



# Valley Covenant Preschool

Application • Record of child Information

Date Child Received \_\_\_\_\_

Date Child Left \_\_\_\_\_

Name of child \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ T-shirt\* (Youth sizes - circle one) S M L

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

*\*T-shirt size is needed for our annual MDA carnival.*

*Plus, your child may earn a free t-shirt from one of our fundraisers.*

## Parent(s) or Guardian(s) Placing the Child

Name (Primary) \_\_\_\_\_

Name (Secondary) \_\_\_\_\_

Relation to Child \_\_\_\_\_

Relation to Child \_\_\_\_\_

Marital Status:  Married  Divorced  Single  Remarried

Marital Status:  Married  Divorced  Single  Remarried

Address\* \_\_\_\_\_

Address\* \_\_\_\_\_

Phone\* \_\_\_\_\_ (\*If different than above)

Phone\* \_\_\_\_\_ (\*If different than above)

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Working Hours \_\_\_\_\_

Working Hours \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**We send notes home throughout the school year. Please indicate the best way to communicate with you:**

E-mail (please check at least once a week, this saves us paper/ink costs)  Printed note in child's mailbox at school

## Emergency Contact (if parent/guardian cannot be reached)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

## Babysitter / Daycare Provider (during class hours)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Class Preference** - Indicate your 1st & 2nd choice. Placements will be made in order that money is received.

\_\_\_\_ 3 yr Monday & Tuesday 8:45 - 11:15 AM  
\$70 / month

\_\_\_\_ 4 yr Monday & Tuesday 12:15 - 3:15 PM  
\$80 / month

\_\_\_\_ 3 yr Monday & Tuesday 12:15 - 2:45 PM  
\$70 / month

\_\_\_\_ 4 yr Wed., Thurs. & Friday 8:45 - 11:45 AM  
\$110 / month

**Do you have a classroom preference?**

\_\_\_\_ 4 yr Wed., Thurs. & Friday 12:15 - 3:15 PM  
\$110 / month

\_\_\_\_ Upstairs \_\_\_\_\_ Downstairs

\_\_\_\_ No preference

Comments: \_\_\_\_\_

**A non refundable \$65 Registration fee (\$85 after June 1st) is due with application & first month's tuition is required to secure class placement.**

**Person(s) providing transportation (if not parent/guardian )**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Physician to call if child becomes ill or injured**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_

List any Food allergies \_\_\_\_\_

List any Medications (include directions if needed) \_\_\_\_\_

**Does the child have any of the following:**

Medical problems?	Y	N	Physical handicaps?	Y	N
Restrictions for play? (indoors or outdoors)	Y	N	Allergies?	Y	N
Fears?	Y	N	Special names for objects? (potty, cookies, drinks, etc.)	Y	N

If you answered yes for any of the above, please explain: \_\_\_\_\_

Does your child take a nap?    Y    N        Time \_\_\_\_\_ Length \_\_\_\_\_

Is your child toilet trained?    Y    N        (Toilet training is required by first day of class.)

Please list any expertise / job / skill you would be willing to share (when it fits into the unit being taught)

Please indicate if you would be willing to volunteer as a classroom helper (sign up sheet will be available)    Y    N

**Church Affiliation** \_\_\_\_\_     Member     Attend     None

Other Comments \_\_\_\_\_

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*Signature of parent or other person placing child*

*Signature of caregiver (if applicable)*

**All information shall be regarded and handled confidentially**

*A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times in licensing representatives of the Department of Children and Family Services.*



Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

# Valley Covenant Preschool

Written Consent • Permission • Release

Name of child \_\_\_\_\_

## Emergency Medical Care

This authorizes Valley Covenant Preschool to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

Preferred Doctor \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Medical records are located at \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent / Guardian*

\_\_\_\_\_  
*Relationship to Child*

## Trips, Excursions & Public Park Facilities

I/We authorize Valley Covenant Preschool to take my/our child on walking trips, special excursions and to nearby public park facilities. I/We also authorize the child to ride as a passenger in a vehicle under the supervisions of the above-named facility with health and safety precautions taken in compliance with DCFS Standards for Licensing.

X \_\_\_\_\_  
*Please Initial*

## Photographs, Publications & Contact Info Release

There is a possibility that your child's picture may be taken while attending Valley Covenant Preschool. I/We authorize Valley Covenant Preschool to take my/our child's picture and publish it. Including the following methods: classroom bulletin boards, local newspaper, on CD (for parents only) and our website: www.valleycov.org & facebook page.

X \_\_\_\_\_  
*Please Initial*

We like to make a class list available to parents of children in each class. I/We authorize Valley Covenant Preschool to distribute our name, address, phone number and e-mail address to other parents of children in my class and to the church office. I agree to use this class list responsibly and not for solicitation, business gain or any other kind of unwanted contact or SPAM.

X \_\_\_\_\_  
*Please Initial*

## Religious Teaching Agreement

The curriculum of Valley Covenant Preschool will present God as Creator of the Universe and Jesus as a living friend. I/We give our permission for our child to participate in religious teaching.

X \_\_\_\_\_  
*Please Initial*