ST. TIMOTHY

Preschool

REQUIRED ACKNOWLEDGEMENT FORMS

REQUIRED FORMS

Dear Parents,

We are so excited that you are enrolling your child(ren) with us! Please print, fill out and sign each one of these acknowledgement forms and email them back to us at preschool@sttimothy-cpc.org. We must have all of these documents along with your child's current shot record and a statement of health from the doctor stating that they are healthy and able to attend preschool before your child can start school. Please let us know if you have any difficulty getting this completed.

We look forward to seeing you in school soon!

Blessings,
Preschool Office Staff

Authorization for Emergency Medical Care

In the event that I cannot be reached to make arrangements for medical treatment, I authorize any representative of St. Timothy Preschool to administer first aid to and/or call 911 to transport _____ (my child)(ren) to the nearest hospital or emergency treatment clinic. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by a licensed physician, hospital, or emergency treatment clinic (health care provider), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release St. Timothy Preschool, any health care provider, and any of their respective agents, employees, officers, or representatives, from any and all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization.

List any special problems your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use and any other information which caregivers should be aware of:

_____

_____

_____

PRINT ALL INFORMATION CLEARLY:

Child's Name:_____

Date of Birth - Month/Day/Year_____

Child's Name:_____

Date of Birth - Month/Day/Year_____

Child's Name:_____

Date of Birth - Month/Day/Year_____

Physican's Name, Address and Phone Number-

_____

_____

_____ _____

Signature-Parent or Legal Guardian Date

PARENT ACKNOWLEDGEMENT

1. ☐ **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**

   I acknowledge I have received, read, and agree to comply with the facility's operational policies (Parent Handbook).

2. ☐ **WATER ACTIVITIES:**

   I give permission for my child to participate in water activities, sprinklers, on school grounds, and acknowledge that there is no lifeguard on duty.

3. ☐ **FOOD AND NUTRITION:**

   With regards to food and nutrition, I recognize that as a parent when I choose to provide my child's meal from home, I understand that St. Timothy Preschool is not responsible for its nutritional value or for meeting my child's daily food needs.

4. ☐ **VIDEO AND IMAGE RELEASE:**

   I hereby give my permission to St. Timothy to use my child's picture and/or video images on the following **initialed** lines:

   __ school newsletter and website (newsletters will be published on the website)

   __ school slideshows (shown at programs or other school events)

   __ school photo display (located outside preschool office)

   __ school social media pages

   I also grant that the pictures may be used by the church or school in subsequent years with no monetary compensation to be paid. I understand my child's name will not be included on any of these publications.

Signature of Parent _____ Date _____

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

(1) enter and examine the child care facility during the facility's hours of operation without advanced notice;

(2) review the child care facility's publicly accessible records;

(3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;

(4) obtain a copy of the child care facility's policies and procedures;

(5) review, at the request of the parent or guardian, the facility's:

(A) staff training records; and

(B) any in-house staff training curriculum used by the facility;

(6) review the child care facility's written records concerning the parent's or guardian's child;

(7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:

(A) video recordings of the alleged incident are available;

(B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and

(C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;

(8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;

(9) be provided the contact information for the child care facility's local Child Care Regulation office;

(10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and

(11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights. I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ _____

Signature of Parent or Guardian Date

ST. TIMOTHY
Preschool

REQUIRED FORMS

The top section needs to be filled out by a Health Care Professional OR a shot record needs to be attached.

HEALTH REQUIREMENTS

Name of Child:	**Date of Birth**:

IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA					
Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					

Signature or stamp of a physician or public health personnel verifying immunization information above. _____

Signature Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature Date

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

X

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	PASS FAIL
SIGNATURE _____		DATE _____	

HEARING	**1000 Hz**	**2000 Hz**	**4000 Hz**	PASS ☐ FAIL ☐
R				
L				
SIGNATURE _____		DATE _____		

Signature – Parent or Legal Guardian Date

PARENTAL FINANCIAL COMMITMENT AGREEMENT

Please review the Financial Commitment below, then sign and date at the bottom of the form to indicate your agreement to the policies.

- ☐ We understand that salaries, operating expenses, and financial commitments of St. Timothy Preschool are incurred and set each year prior to the commencement of the academic school year.
- ☐ We understand that the tuition is due in full on the 1st of each month, September-May. Tuition is the same amount all nine months. Tuition is late on the 7th of each month, at which time a late fee of $35.00 will be applied to the account.
- ☐ We understand that in the event payment is not received by the 15th of the month, the child(ren) will not be allowed to return to school until the account is paid in full. During this time your child's spot cannot be guaranteed to stay open. We will call from the waiting list to fill any vacant openings.
- ☐ We understand that there will be a fee of $35.00 for any declined payments.
- ☐ We understand that tuition will be billed until after an official 2-week notice is given that a student will withdraw.
- ☐ We understand that no refunds will be given for unused tuition, registration fees or supply fees.
- ☐ **(If applicable)** We understand that by registering for the summer program I am agreeing to pay the fees outlined in the Summer Camp tuition schedule. We also understand that no partial summer sessions are offered, and therefore we are responsible for the whole amount. **All** tuition and fees associated with the summer program are **non-refundable.**

_____
Student Name(s)

_____
Father Signature

_____
Mother Signature

_____
Date

SPECIAL CARE NEEDS ADDITIONAL INFORMATION

If you need to provide any additional information regarding your child's special care needs, please do so here: