

BONDURANT CHRISTIAN CHURCH PRESCHOOL

2011-2012

STUDENT ENROLLMENT PACKET



Building

Creative

Caring

People

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- PHYSICAL AND IMMUNIZATION FORM (are attached separately... these are due before the child can attend preschool. Both forms must be signed by a doctor and cannot be more than a year old... this is a state law.)

****PARENTS SHALL HAVE ACCESS TO THEIR CHILDREN AT ALL TIMES**

****BACK TO SCHOOL NIGHT AND SCHOOL SUPPLY INFORMATION WILL BE MAILED TO YOU AT THE BEGINNING OF AUGUST.**

BONDURANT CHRISTIAN CHURCH PRESCHOOL

EMERGENCY MEDICAL AND DENTAL INFORMATION FORM

Child's Full Name _____ Age _____ Birth date _____

Mother's Name _____ Phone (home) _____ (work) _____

Address _____ Zip _____ Phone _____ Emergency cell phone# _____

Father's Name _____ Phone (home) _____ (work) _____

Address _____ Zip _____ Phone _____ Emergency cell phone# _____

**WE MUST HAVE FULL NAME, ADDRESS, AND PHONE NUMBERS FOR PHYSICIANS, HOSPITALS, AND DENTISTS
STATE LICENSING REQUIRES NAMES SECURED FOR ALL AREAS INCLUDING DENTIST**

1. Child's Physician: Name _____ Address _____
Phone _____

2. Child's Hospital: Name _____ Address _____
Phone _____

3. Child's Dentist: Name _____ Address _____
Phone _____
Date of last dental visit or exam: _____

*** It is now required by state rules that a Dentist Contact be listed even if you have not taken your child for their first check up yet.

Present medication, allergies, and other medical information
pertinent to emergency care _____

FIELD TRIP AUTHORIZATION

I give permission for my child, to leave Bondurant Christian Church Preschool for walks, or trips within walking distances to special places the teachers have designated for the purpose of enriching the children's learning experiences. I understand that I will be notified before each activity, via the parent newsletter/calendar. If I do not wish my child to participate in a particular activity, he/she will remain at home on the day of the scheduled trip.

Date

Parent Signature

PICTURE RELEASE

I hereby **DO/DO NOT** (circle one) give my consent to let my child be photographed for use by the center in newspapers or other media for the purpose of publicity or advertisements.

Date

Parent Signature

BONDURANT CHRISTIAN CHURCH PRESCHOOL INTAKE INFORMATION

I. Identification Information email address (if available) _____

A. Child's Name _____ Birthdate _____ Male/Female

If child does not use his/her legal first name, please list the name he/she will be using. _____

B. **Mother:** Name _____

Address _____ Phone Number _____ Cell # _____

Place of Employment _____ Phone Number _____

C. **Father:** Name _____

Address _____ Phone Number _____ Cell # _____

Place of Employment _____ Phone Number _____

D. Guardian or Custodian other than parent (if applicable) Name _____

Address _____ Phone Number _____

Place of Employment _____ Phone Number _____

E. Child Care Provider (if applicable)

| Name | Address | Phone |
|------|---------|-------|
|------|---------|-------|

II. Family History:

Marital Status of Parents: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

Other Children in the Home (name and birth date):

1. _____ 3. _____

2. _____ 4. _____

III. Physical Regime

Does your child have any unusual eating problems or food allergies?

Explain _____

IV. Play and Social Skills

How does your child get along with other children? _____

Are your child's playmates girls _____ boys _____ younger/older? _____

What is the usual size of neighborhood play group? _____

Previous group experience: preschool _____ play group _____ Sunday school _____

V. Personality and Emotional Development

How does your child handle stressful situations? (waiting, noisy places, new faces)

What are your child's fears? _____

What nervous habits does your child have? _____

When does your child show them? _____

When you find it necessary to discipline your child, which parent usually does this and how? _____

VI. Give any further information which you believe will be helpful to us in understanding your child. _____

How did you hear about our preschool? _____

BONDURANT CHRISTIAN CHURCH PRESCHOOL

304 Grant St S
Bondurant, Iowa 50035
(515) 967-2328

TUITION POLICY AND AGREEMENT

We want you to know that we value you and your child! In order for the Preschool to meet your needs and the needs of your children, and to appropriately staff the Preschool, we are instituting the following Tuition Payment Policy:

1. **Tuition payments are due and payable on the first class of each month.** Tuition for the 3 year old class (Mon., Tues., & Thurs. a.m.) is \$105 per month and (Weds. & Fri. a.m.) is \$85 per month. Tuition for the 3's/4's class (Mon., Tues., & Thurs. p.m.) is \$105 per month. And, tuition for the 4's/5's class (Mon., Tues., Weds. & Thurs. a.m./p.m.) is \$125 per month. Payments can be placed in the tuition box on the parent table or mailed to:

Bondurant Christian Church Preschool
304 Grant St.
Bondurant, IA 50035

2. **Delinquent fees after the 10th of the month will be assessed a \$25.00 late fee.** If fees are not paid within an additional 15 days after notice your child will be dropped from enrollment. We will adhere to this policy as many times we do have a waiting list for some of the classes.
3. If you are paying by cash, please place in a sealed and labeled envelope with child's name/class and date of payment. Please hand this to the director or teacher directly.
4. **Late Pick-Up Fee:** If you encounter difficulty in getting to school on time for pick up please call us. **If late student pickup becomes a repeated problem, a late charge will be assessed. You will be assessed a late fee at the rate of \$3.00 for the first 15 minutes and \$2.00 for each 10 minutes thereafter.**

I have read and understand this agreement.

Parent's Signature (Mother)

(Father's) Signature

Date

Student's name & class

Dear Parents,

An important part of the success of our preschool is due to the fact that our preschool parents are partners in education with us. Parents who are involved in and participate in activities become partners in their child's education! We are planning many different types of activities for the children this year. To assist us in our planning, would you please take a moment to fill out the volunteer form at the bottom of this letter? Many of the activities we'd like to do will depend on help from parents. Please let us know if you can help us in any of the ways listed below (or in other ways we haven't thought of.) We also may need parents to help with cutting and putting together projects for the preschool.

Thank You,

Bondurant Christian Preschool Staff

Parents' Name: _____ Phone: _____

Child's Name: _____ Class Enrolled in: _____

_____ I am available to help with classroom parties.
(Please sign the bottom of this form if you checked this item)

_____ I can help prepare activities at home by cutting, tracing, etc.

_____ I have a job or talent (like playing an instrument) that I can share with the children if needed for a special unit.
Specify _____

_____ I can donate supplies when requested.

_____ I can volunteer in my child's classroom ___ weekly, ___ monthly, ___ occasionally

Thank you for your help and support!

SUBSTITUTE/VOLUNTEER FORM

Date: _____ Parent's Name: _____

* I am, to the best of my knowledge, in good health and free of any communicable disease.

* I have not been convicted of any child abuse or dependent adult abuse in any state.

Signature of Volunteer

Medical Insurance Information

Child's Full Name: _____

Birth date: _____

Do you have private health insurance? _____ Yes _____ No

The preschool is required to have a copy of your child's medical insurance card on file. Please attach a copy (front and back) of your child's medical insurance card below. If you have dental insurance please attach a copy of that card also.

If yes, name of provider _____

_____ I do not have private insurance, but I have HawkI, or Government Assisted insurance.

_____ No, I do not currently have health insurance for my child.

If you don't have insurance for your child, information can be provided to you that will explain options for free health insurance for children.

BONDURANT CHRISTIAN CHURCH PRESCHOOL

PICK UP PERMISSION AND EMERGENCY CARE CONSENT FORM

STUDENT'S FULL NAME: _____

Please fill out this form below to tell us who is allowed to pick up your child from class. Your child will not be allowed to leave with someone who is not listed below, unless a note is sent prior to dismissal or you have called ahead of time. If we are not familiar with individuals, we may ask to see photo identification. Students must be picked up by someone at least 18 years or older and the individual must sign your child out on our attendance form. We ask that you also list at least 2 contacts in the event of an emergency (if parents cannot be reached).

If there is a separation or divorce custody issue of which we should be aware, please explain. If there is a restraining order or custody court order prohibiting a parent or person from picking up or seeing a student, we will need a copy of that for the child's file in order to protect the child in our care.

Names of persons who may NOT pick up child: _____

I hereby grant permission for my child to leave Bondurant Christian Preschool with any of the following persons listed below. I understand that in the event of an emergency, the Bondurant Christian Preschool staff will make every effort to contact a parent/guardian first. I also, hereby grant permission to the preschool and staff to obtain EMERGENCY MEDICAL AND/OR DENTAL CARE even if they are unable to immediately make contact with me (parent/guardian). I understand that if I cannot be reached, the Preschool Staff will contact the individuals indicated below. In addition, all individuals on this list may be contacted if my child isn't picked up in a timely manner. If it is necessary to have the child transported to a hospital, I understand that the Preschool Staff will recommend that the child be taken to the hospital listed unless instructed differently by the physician or myself. I agree to pay all of the costs and fees for any emergency medical, dental care, and/or treatment for my child as secured or authorized under this consent.

Signature and date: _____

| Names of those allowed To pick up child | Relationship | Phone Number | Contact in emergency yes/no |
|--|--------------|--------------|--------------------------------|
| | Mother | | |
| | Father | | |
| | | | |
| | | | |
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