

**Colonial Heights United Methodist
Pre-School
Application for Enrollment
(423) 239-7071**

Date of CHUMC P-S Tour_____

Child's Full Name_____ Date of Birth_____

Preferred Name ("nickname")_____

Parent/Guardian Names (mother/father)_____

Address_____

Preferred Telephone_____ Church Preference_____

Mother's Occupation_____ Work Telephone _()_____

E-mail_____ Cell Telephone _()_____

Father's Occupation_____ Work Telephone _()_____

E-mail_____ Cell Telephone _()_____

Your child will only be released to the parents/guardians above. He/She can also be released to the following persons, designated as authorized by the person signing this application.

Name	Relationship	Address	Telephone

1/Emergency Contact Person_____ Relationship_____ Telephone Number_____

2/Emergency Contact Person_____ Relationship_____ Telephone Number_____

Emergency Information:

Physician's Name _____ Telephone _____

Address _____

For any child with health care needs such as allergies, asthma, diabetes, frequent earaches, hemophilia, seizure disorder or other chronic conditions that require specialized health services, a medical action plan must be attached to the application. The medical action plan must be completed by the child's parent and/or health care professional.

Is a medical action plan attached? _____ Yes _____ No

List any allergies and the symptoms and the type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of, and type of response needed for these health care needs/issues. _____

List any specific unique behavior characteristics or fears your child has. _____

List any types of medication taken for health care needs. _____

Please share any additional information that has a direct bearing on ensuring safe medical treatment for your child. _____

Hospital Preference _____

I, as the parent/guardian, authorize the Pre-School to obtain medical attention for my child in an emergency.

Parent/Guardian Signature _____ Date

Are your child's immunizations up to date? _____ Yes _____ No

Please attach a copy of your child's "Tennessee Department of Original Health Certificate of Immunization".

Does your child have any language, speech, hearing, vision or fine/gross motor problems?

Yes No

If yes, please specify: _____

Does your child have any restrictions relative to play or other activities?

Yes No

If yes, please specify: _____

Please list any siblings in the home (names and ages):

Please list any other adults in the home:

What are your child's favorite activities/toy/play equipment ? _____

What is the most effective way to deal with any behavioral issues your child might have? _____

What is your child's typical eating pattern? _____

What are his/her favorite foods? _____

What foods does he/she dislike? _____

How well does your child use table utensils (cup/fork/spoon)? _____

Does he/she have any food allergies? Yes No

If yes, please specify. _____

How does your child indicate bathroom needs? _____

Does he/she use any "special" words regarding urination or body parts?

____ Yes ____ No

If yes, please specify. _____

What are your child's regular bladder and bowel patterns? Do you want us to follow a particular plan/schedule for toileting? _____

For toddlers, please describe your use of diapers/toileting equipment (i.e. potty, toilet seat adaptor, etc.). _____

What is your child's regular sleeping pattern? _____

Awakes at _____ Naps at _____

Goes to bed at _____

What assistance does your child need to get dressed? _____

What ages are most of your child's frequent playmates (if applicable)? _____

Describe your child's personality (friendly/shy/withdrawn/aggressive, etc.) _____

Does your child play well alone? ____ Yes ____ No

Is your child frightened by (Circle all that apply.)

Animals Rough children Loud noises The dark Storms

Anything else? _____

Is there any other information that you wish to share that would assist in meeting your child's needs? _____

Parent/Guardian's Signature

Date

**Colonial Heights United Methodist Preschool
631 Lebanon Road
Kingsport, TN 37663**

PERMISSIONS FORM

1. I give permission for my child to use all the play equipment and participate in all activities of the preschool.
2. I give permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks.
3. I give permission for my child to be featured in candid photos on the Pre-School's Facebook page (without using his/her name).
4. I give permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care for my child.
5. I give permission for my child to be observed by non-child care agency staff (i.e. college students, etc.)

Preferred Hospital _____ Phone _____

Medical Insurance Company _____

Policy Number _____ Group Number _____



Child's Name Birthdate

Parent /Legal Guardian Date Signature:

Witness (Director or Teacher) Date Signature:

**Colonial Heights United Methodist
Preschool**

Policy Statements

1. The center will be open from 7:15 a.m.-5:30 p.m. Monday – Friday. In case of extreme emergency, a parent must call the center for child to remain past closing time. A fee will be charged for children kept after the center has closed.
2. Parents are expected to bring their child into the center and remain with him/her until a brief health check has been completed by the teacher or other attending adult. A child cannot remain at the center if he/she is thought to be ill.
3. All enrollment forms for the child must be completed by the parent/legal guardian. A current immunization record signed by the health care provider must accompany the child upon admission to the preschool program. Each child must receive all immunizations before entry unless there is a medical reason certified by a health care provider stating why these immunizations should not be made.
4. Annual health examinations are required and are the responsibility of the parent.
5. If a child becomes ill during the day, his/her parent/guardian will be notified to take the child home. Sick children cannot be cared for at the center. Once parents have been notified, the child must be picked up within 1 hour.
6. Preschool staff cannot be responsible for administering over-the-counter medication. They may administer prescription medication only with the doctor’s orders. Medicines must be in the original container and must have directions for administering.
7. Parents will receive prompt notification of the occurrence of a communicable disease among the center’s children.
8. Parents must complete an authorization form that gives persons other than the parent permission to pick up their children.
9. Children should not bring money or toys to the center.
10. Each child must have a change of clothing clearly labeled with his/her name left at the center.
11. Outdoor play is an important part of our program. Please see that your child is suitably dressed to play outdoors.
12. Parents should notify the center of changes in contact information in order to reach you in an emergency.
13. Colonial Heights Preschool is a Smoke Free and Drug Free facility
14. I understand that there may be times when students from local colleges may be asked to observe teaching and learning in our classrooms.
15. I understand that I need to designate the schedule for paying my child’s tuition. I can choose to pay weekly or monthly. Once a choice has been selected and that method has been entered into our bookkeeping system, I understand that the selected payment method should be honored throughout the year. It is not a simple task for the bookkeeper to switch from one option of payment to the other. I also understand that rules regarding tuition are written in the Parent Handbook and that I have read them.

Please circle your option for paying tuition for 2018-2019 Pre-School year.

Weekly

Monthly

I have received a copy of the POLICY STATEMENTS and a copy of the SUMMARY OF LICENSING REQUIREMENT FOR CHILD CARE CENTERS

Name of Child

Signature: Parent/Legal Guardian

Date

**Colonial Heights United Methodist Church
Pre-School**

2018-2019 Program Enrollment Options and Tuition Rates

- **Infants (six weeks) →24 months** (Ducklings/Frogs/Sock Monkeys)
(Two-or three-day options will only be available when a two-day child can be paired with a three-day child.)

	Weekly Rate	Monthly Rate	Annual Cost
5 days weekly	\$155.00	\$672.00	\$8,060.00
3 days weekly (MWF)	\$105.00	\$455.00	\$5,460.00
2 days weekly (TTh)	\$ 80.00	\$347.00	\$4,160.00

- **Ages 2 → 3** (Bumblebees/Sea Buddies)
(Two-or three-day options will only be available when a two-day child can be paired with a three-day child.)

	Weekly Rate	Monthly Rate	Annual Cost
5 days weekly	\$145.00	\$628.00	\$7,540.00
3 days weekly (MWF)	\$ 95.00	\$412.00	\$4,940.00
2 days weekly (TTh)	\$ 70.00	\$303.00	\$3,640.00

- **Ages 3→4** (Ladybugs/Owls)
The two-or three-day enrollment options are available only to currently enrolled children, ages 3-4. New enrollees in these classes must be enrolled for the five-day option.

	Weekly Rate	Monthly Rate	Annual Cost
5 days weekly	\$145.00	\$628.00	\$7,540.00
3 days weekly (MWF)	\$ 95.00	\$412.00	\$4,940.00
2 days weekly (TTh)	\$ 70.00	\$303.00	\$3,640.00

Please indicate your choice:

Infants 6 weeks→Age 2 years of age Ducklings/Frogs/Sock Monkeys
 _____ 5 days week
 _____ 3 days week MWF only
 _____ 2 days week T Th only

Ages 2-3 years Bumblebees/Sea Buddies
 _____ 5 days week
 _____ 3 days week MWF only
 _____ 2 days week T Th only

Ages 3-4 years Ladybugs/Owls
 _____ 5 days week
 _____ 3 days week MWF only
 _____ 2 days week T Th only

A registration fee of \$40 must accompany this application.

Child's Name _____ Parent/Guardian's Signature _____

Paid _____ Date _____

Please drop your child off by 8:30 a.m. Pick-up begins at 3:30 p.m.

**Colonial Heights United Methodist Preschool
Risk Management Policy**

In accordance with the TN State mandate, parents must sign a children’s At-Risk Management Policy each year. This is to ensure the safety of your child in the event of the following situations.

1. If we feel a parent or authorized person is under the influence of alcohol or drugs, a Sullivan County police officer will be asked to make a determination on the condition of the driver before we will release the child.
2. An appropriate child’s car seat is required of anyone picking up a child from the center.
3. No firearms or weapons of any kind are permitted in the center.
4. Picture identification is required of anyone authorized to provide transportation.

Name of Child _____

Signature: Parent/Legal Guardian

Date

Signature: Director

Date

**Colonial Heights United Methodist
Pre-School
Discipline Policy**

Discipline

“Discipline” at the Pre-School level embodies the children’s development of a growing sense of self-control and restraint exercised by the individual child. Examples of the types of discipline we seek to foster are: consideration for the rights of others, respect for authority, ability to assume responsibilities. We will utilize positive approaches involving redirection and positive statements, etc. If additional strategies appear to be needed, the parent/guardian(s) and teacher and/or director will meet to develop a consistent plan or approach.

Strategies:

- Clear expectations
- High expectations
- Consistency in our expectations
- Positive attitudes
- Choices for the children
- Involvement of the children in problem solving
- Redirection techniques
- Consideration of other’s feelings
- Separation from the group or activity when appropriate
- Positive reinforcement.

Name of Child _____

Parent/Guardian’s Signature _____ Date _____

Director’s Signature _____ Date _____

**Colonial Heights United Methodist
Pre-School
“One Call Now” Communication System Permission**

“One Call Now” is an outbound automated phone system that enables us to deliver multiple, simultaneous messages by text, telephone, or email. We would like to let you know about upcoming events, weather alerts, special announcements, etc. through the “One Call” system. Please note that if you choose “One Call Now” as a text messaging service, you will be asked to “opt in” and will be charged standard text messaging rates for all texts received.

If you would like to receive communications through this system, please provide the following:

Please Print Carefully:

Mother’s Telephone number _____

Mother’s e-mail address _____

Mother’s preferred communication method (telephone/text/or e-mail):

Father’s Telephone number _____

Father’s e-mail address _____

Father’s preferred communication method (telephone/text/or e-mail):

Alternate Care-Giver (if applicable)

Name _____ Relationship to Child _____

Telephone Number _____

E-mail address _____

Alternate Care-Giver’s preferred communication method (telephone/text/or e-mail):

Child’s Name _____

Parent/Guardian’s Signature _____ Date _____

**Colonial Heights United Methodist
Pre-School
Illness Policy**

Please take into consideration the number of children and staff who may be affected when making a decision about whether to send your child(ren) to school for the day.

Please keep your child at home if he/she has:

- **Bronchitis**--typically begins with hoarseness, cough, and a slight elevation in temperature. The cough may be dry and painful, subsequently becoming loose.
- **Conjunctivitis**--an eye infection commonly referred to as “pink eye”. The eye is generally red with some burning, and there may be a thick, yellow drainage. Treatment must be in progress at least one full day before returning to school.
- **Diarrhea**—(2 or more loose, watery stools within an eight hour period) Your child must be free from symptoms at least one full day before returning.
- **Fever**—defined as having a Fahrenheit temperature of 100° or higher under the arm (or an oral temperature of 100° or higher). Children cannot return to the Pre-School until they have been fever free for 24 hours without the aid of a fever reducer.
- **Head Lice**—child must have been treated and all nits removed before returning to school. Upon return to school, you must present proof of treatment (sales receipt) and a staff member must check the child to affirm that the child is cleared for returning.
- **Herpes infection** (fever blisters)—blisters in the mouth or on the lips, often at the site of broken skin. Infections are usually mild, but can become very painful and make eating difficult.
- **Impetigo**--a skin infection consisting of blisters surrounded by a reddened area. When these blisters break, the surface becomes raw, “weeps” and oozes. The lesions eventually become crusted and yellowish.
- **Irritability**--continuous crying, or requiring more attention than can be provided without neglecting other children’s care.
- **Other childhood contagious diseases**—such as: measles, mumps, rubella (“German measles”), chicken pox, roseola.
- **Rashes**--that have not been diagnosed by a physician.
- **Scabies**--parasitic skin mite infestation characterized by itchy skin, rash, small pus-filled bumps, often found first on the feet, then the palms of hands and scalp.

Illness Policy cont'd.

- **Severe cold**--with sneezing and/or excessive nasal drainage.
- **Strep throat**—if diagnosed with a strep throat infection and placed on an antibiotic medication, the child should not be brought back to the Pre-School until he/she has had medication at least one full day.
- **Vomiting**-- more than the usual “spitting up”.

Our licensing requirements make mandatory removal from the Pre-School for any and all of the above illnesses.

Medications

If your child needs medication during the day, you will be asked to fill out a medication form giving permission to administer the medication and indicating the exact dosage and time for administration. Please do not ask us to decide when or if your child needs medication. We are only allowed to administer PRESCRIPTION medications with specific doctors orders. No over the counter medications (i.e., tylenol) will be administered. Only parents can administer over the counter medications.

All prescription medications must have your child’s name, doctor’s name, date, dosage, and specific instructions on the original label.

Please hand the medication to our “designated staff member” (Director) in order for the medication to be kept in a locked container or refrigerator. Any “syringes” or spoons used to give medication must be included in a ziplock bag with written instructions. No medication can be given to control an existing fever. If you have given your child medication prior to arriving at the Pre-School, you are responsible for making us aware of that medication and the reason it was given. Please do not ask staff members to make exceptions to any of these policies.

Return to School

Please be advised that the Pre-School is not equipped to provide child care for sick children. Parents or designated emergency person(s) should respond to the call concerning a sick child within 30 minutes and pick up the child within 60 minutes. In order to return to the Pre-School, your child must be free of any symptoms/ fever WITHOUT MEDICATION for 24 hours or have a physician’s permission to return. Please call the office (423-239-7071) to report any illness that may be contagious so we can alert other families about possible exposure.

Name of Child _____

Parent/Guardian’s Signature _____ Date _____

Director’s Signature _____ Date _____

Ointments or Creams



Child's Name _____

I, the parent/guardian of the above named child, give permission for the staff of the Colonial Heights United Methodist Pre-School to apply the following topical diaper ointment/cream that I have provided for my child.

Name of diaper ointment or cream _____
(Specific name of cream must be provided.)

Apply the following amount of ointment or cream:
_____ thick coating
_____ thin coating.

Apply at the following times:
_____ when skin in diaper area is red
_____ when rash is present in diaper area
_____ after each bowel movement
_____ with each diaper change.
_____ other (Please specify.)

Parent/Guardian's Signature _____ Date _____

This consent expires one year after the date it was signed.