

### School in the Pines / 2018 – 2019 / Preschool Application

Days attending: Mon Tues Wed Thur Fri

Hours: full-time 8 – 3 9 – 1 9 – 3 (MDO)

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Ph. \_\_\_\_\_ Mailing Add. \_\_\_\_\_ Sub. \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employed By \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employed By \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Please list sibling's names and ages here: \_\_\_\_\_

Please list persons approved to pick up your child. ONLY those listed will be able to pick up your child. Identification must be provided to front desk at pick up time. Phone number and address required.

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Address (required) \_\_\_\_\_ Address (required) \_\_\_\_\_

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AUTHORIZATION FOR EMERGENCY MEDICAL CARE: If I cannot be reached to make arrangements for emergency medical care, I hereby authorize SCHOOL IN THE PINES to take my child to (or nearest hospital):

Dr. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature at bottom of this form serves as medical authorization release.

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School most recently attended: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

By signing this application, I agree that I have read and understand all policies in the current school handbook (available online any time). Registration Fee is NON-REFUNDABLE and must be returned with this application. Tuition will not be refunded for any reason, including illness, vacation, withdrawal from school, inclement weather days, etc.

*If my child attends during summer, he/she has permission to participate in splash activities.*

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

Director Signature \_\_\_\_\_ Date \_\_\_\_\_ Start Date \_\_\_\_\_

**Preschooler Info Sheet for** \_\_\_\_\_  
(Child's first and last name)

Describe your child's personality (shy, outgoing, laid back, etc.)

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Does your child have any special behavior problems, speech delays, etc.?

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Please list any health problems:

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Has your child recently gone through any major changes or been exposed to new situations (i.e. Divorce, move, serious accident or death in the family, etc.)?

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Does your child nap? \_\_\_\_\_ Pull-up/diaper needed at naptime (if potty trained) \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

Does your child have any special fears (dark, monsters, bugs, etc.)?

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Please help us understand your child's home situation (i.e. living with both parents, spending time alone with each parent, living with grandparent, etc.) This information helps us when we talk about Mother's Day, Father's Day, and families. If your child was adopted, you may share this information with us.

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List your child's favorite characters, toys, super heroes, interests, etc.

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We offer a short blessing before snacks and meals. If you would like, you may share your religious affiliation, church denomination, etc. This may help us as we celebrate holidays in the classroom. \_\_\_\_\_

From time to time, we like to display photographs of the children in our classes and use photos for our school brochures or website. Please let us know if you agree to have your child photographed and their photo used for these purposes.

**Classroom display** yes or no

**Social Media** yes or no

**Website** yes or no

List all dietary restrictions and allergies. Please be specific:

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Please add any additional information we may find helpful:

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Parent Signature

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# School in the Pines Behavior Policy Letter

Dear Parents,

Welcome to you and your child. We are so glad you have chosen School in the Pines!

Every child is valuable; we will not use shame or humiliation to bring about acceptable behavior. We make every effort to be fair and consistent in directing children away from undesirable behavior and toward positive behavior.

School staff strives to provide for the physical safety and emotional wellbeing of every child in our program. We stress the importance of verbal communication and “using our words.” This equips children to identify, talk about, and act upon their feelings in a positive manner. We are committed to helping children build self-esteem and self-confidence through positive reinforcement, social interactions, and educational play and learning.

Occasionally, a child may have difficulty following rules or guidelines. If this occurs, the teacher will use a verbal warning and explain the misbehavior. With a second or continued undesirable behavior, the child receives a time-out and is held accountable for his/her actions. If the behavior continues, the teacher will fill out a written behavior form, to be viewed by the parent. In certain situations, a parent may be called to discuss the problem and work on a plan to address behavior problem. We will do everything we can to work with you and your child to avoid dismissal from school. As a last resort, a parent will be called to remove the child (on a temporary or permanent basis) if he/she is blatantly defiant and/or endangers him/herself, other people or property.

Sincerely,  
School in the Pines

## **Verification of Receipt of Behavior Policy Letter:**

Signing below indicates that I have read the attached letter and have kept the letter for my records. I agree to abide by the policies listed in the letter and agree to work with your staff should a problem arise.

**Child's name** \_\_\_\_\_

**Parent Signature (both parents must sign unless only one parent has primary custody):**

\_\_\_\_\_ date \_\_\_\_\_  
\_\_\_\_\_ date \_\_\_\_\_

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_ \_\_\_\_\_  
 Health Care Professional's Signature Date

- A signed and dated copy of a health care professional's statement is attached.

- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

- My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

|                 |            |            |   |   |
|-----------------|------------|------------|---|---|
| <b>VISION</b>   | R 20/_____ | L 20/_____ | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |   |
| SIGNATURE _____ |            |            | DATE _____  |   |
| <b>HEARING</b>  | 100 Hz     | 200 Hz     | 400 Hz  | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| R               |            |            |   |   |
| L               |            |            |   |   |
| SIGNATURE _____ |            |            | DATE _____  |   |

\_\_\_\_\_  
 Signature – Parent or Legal Guardian

\_\_\_\_\_  
 Date