

**St. Matthew's Episcopal Church Preschool**  
**101 St. Matthew's Lane**  
**Spartanburg, SC 29301**  
**864-576-0424 extension 2**  
**headofschool@stmatthewsepiscopal.org**

**Child Enrollment and Information**

\_\_\_\_\_ Please provide a current immunization record on a SC DHEC form.

Child's legal name \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Child's current home address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_ Birth date \_\_/\_\_/\_\_\_\_ Date of enrollment \_\_/\_\_/\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Parent/Guardian name \_\_\_\_\_

~ \_\_\_\_\_ ~ \_\_\_\_\_

~Primary email addresses to receive communications concerning preschool

**Circle one:**

20 to 30 month class (turns 20 months by September 1<sup>st</sup>)

2+3 combined class (turns 2 by September 1<sup>st</sup> and must be potty trained)

3's class (turns 3 by September 1<sup>st</sup>)

4's class (turns 4 by September 1<sup>st</sup>)

**Circle one:**

**3-day or 5-day:**

Preschool (8:45 to 12:00) \_\_\_\_\_

Preschool Plus (8AM to 3PM) \_\_\_\_\_

Preschool Plus Extended (7:30AM to 5:00PM) \_\_\_\_\_

***Children are to be potty trained for placement in the 2-3's, 3's or 4's program. Please note any "potty terminology" that will help us to be consistent for your child's continuing potty training at preschool.***

**Enrollment Agreement**

I agree that by enrolling my child in the St. Matthew's Preschool program, I will be responsible for the expenses of the preschool program (August-May), and/or if I choose enrollment for the summer program (June-August). Enrollment fees are non-refundable. Tuition is based on the program you choose and divided into convenient monthly payments; tuition can be paid in full or part for the year as well.

I agree that it is my responsibility to inform the Director of the Preschool if unable to keep this commitment for the full program. I will be responsible for the payment of tuition, unless other payment arrangements have been made and approved by the Director.

X \_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

X \_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

Child's name

\_\_\_\_\_

Preschool year

**Let us know...**

Please list some of your child's favorite activities. \_\_\_\_\_

Is there any family or cultural information that will provide us insight to best serve your child?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a special gift or talent that you might volunteer to share with us on special days or preschool events?  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be contacted to help with special events and fund raisers for the preschool?  
\_\_\_\_\_  
\_\_\_\_\_

**Photograph Authorization**

I, \_\_\_\_\_ (Parent/Guardian) give permission for St Matthew's Episcopal Church Preschool to photograph my child, (name)\_\_\_\_\_

For the following purposes: (Please check all that apply)

- Still Photographs
- Display in St. Matthew's Episcopal Church & Preschool personal scrapbook
- Display in St. Matthew's scrapbook or bulletin boards.
- Display still photos on St. Matthew's Episcopal Church & Preschool website.
- Display still photos on St. Matthew's Episcopal Preschool Facebook page.
- Use still photos in promotional materials.

Videos:

- Give video to current parents.
- Display video on facility website.
- Use videos in promotional materials.

**I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Signature Date**

~ \_\_\_\_\_ ~

\_\_\_\_\_  
Registration fee received

\_\_\_\_\_  
Check# or cash receipt #

\_\_\_\_\_  
Date of registration

\_\_\_\_\_  
Other



## Medication Administration Policy

Medications will be administered at St. Matthew's Episcopal Church Preschool to children for whom a plan has been made and approved by the Director. A written, signed and dated consent is required prior to the administration of any prescription or over the counter medication or of special procedures. Parents/guardians should check with the child's health care provider to see if a dose schedule can be arranged that does not involve the hours the child is in care at St. Matthew's Episcopal Church Preschool. Parents/guardians may come to administer medication to their own child during the day. If a liquid oral medication is to be administered at St. Matthew's Episcopal Church Preschool, the parent/guardian must provide the administration device with clearly marked measurements (medicine sip-vial, medicine cup, dropper). Medications must be labeled with your child's name on it and will be administered in accordance with the pharmacy label directions as prescribed or in accordance with product label directions. The Medication Administration Form will be completed by the parent/guardian in order to authorize the administration of any medication.

### I understand the Medication Administration Policy

X \_\_\_\_\_  
Signature Date

Does your child have any allergies or reaction to food, drink or the environment?

\_\_\_\_\_  
\_\_\_\_\_

Are there any medical/emotional/social situations that if we knew could better serve your child?

\_\_\_\_\_  
\_\_\_\_\_

## Behavior and Discipline Policy

The teachers use positive encouragement and reinforcement to maintain a standard of good behavior. We strive to create an atmosphere of success, teaching the child to understand his/her role in the class.

- Children who break the rules will be stopped; the infraction and the inappropriate behavior will be explained. The child will be asked to verbally repeat the proper behavior in order to help with understanding the rule. In the case when the child does not verbally communicate, the child will be shown and the correct way will be practiced with the teacher to teach the appropriate behavior.
- Our intention is to resolve a problem by sharing ways to manage the behavior and to eventually have the child respond appropriately explaining to the child what to expect and what will be expected is necessary and appreciated.
- St. Matthew's prohibits corporal punishment.

**I agree to the discipline policies of St. Matthew's Episcopal Church Preschool.**

X \_\_\_\_\_  
Signature Date

**St. Matthew's Episcopal Church Preschool  
Emergency Information**

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Current home address  
\_\_\_\_\_  
\_\_\_\_\_

Full names of Parent(s)/Guardian(s)  
\_\_\_\_\_  
\_\_\_\_\_

*In the event of an emergency, it is our policy to contact the parents/guardians first. Please provide phone numbers (cell, work, home) where parents/guardians can be easily contacted.*

\_\_\_\_\_  
\_\_\_\_\_

Mother

Father

*Provide in priority order the information for at least 2 persons who have the authority to obtain emergency medical treatment for your child, if parents cannot be contacted in an emergency,:*

Name	Relationship to child	Phone
_____ Name	_____ Relationship to child	_____ Phone
_____ Name	_____ Relationship to child	_____ Phone

Child's Doctor and Dentist

Child's doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

Child's dentist \_\_\_\_\_ Phone number \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies, medications, health conditions or special needs for the child:  
\_\_\_\_\_  
\_\_\_\_\_

Provide the child's health insurance information below:  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize staff at St. Matthew's Episcopal Church Preschool to use their judgment in contacting parents/guardians or other authorized persons or securing medical assistance and transportation if the parents/guardians or other authorized persons cannot be reached.**

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

# St. Matthew's Episcopal Church Preschool Confidentiality of Records Policy

## **Statement of Intent**

It is our intention to respect the privacy of the children and their parents, while ensuring that they access high quality early years and education in our setting.

We ensure that all parents/guardians can share their information in the confidence that it will only be used to enhance the welfare of their children.

## **Methods**

### *Developmental Records*

These include observations of the children in the setting, samples of their work, summary developmental reports and records of achievement.

They are usually kept in the Preschool and can be accessed, and contributed too, by staff, the child and the child's parents.

### *Personal Records*

These include registration and enrollment forms, signed consents, and correspondence concerning the child or family, reports or minutes from meetings concerning the child from other agencies, an ongoing record of relevant contact with parents, and observations by staff on any confidential matter involving the child, such as developmental concerns or child protection matters.

These confidential records are stored in a lockable file or cabinet.

Parents have access to the files and records of their own children but do not have access to information about any other child.

Staff will not discuss personal information given by parents with other members of staff except where it affects planning for the child's needs. Staff induction includes an awareness of the importance of confidentiality in the role of the key person.

## **Confidentiality Policy**

Information received in the process of enrolling your child at St. Matthew's Episcopal Church Preschool is to be respected and kept confidential. Any information that may identify your child by photo, name or address is confidential and will not be copied or shared by the staff of St. Matthew's Episcopal Church Preschool with unauthorized persons, without written consent from the Parent/Guardian.

**I understand the Confidentiality Policy of St. Matthew's Episcopal Church Preschool.**

X \_\_\_\_\_  
**Signature** **Date**