

Child's Name: _____

Teacher's Name: _____

Dear Parents,

Please remember to bring the following paperwork during orientation or your first day of school. We must have all paperwork turned in by the end of the first week.

____ _____ Original Birth Certificate (NEW STUDENTS)

____ _____ VA School Entrance Form (NEW STUDENTS)
Form MCH213G 3/14

_____ Updated Vaccination Record (RETURNING STUDENTS)

____ _____ Student Information Sheet

____ _____ Emergency Medical Information Sheet

____ _____ Picture Permission Slip

____ _____ Pick- Up Permission Form

____ _____ Non-prescription Medicine Form

Please attach this sheet to the top of your paperwork with your child's name on it. Thanks!

**First Evangelical Presbyterian Preschool and Mother's Day Out
Student Information Sheet**

Please fill out the information below to help your child's teacher get to know your son or daughter.

Child's Name _____ Teacher's Name _____

Nickname _____ Child's Birthdate _____

Mom's Name _____ Dad's Name _____

Home Address _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Siblings' Names and Ages _____

Church Affiliation _____

Does your child have any physical limitations or medical concerns? _____ If yes, please explain _____

Does your child have any food restrictions or food allergies? _____ If yes, please explain _____

Please list any special fears that your child may have. _____

Has your child been in a program such as this before? _____ If yes, please explain _____

Child's Favorite Activities _____

Favorite Toys or Comfort Items _____

Do you have any pets? Please List _____

What would you like for your child to gain from this experience?

Please give us any additional information that you would like to provide so we can give the best care to your child: _____

First Evangelical Presbyterian Preschool and Mother's Day Out
Emergency Medical Information
2022-2023

Student Name			
Date of Birth			
Home Phone Number			
Home Email Address			
Home Address			
Parent / Guardian Information	Name	Cell Phone	Work Phone
Insurance Company			
Policy Number			
List all allergies or dietary restrictions			
If unable to reach the parent(s) / guardian(s) listed above, please list 2 people that we may contact in an emergency	Name	Phone Number	
Child's Physician			
Physician's Phone Number			
Additional Comments			

**Picture Permission Slip
2022-2023**

I, _____ give my permission for my son/daughter _____ to have his/her picture taken and used for the following purposes: (please initial below)

Class pictures, professional or candid. These will only be made available among registered families of the program.

Individual pictures, professional or candid. These will only be made available among registered families of the program.

Publications to promote the FEPC Preschool and Mother's Day Out Programs. There will be no identifying information posted with the picture.

(Parent Signature)

(Date)

I, _____ do not give my permission for my son/daughter _____ to have his/her picture taken for any reason.

(Parent Signature)

(Date)

Pick Up Permission Form 2022-2023

I _____ give my permission for the following people to pick up my child from First Evangelical Presbyterian Preschool and/or Mother's Day out:

Adult's Name

Relationship to Child

1. _____
2. _____
3. _____

Even by listing the above names I fully understand that it is my responsibility to notify the First Presbyterian Preschool office staff and my child's teacher if another adult other than my spouse or me will be picking up my child. If a staff member has not spoken with you or received a note regarding another person picking up your child, we will not allow your child to leave our building. We will ask to see picture identification from **ANYONE** other than you or your spouse when they arrive to pick-up your child.

I do **NOT** give permission for the following people to pick up my child from FEPC Preschool and Mother's Day Out.

Adult's Name

Relationship to Child

1. _____
2. _____

Parent Signature and Date:

Family Day Home Program Decision to Not Administer Prescription Medication

My program has made the following decision regarding the administration of medications to a child in my program: (Check one)

I (or my staff) **WILL NOT** administer any medications – prescription or non-prescription medication (non-prescription medications include, but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).

I (or my staff) will administer **ONLY** non-prescription medications (non-prescription medications include, but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child’s individual record.

Provider’s Name (please print): Erika Schweitzer	Facility Name: FEPC Preschool & MDO
Provider’s Signature: <i>Erika Schweitzer</i>	Date: 8-01-2022
Parent or Guardian Signature:	Date:

Confidentiality Statement

Information about any child in my program is confidential and will not be given to anyone except VDSS’ designees or other persons authorized by law unless the child’s parent or guardian gives written permission. Information about a child in my program will be given to the local department of social services if the child received a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

ADA Statement

I understand the provisions of the Americans with Disabilities Act (ADA). If any child enrolled in my program now or in the future is identified as having a disability covered under the ADA, I will assess the ability of the program to meet the needs of the child (for further information on ADA seek legal counsel and/or go to the following website: www.usdoj.gov/crt/ada/chcaflyr.htm). If my program can meet the needs of the child without making a fundamental alteration to the program and the child will need regular or emergency medication, I will follow the steps required to have my program approved to administer prescription medication.

Provider Statement

I understand that it is my responsibility to follow my *Program’s Decision Regarding Medication* plan and all health, infection control, and medication administration regulations applicable to my child day program. The Program Decision Regarding Medication plan will be made available to parents at enrollment, whenever changes are made, and upon request.



"Let us not love with words or tongue but with actions and in truth"

1 John 3:18

Family is important. At FEPC Preschool and Mother's Day Out we encourage family participation in multiple ways. According to your giftedness, determine how you can support our mission of making a difference in the lives of children and families. Indicate below the volunteer opportunities that interest you and return to the office. Thank you!

Name: _____
Phone: _____

Child's Name: _____
Email: _____

Paid Opportunities:

Substitute Teacher (\$9/hr)

Days Available: _____

Preferred Ages: _____

Volunteer Opportunities:

Special Events

- Book Fair
- Walk A Thon
- Art Night
- Spaghetti Dinner
- Teacher Appreciation

Skills / Interests

- Organizing, filing
- Painting (furniture, wall, mural)
- Cultural Enrichment (share food, language, stories, etc.)
- Foreign / Sign Language
- Talent, hobby, or profession (artist, dentist, fitness instructor, first responder, etc.)

Other

