

# The Village Christian Preschool and Childcare Center

## Parent's Handbook



2009

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# **The Village Christian Preschool and Childcare Center Parent Hand Book**

Note: “Center” or “The Center” in the following document refers to The Village Christian Preschool & Childcare Center.

## **Mission Statement**

The Village Christian Preschool & Childcare Center is a ministry of the Incline Village Community Presbyterian Church, also known as The Village Presbyterian Church. Our Mission is to set the foundation for a life long relationship with Jesus Christ and provide a developmentally appropriate environment where young children can develop to his/her individual potential through varied leaning materials in an atmosphere of Christian love.

## **Philosophy**

The purpose of The Village Christian Preschool & Childcare Center is to provide a Christ centered developmentally appropriate learning environment for any young child.

We Believe:

- Each child is a unique and special creation of God, worthy of unconditional love and respect.
- Every child has the right to grow and learn to his God given potential. Providing a safe, nurturing and positive atmosphere will help ensure growth into healthy, successful adults.
- Social skills, learning to get along with each other and learning appropriate problem solving skills are among the most important lessons a child can learn to be successful and happy in life.

## **PROGRAM**

Early Childhood Education is recognized as a profession and a vocation. Good early childhood practices are based on knowledge of child development theory and research. Staff, as early childhood professionals, will stay informed of new findings and implement them in the programs and positive discipline techniques for the children.

The Village Christian Preschool & Childcare Center is a year round full day Center. This Center is licensed for children ages 2yrs – 5yrs. Our program is play based with enriching activities to encourage the development of each child. Activities include music, creative expression, arts and crafts, dramatic play, math, language, music and movement, science, stories, manipulatives, sensory activities, cooking, and outdoor play. Social skills and problem solving are taught through out the day. Spiritual development and Christian values are included in the curriculum, activities and daily interactions. Children learn through their play and by participating in hands on activities in both large and small groups, children will be encouraged to participate in all aspects of the program in order to grow and achieve their age appropriate goals.

## **Spiritual Development of Children**

We feel that the development of your child is of the utmost importance. This involves nurturing in the home, in the school and in the community. Therefore, it is the policy of The Village Christian Preschool & Childcare Center to encourage families to be active participants in the programs at the Center. The regular programs at The Village Christian Preschool & Childcare Center will implement Christian values in several ways, including:

- Weekly Christian value lessons
- A prayer or blessing said before all meal and snack times

Twice a month we will gather in the sanctuary for music and short lessons reflecting Christian values.

### **Discipline Policy**

We set only those limits necessary to protect and support your child and the group. We are consistent but flexible. All staff members enforce rules

It is a teacher's responsibility to enhance a child's behavior through positive guidance, redirection of behavior and the setting of clear-cut limits on behavior. Jesus set good examples for us to follow. Children will respond to you when they feel loved and respected. Staff shall NOT for any reason: 1) Inflict physical punishment, in any manner or form, upon any child; 2) Verbally abuse or threaten a child; 3) Make derogatory remarks about the child or his/her family in front of other parents or children; 4) Threaten a child with the loss of love of any person; 5) Threaten a child with punishment by a deity; 6) Subject a child to any form of punishment which pertains to food or rest or restricts the use of toilet or other bathroom fixture; 7) Subject a child to any form of punishment by other children.

Disciplinary measures must be consistent with supportive, positive action, and may include:

- 1) Holding a child's arm to prevent hitting; 2) Bodily picking up the child and removing him from the group, at which point you may sit with the child until he/she is ready to play without hitting or you may isolate child with supervision for no more than 10 minutes; 3) Informing the child in a simple, positive manner what conduct is expected while he/she is in the facility; 4) Praising and recognizing a child who behaves in the expected manner; 5) Directing a child who is in a situation that is creating problems to a new activity; 6) Teach, model and role play appropriate behavior.

### **Biting**

When children are in a "crises" they are in need of unconditional love and discipline. The word discipline comes from the word disciple. A disciple is one who is taught appropriate behavior, not punished. God disciplines us daily and Jesus took the punishment for our inappropriate behavior. That said, our philosophy on challenging behavior that arises in children in any crises is to teach appropriate behavior. We will do everything within our training and resources to help teach child learn how to communicate, interact, react (or not) in a way that glorifies God. We use Galatians 5:22-23 to encourage the fruit of the spirit which is love, joy, peace, patience, gentleness, kindness, goodness, and self control. With a young biter just 2 and under we use the words "no bite, that hurts, nice touches" and remove the child from the particular area or activity. As the child gets older, a teacher is assigned to shadow the child. That means the teacher stays close and hopefully sees the problem coming and stops it and teaches/models appropriate behavior. When the bite is not stopped, the consequences are: the child who got bit gets the first attention and the most attention and the biter is initially ignored. After the bitee is settled, and we try to help the bitee not become too dramatic, then the biter sits in time-out. The biter and then has to go and help care for the bitten child and give them nice touches. The biter also has a teether which he either carries or the shadowing teacher carries and each time the teacher walks by him, she puts it in his mouth and says "bite, bite, bite" and reminds him that the "bitey toy" or "food" is for biting, not our friends. The idea behind the "bitey toy" is to get the child tired of biting and if it is a situation of sore gums, to give him appropriate pain relief. We also don't want the other kids realizing that biting is getting some good attention (al be it negative). This means that sometimes the shadowing teacher leaves her post to push a kid on the swings, help out somewhere, etc... which is sometimes the very moment the biter decides to lash out for what ever reason. We do not ignore unacceptable behavior. Our job here is to teach children good social skills. We believe that we could teach children to read and write by the time they are 3 but

if a child does not know Jesus or how to problem solve and get along they will have a hard time being successful in life.

### **DAYS AND TIMES OF OPERATION**

The center will operate year round, Monday through Friday, from 8:00am until 6:00pm.

A late pick-up fee of \$15.00 will be charged for any part of each 15 minutes after 1:00pm for ½ day kids or 6:00pm, per child picked up after closing time.

Enrollment opportunities are:

Monday through Friday – Full Day – 7:45 a.m. to 6:00 p.m.

Tuesday and Thursday – Full Day – 7:45 a.m. to 6:00 p.m.

Monday, Wednesday and Friday – Full Day – 7:45 a.m. to 6:00 p.m.

½ Day Hours – 9:00 a.m. – 1:00 p.m. or 2:30 p.m. – 6:00 p.m.

½ Day schedule is Mon. – Fri. **or** Tues. & Thurs. **or** Mon. Wed. Fri.

The Village Christian Preschool & Childcare Center will be closed for the following Major holidays

Labor Day and the Friday Before Labor Day

Nevada Day

Veteran's Day

Thanksgiving and the Friday After Thanksgiving

The Week Between Christmas and New Year's

New Year's Day

Martin Luther King Day

President's Day

Memorial Day

Independence Day

After 6 months of attendance each child in the Center is eligible for one more week of vacation credit. Vacation credit is calculated from September to August each year, and may not be used in advance or carried over from year to year. Vacation credit may be used for one continuous week for illness, absence or scheduled vacation. (Please fill out a Written Vacation Credit form to turn into the office for billing purposes)

### **ENROLLMENT**

Enrollment in The Village Christian Preschool and Childcare Center is made without regard to race, color, gender, disability, or creed (it being understood that the education in the Center is based on Christian Values).

#### **Enrollment Schedule**

- Children may be enrolled for no less than two full or two half days per week. The child is welcome to use any part of their enrolled time the parent would like. Please keep in mind our program and schedule. It is difficult for kids to arrive at lunch or naptime. It is also disrupting to kids involved in naptime, classtime or group time when kids arrive in the middle of such activities. Please arrive at least 30 min. before lunch or nap and 15min before a group or class time.
- We will provide additional care for children at times other than their regularly scheduled days if space is available. This care must be requested in advance and paid for on the day the care is given.
- If you are enrolled in our half day program your child may not be picked up later than 1:00 p.m. for the a.m. program or arrive earlier than 2:30 p.m. for the p.m. program unless other arrangements have been made. If on a.m. program, child is picked up after 1:00 p.m., a late fee of \$15 for any part of 15 minutes & \$1.00 each minute after that. The school closes at 6:00 p.m. A late fee will be charged if child is picked up after 6:00 p.m.
- Every effort is made to ensure an appropriate and comfortable placement for children in our program. The Village Christian Preschool & Childcare Center intends to provide a safe,

peaceful, Christian environment for all children. There may be times when parents choose to withdraw their child from the program, or when The Village Christian Preschool & Childcare Center determines it is in the best interest of all concerned to dismiss a child/family from the program.

We reserve the right to dismiss a child/family from The Village Christian Preschool & Childcare Center if the child or family is disruptive to the program, or if the family fails to adhere to the policies of the Center.

- If a child is withdrawn from the Center, a two-week notice is required. If notice is not given, fees will be assessed for this time. If Center dismisses a child/family from the program, no notice is required.

### **RECORDS**

The following records are required for enrollment:

- Current immunization record before first attendance day
- Registration forms, emergency contact information & signed policies (Forms 1a, b, & c)
- Well child form filled out by a physician, required by State. (Form 3)
- Health History (Form 4)
- Release and Emergency Information (Form 5, 6 & 7)

If your address, phone number, or emergency information changes, please contact the school office to correct our records as soon as possible.

### **STAFFING**

All staff members are carefully screened and selected, and meet or exceed the requirements set by the State of Nevada. An applicant must be 16 years of age. In addition, the Nevada State Law (NAC 432a.520) states that a licensee of a child care facility shall have a staff which is sufficient in number to provide care and individual attention to each child and allow time for interaction between the staff and the children to promote the children's social competence, emotional well-being and intellectual development.

These requirements include:

- annual CPR and 1<sup>st</sup> aid Certification
- 15hrs of Early Childhood classes, annually
- TB tests
- FBI Background Clearance
- Infectious Disease Workshop
- Recognizing Child Abuse and Neglect

Staff will also exemplify Christian values and be encouraged to grow in their walk with Christ.

### **MANDATED STATE REPORTING LAWS**

Nevada State Law (NRS 432B and NAC 432A-410) requires professionals in the medical, education, child care, law enforcement, religious, legal and social services fields to report any suspected child abuse or neglect to Child Protective Services, local law enforcement and to the Bureau of Child Care Services. The Village Christian Preschool & Childcare Center fully complies with this requirement.

### **THINGS YOU NEED TO KNOW**

- **Sign In** – Be sure to sign your child/children in and out.  
**FOR THE SAFETY OF THE CHILDREN**, all children must be picked up and dropped off each day, in person, by a parent or other authorized **ADULT**. Children may

not walk themselves into the Center. Sign-in sheets will be posted. Parents are asked to sign children in and out each day by recording their initials and time of arrival and departure. These records are required by the State of Nevada and give The Center a record, should there ever be a question about attendance or who picked up a child. These records also insure an accurate count for fire drills or in the event of a fire or other emergency.

- The people listed on the registration form may only pick up your child. If it becomes necessary for someone not listed on the registration form to pick up your child, **WRITTEN PERMISSION SIGNED BY THE PARENT(S) WILL BE THE ONLY WAY YOUR CHILD WILL BE RELEASED FROM THE CENTER. NO EXCEPTIONS WILL BE MADE.**
- In the event of an emergency, The Village Christian Preschool and Childcare Center is **not financially responsible for any emergency vehicle transportation costs or for any medical care or cost incurred as a result of the Center initiating the care.**
- In the event of an emergency, procedure and plan for evacuation and meeting places are as follows:
  - 1) If there is a problem with in the church/school grounds, we will walk to St Francis Catholic Church.
  - 2) If the church/school neighborhood or our community is evacuated by law enforcement we have to go where they sends us. This information is available through the media or the law enforcement ordering our evacuation. We will have your emergency information with us and will make every effort to get all the information directly to you to meet up with your child.
- In the event of a serious accident or illness, the staff will take prompt action on behalf of the child first, and then notify the parents as quickly as possible. Parents are required to submit a **Child Health and Emergency Information Card** at time of enrollment and to update this information regularly.

### **PRESCHOOL DAILY FLEXIBLE SCHEDULE**

<b>7:45 a.m.</b>	<b>School opens</b>
7:45 - 9:00	Children arrive – Morning free play
9:00 - 9:45	Theme related activity
9:30 - 9:45	Clean up
9:45 - 11:15	Group time (developmentally appropriate curriculum skill activity, Spanish, sign language, calendar, weather)
8:30 - 9:45	Self Serve Snack is offered
11:15 -12:15	Outside, potty training, and theme related skills activity begins (drama, math, creative expression, language, science or cooking)
12:00 - 12:30	Worship time (Bible story and songs, memory verse and theme activity)
12:30 - 1:00	Lunch time
1:00 - 1:30	Lunch clean up, wash hands, go potty, get nap gear
<b>1:00 p.m.</b>	<b>Morning only kids picked up</b>
1:00 - 1:30	Nap story/prayer time
1:30 - 2:30	Nap time quiet cot activity
2:30 - 4:00	Kids not sleeping can get up Creative self-directed activity is set up or outside time

**2:30 p.m. Afternoon Kids may arrive**

Potty training as kids wake up

3:45 – 4:00 Group time

4:00 – 4:30 Snack

4:30 – 5:30 Outside/free play w/activity

5:30 – 6:00 Get ready to go home

**6:00 – School Closes** – a charge of \$15.00 for 6:01pm – 6:15pm pick up per child will be due to the teacher in charge, plus \$1.00 per minute, for any minutes after 6:15pm.

- **Clothing** – It is important to be prepared! Accidents of all kinds can happen: please provide a set of extra clothes in a shoebox, when they are used they will be placed in a bag in your child's cubby, please replace the next school day. The weather in Tahoe changes quickly: be sure to have a sweater or sweatshirt for those days it cools off, on snowy days we will go outside your child needs full snow gear daily. We do fun messy projects, we have smocks and will encourage your child to use them but they will not miss out on an experience, so please dress your children in clothes that can get messy (maybe even stained). All belongings must be marked with child's name.
- **Sick Children** – Please keep your child home when he/she has:
  - A communicable disease such as chicken pox, pink eye, etc...
  - Vomited or had diarrhea in the last 24 hrs.
  - Had a fever of 100.4 or higher in the last 24hrs. May return when fever free/medication free for 24hrs.
  - Yellowish green nasal discharge
  - A serious cold and/or constant cough
  - Can not participate in all activities, including going outside.
  - Is generally not themselves such as being cranky, listless, tired, etc.
  - Been on prescribed antibiotics less than 24hrs

**Your child will be sent home when he/she has:**

- A fever of 100.4 or higher- your child will be separated from the rest of the children please have plans in place to pick – up as soon as possible.
- Vomited or had diarrhea – we are not doctors and can not determine if these symptoms are contagious or not
- Yellowish green nasal discharge.
- Symptoms of a communicable disease.
- Constant cough.

The school staff may administer only prescription medication. It must be in original container with child's name, dosage, doctor's name and instructions for dispensing on container. You must fill out a prescription request form and give both form and medication to a teacher. Children may not bring medication to school in lunch pails, backpacks, etc.

- Food – Mid-morning and mid-afternoon snacks are provided. It is the responsibility of parents to send lunch.
- Lunch – Your child needs to bring a packed lunch. One that **does not** need to be refrigerated. Please pack foods low in sugar and high in nutrition. Lunches that contain only nutritional food afford the child more independence – they can eat what ever they want in the order they want and the teacher doesn't have to stand over them making them save their dessert for last.

- Nap Time – We will provide a quiet lying down time for the children. They may bring a blanket, small pillow and small soft toy to sleep with. Blanket, pillow and toy must be washed weekly!
- Show and Tell – will be the first day of the month your child attends. Your child may bring a small item that will fit in their cubby. Please **do not** allow your child to bring a toy on any other day.
- No – No’s – Please no money, gum, candy, jewelry, make – up, perfume or weapons of any sort.
- Birthdays – On your child’s birthday you may send a special birthday treat. The healthier the better! Check with a teacher regarding how much.
- Parties – We will schedule several parties during the year. They will be held during activity time. The kids will usually prepare the goodies and games will be played. You are welcome to join us. If the party falls on a day your child is not scheduled he may still attend the party with a parent.
- Parent involvement – We appreciate and welcome parents who can help. If you have time or talents to lend us, please let us know.

### **CHRISTIAN VALUES POLICY**

The Village Christian Preschool & Childcare Center provides a safe, dependable program, while teaching Christian Values.

#### **Among these values are the beliefs that:**

- God is the Creator of all.
- God loves and accepts all persons.
- Jesus Christ, the Son of God, is the fullest revelation of God’s love.
- Jesus Christ teaches us that God loves and forgives us, as we in turn are to love, accept and forgive one another
- All that we have comes as a most magnificent gift from God
- All that we are is pure perfection from God
- Each person and especially each child, has God-given gifts and abilities that can be used to show God’s love.

It shall be the policy of The Village Christian Preschool and Childcare Center that no parent shall be forced to embrace Christian teachings as a condition for participation in the Center.

In making Christian teaching a central part of the Center’s program, the staff will be provided with training. The Center may:

- Make books visible and available in the Center. Children’s Bibles and books on prayer may be included.
- Include Bible stories among the books available for children to read.
- Provide Bible games and puzzles.
- Include Bible songs, praise songs, hymns and carols in the regular activities of the Center.
- Invite the professional staff and Church members for occasional visits and participation in the regular and special programs of the Center.

**PARENTS ARE WELCOMED AND ENCOURAGED TO VISIT THE CENTER, EXAMINE THE MATERIALS AND DISCUSS THE ACTIVITIES.**

**PARENTS AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES**

## **PAYMENTS AND FEES**

**Tuition** will be billed on the 21<sup>st</sup> of the month for the total monthly tuition (month in advance) with adjustments of prior month. Tuition is **due in full the first of each month**. A late fee of 5% will be charged to your account if payment is received after the 7<sup>th</sup> of the month, unless you have made prior payment arrangements. Your child or children will be excluded from the program if payment or an agreement for payment is not made by the 7<sup>th</sup> or next business day if the 7<sup>th</sup> falls on a weekend or holiday.

A **late pick-up fee** of \$15.00 will be charged for any part of each 15 minutes after 1:00pm for ½ day kids or after 6:00pm for afternoon and full time children, per child.

**Extra Days:** Rate for already enrolled children is the daily rate of **\$37.00** for a full day.

**\$29.00** for an additional morning and **\$27.00** for an additional afternoon.

### **Discounts Available:**

3% discount if tuition is paid for the whole year at once. (51 weeks)

5% discount to all Village Church members with their children enrolled in the center.

## TWOs and OLDER

<p style="text-align: center;"><b>FEES PER MONTH</b> <b>(Based on a 51-Week Year)</b> <b>Full Day Hours: Monday- Friday</b> 8:00 AM - 6:00 PM <b>Half Day Hours: A.M. - 9:00-1:00</b> 5 Days Per Week - \$773.00 1/2 Day AM - \$557.00 4 Days Per Week - \$648.00 1/2 Day AM - \$466.00 3 Days Per Week - \$486.00 1/2 Day AM - \$350.00 2 Days Per Week - \$324.00 1/2 Day AM - \$233.00 1 Day Per Week - \$162.00 1/2 Day AM - \$117.00 <b>Drop-In-Fees:</b> <b>Enrolled:</b> \$40.00 Full Day \$32.00 AM Only (9:00AM - 1:00PM) <b>Not enrolled:</b> \$48.00 for any part of a day</p>
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(Rates effective 1/01/09)

**Registration Form – Form 1-(a)**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Child's Nickname \_\_\_\_\_ Home Phone \_\_\_\_\_  
2<sup>nd</sup> Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
2<sup>nd</sup> Child's Nickname \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address -Mailing \_\_\_\_\_ Physical \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_

Father's Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_

**Please list the names and ages of other family members residing in the home:**

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

**Emergency Information:**

Physician's Name \_\_\_\_\_  
Physician's Address \_\_\_\_\_  
Physician's Phone \_\_\_\_\_

**In the event we are unable to reach the undersigned parent(s) in an emergency, please list three other persons to contact:**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**Registration Form Continued – Form 1(b)**

**Please list persons who are authorized to pick up your child /children:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Is there anyone who **MAY NOT** pick up your child/children? If yes, please list

\_\_\_\_\_

**Registration Form Continued – Form 1(c)**

**Parent(s) Authorizations**

**Initials**

\_\_\_\_\_ If parent(s) or above authorized persons are unreachable in an emergency, I authorized The Village Christian Preschool and Childcare Center to take my child to the doctor listed above or the emergency room at a local hospital. I agree to pay for any services rendered or any necessary treatment resulting from emergency medical care.

\_\_\_\_\_ I hereby grant permission for my child/children to use all play equipment and participate in all activities of The Village Christian Preschool and Childcare Center.

\_\_\_\_\_ I hereby grant permission for my child/children to be included in evaluations and pictures connected with the school program.

The Village Christian Preschool and Childcare Center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

<p>I (we) agree to enroll my (our) child (ren) _____ in The Village Christian Preschool Childcare Center. I have read, understand, and agree to adhere to the policies for Tuition Payments and Late Fees.</p>	
<p>I (we) received and read the The Village Christian Preschool Childcare Center Policies and Procedures and understand the rules, regulations and policies stated therein. I (we) agree to adhere to all policies set forth by The Village Christian Preschool Childcare Center.</p>	
<p>I am registering my child (ren) for the following program: Care to begin at _____ AM/PM and end at _____ AM/PM on the following days _____.</p>	
_____ Signature of parent or legal guardian	_____ Date
_____ Signature of parent or legal guardian	_____ Date

**Registration Form – Form 3, (1 form per child required)**

This form is **REQUIRED** by the State of Nevada and **must be signed** by your family physician or a Registered Nurse (Washoe County Health Nurse is acceptable).

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Please provide a report on the above named child (ren) using the form below. Daily activities include vigorous outdoor play, morning and afternoon snack, a noon meal and a nap after lunch.

I hereby authorize release of medical information contained in this form to the above named Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Status of above child's Health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any known conditions under treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any physical condition requiring special attention in the Center: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medication prescribed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is child capable of adjusting to programs of the Center: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH THIS STATEMENT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If there is a 2<sup>nd</sup> child being registered, please make copy of this form or request a 2<sup>nd</sup> copy)

**Health History – Form 4**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

**Please check if any of the following apply and explain fully below:**

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Speech Problem     |                                    |
| <input type="checkbox"/> Emotional/Behavioral Problem | <input type="checkbox"/> Hearing Difficulty |                                    |
| <input type="checkbox"/> Heart Problem                | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Epilepsy                     | <input type="checkbox"/> Other              |                                    |

**Explain** \_\_\_\_\_  
\_\_\_\_\_

**Allergies**

**Please list any allergies your child has to food, medicine, animals, etc.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any special needs or problems that might limit his/her participation in our program? If yes, please indicate how we can accommodate these needs.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Care instructions for child's health condition/problem (be very specific)**

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have frequent (check all that apply)**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Bloody nose   | <input type="checkbox"/> Colds           | <input type="checkbox"/> Earaches    |
| <input type="checkbox"/> High Fever    | <input type="checkbox"/> Low Grade Fever | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Stomach aches | <input type="checkbox"/> Tantrums        | <input type="checkbox"/> Tonsillitis |

**Explain** \_\_\_\_\_  
\_\_\_\_\_

**Does your child take medication on a regular basis?** \_\_\_\_\_

**Explain** \_\_\_\_\_  
\_\_\_\_\_

**Health History – Form 4**

2<sup>nd</sup> Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_

**Please check if any of the following apply and explain fully below:**

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Speech Problem     |                                    |
| <input type="checkbox"/> Emotional/Behavioral Problem | <input type="checkbox"/> Hearing Difficulty |                                    |
| <input type="checkbox"/> Heart Problem                | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Epilepsy                     | <input type="checkbox"/> Other              |                                    |

**Explain** \_\_\_\_\_  
\_\_\_\_\_

**Allergies**

**Please list any allergies your child has to food, medicine, animals, etc.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any special needs or problems that might limit his/her participation in our program? If yes, please indicate how we can accommodate these needs.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Care instructions for child's health condition/problem (be very specific)**

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have frequent (check all that apply)**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Bloody nose   | <input type="checkbox"/> Colds           | <input type="checkbox"/> Earaches    |
| <input type="checkbox"/> High Fever    | <input type="checkbox"/> Low Grade Fever | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Stomach aches | <input type="checkbox"/> Tantrums        | <input type="checkbox"/> Tonsillitis |

**Explain** \_\_\_\_\_  
\_\_\_\_\_

**Does your child take medication on a regular basis?** \_\_\_\_\_

**Explain** \_\_\_\_\_  
\_\_\_\_\_

**Permission to Release Information – Form 5**

\_\_\_\_\_, understand that during the time my child (ren), \_\_\_\_\_  
PRINT Parent or Guardian name Child's (ren) Names

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**Is in the care of The Village Christian Preschool and Childcare Center, the Director may be asked for information regarding my child (ren). I hereby give permission to release information to only official persons who adequately identify themselves, such as health care personnel, welfare, or other government agency.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Parent or Legal Guardian

**I do not give permission to release information about my child as set forth in the aforementioned statement.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Procedure/Release of Liability Affidavit – Form 6**

I, \_\_\_\_\_ true parent or legal guardian of \_\_\_\_\_  
Print name of parent or legal guardian 1<sup>st</sup> Child's names

I, \_\_\_\_\_ true parent or legal guardian of \_\_\_\_\_  
Print name of parent or legal guardian 2<sup>nd</sup> Child's names

**Do hereby grant permission to the staff of The Village Christian Preschool and Childcare Center to administer first aid and emergency treatment in the event of an accident or emergency. It is understood that said parent or guardian shall be reached as soon as possible in case of accident or emergency.**

Physician's Name \_\_\_\_\_  
Physician's Address \_\_\_\_\_  
Physician's Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_  
Medical Insurance Coverage \_\_\_\_\_

**In the event that neither physician nor parent or legal guardian can be reached, The Village Christian Preschool and Childcare Center may contact any Nevada State licensed practicing physician. I agree to pay for any costs and medical bills incurred. I understand that The Village Christian Preschool and Childcare Center is not responsible for any medical care and/or emergency transportation supplied to my child in the case of an emergency.**

**It is understood that The Village Christian Preschool and Childcare Center, the staff of the Center, The Village Presbyterian Church, pastor, staff and board are released from liability for any accidents or emergencies.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Information Card – Form 7(a)**

**Child's Name** \_\_\_\_\_ **Check if child has any allergies** \_\_\_\_\_

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

**Mother's Name** \_\_\_\_\_ **Hm Ph** \_\_\_\_\_ **Wk Ph** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Hm Ph** \_\_\_\_\_ **Wk Ph** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

1<sup>st</sup> choice person (if not parent) to call in emergency

\_\_\_\_\_ **Phone** \_\_\_\_\_

2<sup>nd</sup> choice person (if not parent) to call in emergency

**Date of last tetanus shot** \_\_\_\_\_

**Has your child ever had a seizure?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, under what condition(s) did the seizure occur?** \_\_\_\_\_

\_\_\_\_\_

**Please note any other health problems such as unusual tendency to bleeding, fainting, etc.** \_\_\_\_\_

\_\_\_\_\_

**Child's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medical Insurance Coverage** \_\_\_\_\_ **Phone** \_\_\_\_\_

I, \_\_\_\_\_, give my consent for \_\_\_\_\_

Print Parent or Guardian's Name

Print 1<sup>st</sup> Child's Name

**To be treated for medical or surgical emergencies by any licensed physician or hospital in the event that I cannot be located.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Information Card – Form 7(a)**

**2<sup>nd</sup> Child's Name** \_\_\_\_\_ **Check if child has any allergies** \_\_\_\_\_

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

**Mother's Name** \_\_\_\_\_ **Hm Ph** \_\_\_\_\_ **Wk Ph** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Hm Ph** \_\_\_\_\_ **Wk Ph** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

1<sup>st</sup> choice person (if not parent) to call in emergency

\_\_\_\_\_ **Phone** \_\_\_\_\_

2<sup>nd</sup> choice person (if not parent) to call in emergency

**Date of last tetanus shot** \_\_\_\_\_

**Has your child ever had a seizure?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, under what condition(s) did the seizure occur?** \_\_\_\_\_

\_\_\_\_\_

**Please note any other health problems such as unusual tendency to bleeding, fainting, etc.** \_\_\_\_\_

\_\_\_\_\_

**Child's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medical Insurance Coverage** \_\_\_\_\_ **Phone** \_\_\_\_\_

I, \_\_\_\_\_, give my consent for \_\_\_\_\_

Print Parent or Guardian's Name

Print 2<sup>nd</sup> Child's Name

**To be treated for medical or surgical emergencies by any licensed physician or hospital in the event that I cannot be located.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of Parent or Legal Guardian