



# 2022-2023 Preschool Registration Form

Little Lambs 2's \_\_\_\_\_ Bo-Peep 3's \_\_\_\_\_ Jack and Jill 4's \_\_\_\_\_

Office use
Half day \$75 pd _____
Full day \$100 pd _____

## Student Information

Enrollment Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Discharge Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Scheduled Days: \_\_\_\_\_

Hours in attendance: Before Care 7:30-8:30 \_\_\_\_\_ Half Day 8:30-11:30 \_\_\_\_\_ Full Day 8:30-3:30 \_\_\_\_\_ After Care 3:30-5:30 \_\_\_\_\_

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_

Child lives with \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Place of work: \_\_\_\_\_

Days Worked: \_\_\_\_\_ Hours: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Place of work: \_\_\_\_\_

Days Worked: \_\_\_\_\_ Hours: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Child's Physician \_\_\_\_\_

Address of Physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

## Authorized Pick-up List Emergency Contacts

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Does your child have any special health problems/concerns?  No  Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Is your child on any medication?  No  Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any food allergies or dietary restrictions?  No  Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Names of any brothers or sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Has your child attended a daycare or preschool program?  No  Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Is there any other information we should know about your child?  No  Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a member of First Federated Church of Peoria?  No  Yes

Would you like to hear more about First Federated Church?  No  Yes

(ex: phone call from the Associate Minister of Family Ministries, Newsletter, worship schedule, family events, etc)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Health Policy Form

We strive to maintain a healthy child care facility. We can only accomplish this with your help. A physical, TB test, current immunizations and lead screening must be completed and on file before your child attends. The physical must be redone every two years until the child is in school. Children must wash their hands upon arrival and will be screened on a daily basis for signs of illness. If a child appears ill or becomes ill while at the center a parent will be notified. If the contacts listed in the child's file will be called in order. It is your responsibility to have arrangements made so someone will be able to pick up your child within one hour.

After a child is sent home ill, he or she may not return to the center the next day. The child also must be symptom free without medication for 24 hours before returning to the center. Children that are given an antibiotic need to allow 24 hours from the first dose of the medication, before returning to the center.

Breathing treatments will be given if the medicine is in a premixed vial and cannot be given in intervals less than four hours. A doctor's note must accompany each set of treatments.

The preschool must be notified as soon as possible if your child has a communicable illness so it can be posted here in the preschool. Your child will be excluded for, but not limited to the following reasons:

- Any illness which prevents the child from participating comfortably in program activities
- Any illness that calls for greater care than the staff can provide without compromising the health and safety of other children.
- Unusual lethargy, irritability, persistent crying, or difficulty breathing.
- Any communicable illness
- Sores or Rashes, at the preschool director's discretion (may require a doctor's note to return)
- Fever (100 degrees under the arm)
- Vomiting or Diarrhea

Child's Name *(Please Print)* \_\_\_\_\_

Relationship To Child *(Please Print)* \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you,  
**Brittany Arnold**

Director of the Preschools at FFC

309.685.5258 X - 108 • barnold@ffcpeoria.com





# Behavior and Discipline Policy Form

It is our goal to provide guidance to all children as they learn acceptable classroom behavior and methods of conflict resolution. Classroom rules are few and easily understood by the children. These rules set the limits of behavior required for the protection and well-being of the group and individuals. Teachers will speak to children in a positive, yet firm, manner and will never use words or tone of voice that is abusive, threatening or demeaning.

If a student exhibits unacceptable behavior or language, a teacher will stop the child and briefly explain what he/she has done. In a case of a disagreement between two or more children, the teacher will guide them to resolve the differences between them, encourage compromise and kindness. Efforts will be made to re-direct behavior. Positive statements about behavior will be made. At no time will corporal punishment be used.

Teachers strive to help children develop self-control and social skills appropriate for their age, and help them assume responsibility for their own actions. Limits and consequences will be clear and understandable to the child, consistently enforced and explained to the child before and as part of any disciplinary action.

Any child who is at risk to himself or puts other at risk, and after attempts have been made to meet the child's individual needs, demonstrates inability to benefit from the type of program offered by our school, or whose presence is detrimental to the group, shall be discharged from the facility.

**1st incident:** An incident report will be filled out by the child's teacher; at the end of the day, the director or the child's teacher will go over the report with the parent. Teacher, director, and parent will sign the report. One copy of the signed report will go home with the parent, while one copy will be placed in the child's file at the preschool.

**2nd incident:** An incident report will be filled out by the child's teacher, and procedure will be as above except a phone call will be made to a parent at the time of the incident and the child may be asked to leave the preschool for the remainder of the day.

**3rd incident:** Child will be suspended for one week from the preschool.

**4th incident:** Dismissal.

Child's Name *(Please Print)* \_\_\_\_\_

Relationship To Child *(Please Print)* \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you,  
**Brittany Arnold**

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# Media Permission Form

## Social Media and The Preschools at FFC

The Preschools at First Federated Church and First Federated Church use social media to keep in touch with our Preschool families and our congregational families. We love to document school and church activities with videos and pictures and when appropriate post them on our social media accounts.

We also, from time to time, use this media in informational and promotional material. This material may be shared with our congregational family and also with the public.

With this information in hand we would like your permission to use pictures / video of your child.

I understand that my child whose name is listed below may be photographed during normal school hours, field trips, or activities. I understand that these photographs may be used in social media and in promoting child care services, either in print or on the Internet.

With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use in social media and promoting the preschool.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Date \_\_\_\_\_

Child's Name *(Please Print)* \_\_\_\_\_

Parent's Name *(Please Print)* \_\_\_\_\_

Relationship To Child *(Please Print)* \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Thank you,  
**Brittany Arnold**

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# Late Pick-Up Policy Form

Per DCFS all centers shall have a written policy that explains to parents and staff the actions the center will take if parents or guardian does not pick up, or arrange to have someone pick up, his or her child at the designated agreed upon time.

1. The consequences of not picking up children on time will be as follows:
  - A. If your child has not been picked up within 10 minutes after school has dismissed the teacher/director will be calling. We will also try your emergency contacts and authorized pick up list.
  - B. There will be a \$25.00 late fee for every 15 minutes you are late.  
**If you must be late please notify the director / teacher.**
  - C. We will keep children a maximum of 30 minutes after closing before outside authorities are called.

The preschool staff / director is responsible for the child's well-being until outside authorities or the parents arrive. Children will not be held responsible for the situation and the discussion of the issue will only be with the parent or guardian and never with the child.

Child's Name *(Please Print)* \_\_\_\_\_

Relationship To Child *(Please Print)* \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





# Text Permission Form

In order to facilitate communication, we may contact you in a variety of ways. For example, we send notes home with children, we send out emails, and we make phone calls.

Additionally, sometimes our families enjoy receiving texts. For example, if your child had a rough morning, it helps to receive a quick message saying things have settled down or a picture of your little one happily at play. Our teachers are very busy, so it isn't always possible to text (and it certainly isn't possible for them to chat) but when they can judiciously text families, it has proven to be very helpful.

However, we realize that texting sometimes brings additional costs. This form, when completed and returned to us, gives us permission to text you occasionally.

Child's Name *(Please Print)* \_\_\_\_\_

*(Please Print)*

Adult's Name / Relationship to Child _____/_____
<input type="checkbox"/> I would like to receive occasional texts.
<input type="checkbox"/> I would like to receive photos via text.
<input type="checkbox"/> I would like text messages, but NO photos.
<input type="checkbox"/> Do not text me.
<input type="checkbox"/> I would like to receive emails, NOT texts.
<input type="checkbox"/> Other _____
Cell # _____
Email _____

Adult's Name / Relationship to Child _____/_____
<input type="checkbox"/> I would like to receive occasional texts.
<input type="checkbox"/> I would like to receive photos via text.
<input type="checkbox"/> I would like text messages, but NO photos.
<input type="checkbox"/> Do not text me.
<input type="checkbox"/> I would like to receive emails, NOT texts.
<input type="checkbox"/> Other _____
Cell # _____
Email _____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you,  
**Brittany Arnold**

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# Video Recording Acknowledgment

The safety of our students and staff is our #1 priority at The Preschools at First Federated Church. To better help us ensure the safety of everyone, we have implemented video camera in all of our classrooms. The video cameras do record and the recording will be kept for one month before being automatically recorded over. There will not be a live feed option for parents as well as no audio recorded. The preschool director as well as FFC administration will have access to the recordings. They will not be shared with anyone or used for purposes other than safety.

Child's Name *(Please Print)* \_\_\_\_\_

I, \_\_\_\_\_ *(Please Print)* have read and understand that our  
classes are recorded for safety purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you,  
**Brittany Arnold**  
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