

FAIRVIEW PRESCHOOL CENTER
2913 REESE ROAD
COLUMBUS, GA 31907
706-561-3030

APPLICATION FOR ADMISSION

Today's date _____

Start Date _____

Child's Name _____
(Last) (First) (Middle)

Home Address _____
(Street) (City & State) (Zip)

Home Telephone _____ Cell Phone _____ Mom _____ Dad _____

Birth Date _____ Age _____ Sex _____ Child's Social Security Number _____

Child's Legal Guardian: Both Parents Mother Father Other Child's Living Arrangements _____

Email _____

Father/Stepfather/Guardian _____ Place of Employment _____

Address of Employment _____ Work Phone _____

Mother/Stepmother/Guardian _____ Place of Employment _____

Address of Employment _____ Work Phone _____

The child may be released to the person (s) signing this agreement or to the following:

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons to contact in case of an emergency when parents cannot be reached:

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Are you Affiliated with a local Church? Yes No Name of Church: _____

Fairview Preschool Center is a Daycare Ministry of Fairview Baptist Church. Would you be opposed to being contacted by our Church? Yes No

Parent/Stepparent/Guardian Signature _____

Date Signed _____

**FAIRVIEW PRESCHOOL CENTER
EMERGENCY MEDICAL AUTHORIZATION**

Should my child, _____, whose date of birth is _____, suffer an injury or illness while in the care of the Fairview Preschool Center, and the staff are unable to contact me immediately, the Center personnel shall be authorized to secure such medical attention and care for the child as may be necessary. I shall assume responsibility for payment for services. I understand that the insurance carried by the Center is secondary coverage.

The Center staff agrees to keep me informed of any incidents requiring professional medical attention involving my child.

My child's primary source of health care is:

PHYSICIAN'S NAME

TELEPHONE NUMBER

HOSPITAL

TELEPHONE NUMBER

Child's known medical conditions (e.g., diabetes, asthma, seizure disorder, drug allergies):

Parent/Stepparent/Guardian's Signature

Date Signed

Witnessed by

Date Signed

Telephone: Home: _____

Work: _____

Cell Phone: _____

**FAIRVIEW PRESCHOOL CENTER
CHILD'S HEALTH FORM RECORD**

Child's Name _____ Birth Date _____

Does your child have any food allergies? Yes ___ No ___
If yes, please be very specific in indicating any foods to which your child is allergic,

If a child requires a modified diet for medical reasons, the Department of Human Resources requires a written statement from a medical authority be on file. When a child requires a modified diet for religious reasons, a written statement to that effect from the child's parent shall be on file. Please submit this information with your completed application.

Does your child have special health problems (hay fever, asthma, allergies, etc.)?
Yes ___ No ___
If the answer is yes, please specify the problem, symptoms, and procedure for care:

Problem: _____

Symptoms: _____

Procedure: _____

Does your child regularly take prescription drugs or any other medication?
Yes ___ No ___
If yes, please specify the drug or medication and the medical condition that requires your child to take medication. _____

Does your child have any known handicap? Yes ___ No ___
If yes, please specify: _____

Do you use the medical facilities at Fort Benning? Yes ___ No ___

If not, do you have a local doctor? Yes ___ No ___
Doctor's Name _____ Telephone Number _____

Prescription Medication – A permission form must be completed if the Center Staff needs to administer prescription medication. The permission is only valid for the week.

Parent/Stepparent/Guardian's Signature

Date Signed

**FAIRVIEW PRESCHOOL CENTER
PARENTAL AGREEMENTS WITH CHILD CARE FACILITY**

1. The Fairview Preschool Center agrees to provide day care for _____
Name child is called
on _____, _____ a.m. to _____ p.m.
Days of week
from _____ to _____. My child will participate in the following meal plan:
Month Month
(circle applicable meal and snack) breakfast; lunch; afternoon snack
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur; e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. The Fairview Preschool Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for Fairview Preschool Center.

Signature (Parent/Guardian) _____ Date _____

Signature (Facility Administrator) _____ Date _____

INFANT FEEDING PLAN

591-1-1.15 (2) Feeding of Children Under One (1) Year of Age

- A signed written feeding plan for children under one (1) year of age shall be obtained from parents.
- Instructions from the parent shall be updated regularly as new foods are added or other dietary changes are made.
- The feeding plan shall be posted in the child's assigned room

Child's Name: _____ Date _____

Birth day: _____

Does child take a bottle? () Yes () No Is the bottle labeled? () Yes () No
 Is the bottle warmed? () Yes () No Does the child hold own bottle? () Yes () No
 Can the child feed self? () Yes () No
 Does the child eat: (check all that apply)
 () Strained foods () Formula () Baby foods () Whole Milk () Table foods
 () Other: _____

What type of formula is used? _____

**** Center cannot mix powdered baby formula**

Amount of formula to be given: _____

Updated amounts of formula: _____ Date: _____

_____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

Instructions for the introduction of solid foods _____

Food likes _____

Food dislikes _____

Does child take a pacifier? () Yes () No

When? _____

Allergies (include any premixed formula) () Yes () No

If yes, please list _____

CHILD'S SCHEDULE

Breakfast _____ (approximate time) _____ Type and approximate amount of food

Lunch _____ (approximate time) _____ Type and approximate amount of food

Dinner _____ (approximate time) _____ Type and approximate amount of food

Morning Nap _____ (approximate time) Afternoon Nap _____ (approximate time)

Updated instructions regarding adding new foods or other dietary changes, please list as needed:

Changes, N/A if none	Date	Parent Signature

_____ PARENT SIGNATURE _____ DATE

Fairview Preschool Center



2913 Reese Road, Columbus, Georgia 31907
706-561-3030 706-561-0510 fax

SUPPLIES – 6-18 and 18-24 MONTH ROOMS

Crib sheet and blanket

Diapers

Wipes

Extra clothes

*Please make sure to label everything.

SUPPLIES – 2 AND 3 YEAR ROOMS

Crib sheet and blanket

Extra clothes

Diapers (if needed)

Wipes (if needed)

*Please make sure all items are labeled. (We are not responsible for lost items)

The following documents are needed when your child starts:

Current Immunization record

Completed application

FAIRVIEW BAPTIST CHURCH
PRESCHOOL CENTER

The Fairview Preschool Center would like permission to photograph your child, _____ for promotional purposes. Please be aware that these photos are for the Fairview Preschool Center use and may only be used for future brochures, pamphlets, website, or flyers.

_____ Yes, I give permission for the above name child to be photographed or videotaped for promotional use.

_____ No, I do not give permission for the above named child to be photographed or videotaped for promotional use.

Parent's signature: _____

Date: _____

FAIRVIEW PRESCHOOL CENTER

Authorization to Dispense External Preparations
Family Child Care Rule: 290-2-3.11(1)(e)

Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician or parent. All medications shall be stored in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, date and time given, and the name of the person giving the medication.

Child's Name: _____ Date: _____

I hereby give _____ permission to apply one or more of the following
Provider's Name
external preparations, in accordance with directions on the container:

- Baby Wipes
- Band-aids
- Neosporin, Bacitricin or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellant
- Non-prescription ointment (such as A & D, Desitin, Vaseline)
- Other (Please specify) _____

I hereby request that _____ administer the above checked external
Provider's Name
preparations in accordance with the directions on the container.

Mother's Signature

Date

Father's Signature

Date