

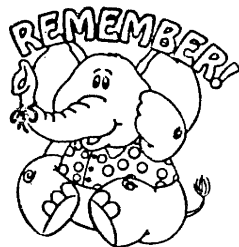
Take an active part in your child's preschool by joining the Board of Directors of Christ Church Preschool

Christ Church Preschool is a non-profit organization run by a Board of Directors consisting primarily of our parents. Each class of **Parent Representatives** who attend meetings, help with fundraiser events, and provide information to the other parents in their class. Come to the first Board meeting to hear about the fun activities with which we can use your help!

Please consider volunteering!

For more information, contact Preschool Director Hilary Coons
At 203-888-7427 or CCPreschoolCT@gmail.com

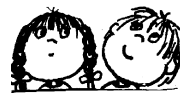
Yes! I would like to be on the Board.



Please remember to notify the preschool if there are any changes to the information on this form during the school year.

Be sure to recheck that all information has been filled out completely and all forms have been signed before returning them to school. Form are due back by July 15th.

Please attach another sheet to this form if you need more room than provided. The information you provide will help us better serve your child and family. Thanks.



Please tell us about your child!

School Year
2020-2021

Name you would like on class boxes, name tags, etc. _____

Public schools use full name (ex. Joseph) _____

Child likes to be called (nickname) _____

Special attachments _____

Likes _____

Dislikes _____

Habits/fears _____

Activities child enjoys with parents/siblings _____

How is child's anger expressed? _____

How do you discipline your child? _____

What are your child's strengths? _____

Has your child ever been separated from you? _____

How did he/she handle it? _____

Has your child previously attended a nursery school or daycare center? _____

If so, when /where? _____

How was this experience? _____

Why did you choose our program? _____

What would you like us to help your child accomplish this year? _____

Other information you might want to share about your child _____

Please circle as needed below.

We need permission to include your **personal information** on class lists.
These are distributed to parents at the beginning of the year.
Parent Representatives communicate board information to their classes.



***YES. You may include only the items I have circled below.**

my name home address home phone number cell phone numbers e-mail

We also need your permission for your child to be included
in **photo or video** projects.

***YES I give** or **NO I do not give**

permission to Christ Church Preschool to photo and video my child for use in
preschool projects, class attendance board, ID photo, Mother's Day DVD etc.

***YES I give** or **NO I do not give**



permission to include my child in pictures **for publicity purposes**.

Note: Photos submitted for publicity appear on the **internet**.
(Voices, Gazette, The Oxford Patch)

***The policies and procedures of Christ Church Preschool, including but not limited to the discipline and abuse policy, are stated in the Parent Handbook and reviewed by the Director at Parent Orientation or individually as required by The State of CT.**

My signature indicates that I have read, understand, and will abide by all the * above. I take responsibility for monitoring the snack ingredients for my child and will supervise what my child eats when I attend events at the school.

Parents' Signature _____ Date _____

Please include with these forms a

baby picture of your child
current picture of your child
family photo

The photos are for your child's file, our welcome board, ID name tags,
and for our Mother's Day DVD project.
They also help us associate a face with your child's name
before the start of school.

Birthday Snacks

The teachers will schedule a day during your child's birthday month to celebrate your child's birthday. We will send a note to remind you which snack you picked, and let you know the date we have scheduled to celebrate. This information will also be posted on our snack calendar.

Please indicate which Birthday snack you will provide.
Make sure it is the designated brand below.
We know they are "nut free".

___ Fresh fruit

___ Dannon yogurt cups

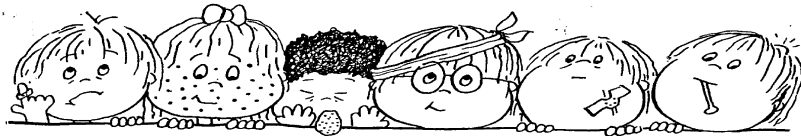
___ Jell-o gelatin cups

___ Hoodsie ice cream cups

___ Jell-o pudding cups



If your child has a summer birthday . . .
we will schedule a day during the month of May to celebrate
with a snack from the list above. Please check your preference.



Medical Information*

- Does your child have any allergies (food, insects, medication, etc.), or special dietary needs? _____

- Does your child take any medication (daily or occasionally)? _____

- Has your child ever had any hospitalization, operation or major illness? If so, please specify _____

- Has your child had any significant injury or accident? If so, please specify _____

- Any other special problems or concerns (medical, chronic illness, history of contagious disease, developmental or behavioral variations)? _____

- Does your child have any speech or dental problems, hearing or visual impairments, (glasses, contacts, ear tubes, hearing aids)? If so, please specify _____

**If there are severe allergies or other medical concerns, we will need to meet to set up an emergency plan of action prior to the start of the school year. There may be extra forms for your child's physician to complete.*

Family Information

Today's Date _____
 Child's Name _____ Date of birth _____ Age ____ Sex ____
 Home address _____
(Number, street, town, state, zip)
 Area Code & Home Phone # _____

Mother's name _____ cell # _____ E-Mail _____
 Mother's place of business _____ Occupation* _____
*before children if not currently employed
 Area Code/Work Phone# _____ Work Hours _____
 Work address _____
(Number, street, town, state, zip)
 Mother's address/home phone _____
(If different than child's)

Father's name _____ cell # _____ E-Mail _____
 Father's place of business _____ Occupation* _____
*before children if not currently employed
 Area Code/Work Phone# _____ Work Hours _____
 Work address _____
(Number, street, town, state, zip)
 Father's address/home phone _____
(If different than child's)

List others living in the child's household. Pets too!

Name	Age	Sex	Relationship or type of pet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please let us know of any other family information that will help the teachers care for your child. Please provide information & any legal documentation regarding custody, guardianship, visitation, etc. necessary to ensure your child's safety and well being.



Emergency/Alternate Pickup List

The individuals on my emergency/alternate pickup list may pick up my child.

WE MUST HAVE AT LEAST TWO NAMES OTHER THAN PARENTS

In case of illness, accident, other emergency, or special needs, if a parent or guardian cannot be reached, please call one of the following people who are authorized to pick up and care for my child:

1. _____
 (Name) (Area code/Home Phone) (Area code/Cell) (Relationship)

 (Address) (City) (State) (Zip)

2. _____
 (Name) (Area code/Home Phone) (Area code/Cell) (Relationship)

 (Address) (City) (State) (Zip)

3. _____
 (Name) (Area code/Home Phone) (Area code/Cell) (Relationship)

 (Address) (City) (State) (Zip)

4. _____
 (Name) (Area code/Home Phone) (Area code/Cell) (Relationship)

 (Address) (City) (State) (Zip)

IMPORTANT: Please include one out of state contact if possible. To coordinate in emergency preparedness situations, when local lines are experiencing heavy volume, it may be easier to access a phone # not in this area than to call across town. Make sure your family knows to call this contact too. Please provide a note stating the days or dates of regular pick-up by a person you have listed above. Please provide a note if someone other than those authorized above will pick up. (Example: for a play date)

All notes should include the pick-up person's complete name, address, and phone number, cell number, relationship to the child, the parent's signature, the date the note is written and dates the person will pick up.

A child will not be released to anyone who is not on the Emergency/Alternate pickup list without a specific signed note stating parental permission. There will be no exceptions.

Please tell the person picking up that the teachers will request a photo ID for any individual unknown to them. I will notify the school of changes to my emergency/alternate pick up list.

Emergency Permission Form

Child's name _____ Date of birth _____

Child's Physician _____ Phone _____

Physician's address _____
 (Number) (Street) (Town/City) (State) (Zip)

Child's Dentist _____ Phone _____

Dentist address _____
 (Number) (Street) (Town/City) (State) (Zip)

Health Insurance Coverage _____

Policy Holder _____ Policy # _____

I understand staff members are trained in CPR and First Aid. In the event of an injury or illness, a trained staff member will administer the appropriate first aid. A call to 911 will be made if the situation is an emergency. If the Emergency Medical Service determines it necessary, they will transport the child to an appropriate medical facility designated by the EMS, for treatment.

I understand that in some medical situations, the staff will need to contact the local emergency resource before the parents, child's physician and/or other adults acting on the parent's behalf. A parent/guardian or emergency/alternate listed on the emergency form will be contacted as quickly as possible. The child's Healthcare provider may be contacted.

I give permission to Christ Church Preschool staff to take whatever emergency measures judged necessary for the care and protection of my child while under the supervision of the preschool.

Parent/Guardian Printed Name and Signature

Date

Parent/Guardian Printed Name and Signature

Date

**Any expenses incurred by the transporting and/or treatment of the child are the parent's responsibility.*