers must be on file in the FPP office. If adult other than parent has custody, please list this/these persons above)

Pick-Up Authorization (other than Parents/Guardians - if no one other than parents, please write Parents Only):
I authorize the following additional persons to pick up my child from Faithbridge FPP:

| Name | Relationship | Phone |
|----------|--------------|-------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |

I have read the Parent Handbook of Policies and Procedures, including those for discipline and guidance, and agree to comply with all policies set forth within by the Faithbridge Presbyterian Preschool Board of Directors. I understand that this program is licensed by the Texas Department of Family and Protective Services and meets the minimum standards required by law for a child care center. I also agree to pay my tuition to Faithbridge Presbyterian Preschool on a monthly basis, regardless of absences due to illness, injury or travel of any length.

(parent or guardian signature)

(date)

Faithbridge Presbyterian Preschool

Medical/ Emergency Information and Authorization

Child's Name _____

Name of Physician _____ Phone _____

Full Address _____

Name of Medical Insurance _____

Policy Number _____ Policy Holder _____

Local Emergency Contact, if parents cannot be reached: (REQUIRED for admission)

Name _____ Phone _____

Full Address _____

Driver's License # _____ Alt Phone _____

Please circle any severe allergies your child has. (If you circle an item, we will not give your child anything with this allergen in it)

peanuts tree nuts berries gluten milk eggs lactose
ants honey bees seasonal other _____

Does your child have an Epi pen to keep at school? _____ (prescription is required with pen)

Does your child have asthma? _____

Does your child have an inhaler to keep at school? _____ (prescription is required with inhaler)

Does your child have any other medication to keep at school? _____ Please list.

List any information we need to know about your child's medical history, including asthma, surgeries, hospitalizations in last 12 months, medications needed at school, or chronic medical concerns (use back of this form to provide information if needed):

In the case that I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I authorize Faithbridge Presbyterian Preschool to transport and seek emergency medical care for my child, _____, and give consent for necessary emergency treatment until I can be reached. I understand a conscientious effort will be made to contact me during any emergency involving my child. In the event that hospital care is required, treatment will be sought at the nearest ER facility, Baylor, Scott & White Medical Center, unless a different facility is listed here: _____. I give consent for that facility to secure any and all necessary emergency medical care for my child until my arrival under the direction of the Preschool staff present.

Parent or Guardian Signature

Date

Faithbridge Presbyterian Preschool

Photography Authorization

I give my permission for my child's photograph to be taken by Faithbridge Presbyterian Preschool staff members for the purposes of slide shows, student photo albums, photo video scrapbooks, or bulletin board displays.

Parent or Guardian Signature

Date

I give my permission for my child's photograph to be taken by Faithbridge Presbyterian Preschool staff members to be included on the FPP Facebook page and/or Faithbridge website. (*only pictures of those children with permission granted will be included on the Facebook page and website.)

Parent or Guardian Signature

Date

Lunch/Snack Acknowledgement

I acknowledge that Faithbridge Presbyterian Preschool will not be providing lunch for my child and will not be held responsible for the nutritional value of my child's lunch. I further acknowledge the importance of providing a nutritious lunch for my child each school day. I will provide lunch for my child every school day and place a cold pack in my child's lunch if it contains any perishable items. FPP will provide a morning snack for my child, and a monthly menu will be posted for my review. I have received a copy of the master monthly snack schedule, and my child may have all food listed except any food I have circled below. I will provide my own snacks if my child cannot have the provided snacks.

Circle any snacks/ food items your child CANNOT HAVE DUE TO ALLERGIES:

| | | | | |
|-----------------|-----------------|---------------|--------------------|-----------|
| Graham Crackers | Ritz Crackers | Club Crackers | Whole Grain Cereal | Cheez-Its |
| Goldfish | Animal Crackers | Nilla Wafers | Pretzels | Carrots |
| Oreos | Chips Ahoy | Capri Suns | Kool-Aid Jammers | |

(Chips Ahoy/Oreos, Carrots and Juice Boxes are only served on Celebration of Learning Days; once monthly)

Parent or Guardian Signature

Date

Class Directory Authorization

I give my permission for my child's information to be included in a Class Directory to be distributed to the students in my child's class. Information included will include child's name, parents' names, phone, address, and email. I will be given the opportunity to review all information prior to distribution. Directories are for personal use only, and will not be used for solicitation purposes.

Parent or Guardian Signature

Date

Faithbridge Presbyterian Preschool

Parent Health Statement

Child's Name _____ Date of Birth _____

Parent Statement:

I certify that my child has been seen by a physician during the past twelve months, and that he/she is able to participate in all preschool activities at Faithbridge Presbyterian Preschool.

Physician Name _____ Phone Number _____

Parent or Guardian Signature

Date

(If a parent statement is issued, the child's physician must sign the Physician's Statement within the next 12 months).

Faithbridge Presbyterian Preschool

Discipline and Guidance Policy

Child's Name _____

***Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

***A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

***There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporate punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting the child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies that I have received a copy and read this discipline and guidance policy.

Parent or Guardian Signature

Date

Faithbridge Presbyterian Preschool

“Getting to Know Me”
(Information for your child’s teacher)

Family and Social History:

Child’s Name: _____
Child’s Preferred Name _____ Date of Birth _____
Parents’ Names _____
Adults child lives with _____
If child is adopted, age at adoption _____ Does child know? _____
Dad’s job _____ Mom’s job _____
Other Household Members:
Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____
Pets: Kinds and Names: _____

Health and Medical History:

Does your child have any special fears you are aware of? _____ If so, please describe _____
Does your child generally go to the bathroom alone? _____ Wear diapers? _____
Any speech, vision, or hearing difficulties? _____ Please specify therapeutic intervention, if any _____
Any allergies or asthma (food or otherwise)? _____
How does allergy or asthma manifest itself? _____
Other health conditions: _____

Emotions and Behavior:

Effective methods of discipline used at home? _____
What comforts your child when sad? _____

Circle some characteristics that accurately describe your child:

| | | | | | |
|---------|---------|-----------|--------------|----------|-----------------------|
| Quiet | Active | Talkative | Easily Upset | Sharing | Prefers to play alone |
| Shy | Helper | Cuddly | Loving | Friendly | Scared of new things |
| Curious | Passive | Busy | Aggressive | Reserved | Respectful of others |

Do you have any special concerns about your child that you feel his teacher should be aware of (easily over-stimulated, developmentally delayed, concern about the way child responds to others, birth defects, stressors in the home, such as divorce or illness) _____ Please explain on the back or attached a separate sheet as needed:

Parent or Guardian signature

Date

Faithbridge Presbyterian Preschool

Statement by Child's Physician

(this form must be on file at the preschool along with a copy of CURRENT Immunization Records)

Child's Name _____ DOB _____

I have provided care for this child during the last twelve months, and believe this child is able to participate in all preschool activities at Faithbridge Presbyterian Preschool.

Physician Signature

Date

All Four Year Old Students Only

_____ I have attached a copy of vision and hearing screening results for the above named child.

_____ Results for the vision and hearing screening are as follows:

VISION: Right 20/_____
Name of test _____

Left 20/_____

_____ Pass _____ Fail

HEARING: 1000HZ 2000HZ 4000HZ
Right _____/_____/_____

_____ Pass _____ Fail

Left _____/_____/_____

_____ Pass _____ Fail

Name of test _____

Faithbridge Presbyterian Preschool

(home reference)

Things You Need to Bring to School Every Day

- Basket to hold all belongings (may be purchased at preschool, no backpacks)
- Finger Friendly Lunch with drink and **cold pack** in lunch carrier or sack
- Full change of weather appropriate clothes, labeled please and in a Ziploc bag
- Morning drink- sippy cup with water (preferable) or juice, water bottle
- If not potty trained, bring 4 labeled diapers daily
- Blanket for rest time
- Lovey or special stuffed animal/doll for rest time

Things to Bring at the Beginning of School

- Paint shirt (small adult or large youth sizes work well)
- Nap mat- waterproof Kinder-mat will be provided by preschool. You provide your own rolled mat or soft nap mat to place on top of our Kinder-mat (only preschool Kinder-mats will be left at school during the school year- others must be taken home each week and washed to prevent the spread of germs)
- **Updated Immunization Record copy or Affidavit stating you do not immunize**

Things to Kindly Leave at Home

- Red juice- it stains tables and clothing
- Messy foods- including Go-gurts, ranch dressing, ketchup, and undrained fruit cup
- Special or “church” clothes- we will be painting and doing messy activities
- Toys from home to play with (unless part of teacher’s plan, ie. Show and Tell)

Master Snack List:

| | |
|-----------------|--------------------|
| Animal Crackers | Club Crackers |
| Graham Crackers | Cheez-Its |
| Nilla Wafers | Pretzels |
| Ritz Crackers | Whole Grain Cereal |
| Goldfish | |

****Please look carefully at this snack list. If there is something on here your child cannot have, the office must be informed in writing. A monthly snack menu will be posted in the hallway outside of the FPP office.