

Circle of Friends Preschool

Keep a spot for me



6/16

Child's Name		Placement # (Office Use)
Birthdate	Name your child goes by	Today's Date
Address		Zip
Parent/Guardian #1 Name		Parent/Guardian #2 Name
Home Phone	Parent/Guardian #1 Cell	Parent/Guardian #2 Cell

*Enclose your nonrefundable registration check for \$75.00 for the first child and \$50.00 for each additional child, as well as the special events fee for field trips:
4 year-olds \$10.00 and 4 /5 year-olds \$12.00.

Please number placement choice(s) in numerical order below.

Class Session	Class Time	Monthly Tuition	3 Year-olds (By August 31)	4 Year-olds (By August 31)	4 / 5 Year-olds (By December 31)
Mon -Tues	9 - 11:30AM	\$125			N/A
Mon -Tues	12:30 - 3PM	\$125			N/A
Mon-Tues-Wed	9 - 11:30AM	\$185	N/A		N/A
Mon-Tues-Wed	12:30 - 3PM	\$185	N/A		N/A
Wed-Thurs-Fri	9 - 11:30AM	\$185			N/A
Wed-Thurs-Fri	12:30 - 3PM	\$185			N/A
Mon - Thurs	9 - 11:30AM	\$220	N/A	N/A	
Mon - Thurs	12:30 - 3PM	\$220	N/A	N/A	

Class Name: _____	# _____
Class Time: AM PM	\$ _____
Class Session: 2 Day 2 Day Plus 3 Day 4 Day	
Office Use Only	



Student Information Form

Child's Full Name _____ Birth date ___ / ___ / ___

Name your child goes by _____ Gender: Male or Female

Parent/Guardian's Name _____ Relationship _____

Parent/Guardian's Name _____ Relationship _____

Child lives with: _____

Sibling Name _____ Age ___ Sibling Name _____ Age ___

Sibling Name _____ Age ___ Sibling Name _____ Age ___

Family Pets _____

We want your child to have a positive preschool experience. Please help us get to know them by sharing the following information.

1. A brief description of your child's personality: _____

2. Fears your child may have (dogs, sirens, etc.) _____

3. Any unusual experiences your child may have had (moving, hospital stay, loss of someone dear: _____

4. Your child's favorite toys or games: _____
5. Language spoken at home: _____
6. Which is your child's dominant hand? Right Left Undetermined
7. Type of previous group or preschool experience? Yes No Where? _____



Dismissal & Emergency Contact Form

Child's Name: _____

Please list a minimum of two emergency contacts other than parents/guardians. We will make every effort to contact you in the event of an emergency. Should we not be able to get ahold of you, you authorize our staff to contact the following people.

You may also authorize people other than your child's parents/guardians to pick up your child from school. If someone not listed above is picking up your child, they must show their driver's license as identification, which should correspond with the note given to the teacher at the beginning of class. If the information is conflicting, the teacher is not to let the child go until proper confirmation has been made.

For each contact, check the appropriate boxes below. Your parent/guardian information is already on file.

In the event there is a medical emergency involving my child during the school hours at Circle of Friends Preschool, and I am unable to be contacted, I hereby give my permission for appropriate medical treatment to be given to my child by a licensed healthcare professional.

Dismissal Authorization and Emergencies Contacts	Does this person have permission to pick up your child?	Is this person an emergency contact?
Name _____ Phone (____) _____ Relationship _____	Yes No	Yes No
Name _____ Phone (____) _____ Relationship _____	Yes No	Yes No
Name _____ Phone (____) _____ Relationship _____	Yes No	Yes No
Name _____ Phone (____) _____ Relationship _____	Yes No	Yes No
Name _____ Phone (____) _____ Relationship _____	Yes No	Yes No



Medical Release

I (We) the undersigned, parent or legal guardian of _____,
a minor, do hereby authorize and consent for Circle of Friends Preschool to seek medical treatment deemed necessary in the event of an emergency, accident or sudden illness. Every attempt will be made to immediately make contact with a parent.

I (We) will assume any expense incurred by such treatment.

Doctor preferred _____ Phone _____
Hospital preferred _____ Phone _____
Insurance Company _____ Policy Holder _____
Policy Number _____ Group Number _____

I (We) do not hold the above named, or Circle of Friends Preschool responsible or liable for any action necessary in the emergency care of my (our) child.

Signature _____ Date _____



Field Trip Participation Form and Liability Release

(Please complete this form if your child will be
4 or 5 years of age on or before August 31st)

Special Events fees for field trips:

- **\$10 for Gumball and Lollipop (2 & 3 day) Students**
- **\$12 for Jellybeans (4 day) Students**

Name of Child _____

Address _____ Phone _____

- We, the undersigned and the parents or legal guardian(s) of the above named child do hereby give permission for participation in field trips and special events conducted away from the normal premises of this school.
- We are aware that transportation to and from these events will be provided by parents in the preschool program. Copies of current drivers license and proof of insurance are necessary to transport. We are aware that the law requires that we must **provide a car seat for our child.**
- Being fully aware that this school will do everything in their ability to provide safety and assistance for my child. I will not hold this school (Circle of Friends Preschool), its board of directors (individually or jointly), director, teacher(s), or parent/volunteer(s) or Columbia Presbyterian Church-Vancouver responsible for any injury or physical hurt that may result from participation in such activities.

❖ **You will be notified in advance of each event. A signed permission slip is required so that your child may participate.**

Signature _____ Date _____



Food Allergy/Intolerance Statement

Name of Child _____ Birth date _____

1. Name of Parent/Guardian _____ Phone _____

2. Name of Parent/Guardian _____ Phone _____

We need to know the foods the child is allergic or intolerant to, as diagnosed by a physician, and the treatment steps to take in order to assist in treatment of an allergic reaction.

List each food separately	Food Intolerance	Food Allergy	Symptoms	Treatment (in order of action)
	Yes No	Yes No		1. 2. 3.
	Yes No	Yes No		1. 2. 3.
	Yes No	Yes No		1. 2. 3.
	Yes No	Yes No		1. 2. 3.

By signing below, I indicate my approval for Circle of Friends Preschool staff to assist in treatment of my child's immediate medical need.

Parent's Signature _____ Date _____

Parent's Name _____
(Please Print)

Do you consent to releasing your child's food allergy information to the other preschool classroom parents? Yes No



Emergency Plan for Food Allergic Reactions

ALLERGY TO: _____

Student's Name: _____ D.O.B: _____

Asthma Yes* No *High Risk for severe reaction

SIGNS OF AN ALLERGIC REACTION

Systems:	Symptoms:
• MOUTH	itching & swelling of the lips, tongue, or mouth
• THROAT	itching and/or a sense of tightness in the throat, hoarseness and hacking cough
• SKIN	hives, itchy rash, and/or swelling about the face or extremities
• GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
• LUNG	shortness of breath, repetitive coughing, and/or wheezing
• HEART	"thready" pulse, "passing-out"

The severity of symptoms can quickly change. All the above symptoms can potentially progress to a life-threatening situation.

ACTION FOR MINOR REACTION

If symptom(s) are: _____

- **Call: Parent/Guardian or Doctor**
- **Administer with Parental permission:** _____
Medication/dose/route
- **If condition does not improve within 10 minutes, follow steps for Severe Reaction below:**

ACTION FOR SEVERE REACTION

If symptom(s) are: _____

- **Administer:** _____ **IMMEDIATELY!**
Medication/dose/route
- **Call: 911 (Never hesitate to call 911)**
- **Call: Parent or Guardian**

Parent/Guardian _____ Phone # _____

Parent/Guardian _____ Phone # _____

Doctor _____ Phone # _____

Parent Signature: _____



Additional Information

Church affiliation:	Denomination:
Who may we thank for your referral?	

Photo Release

Children will be photographed throughout the school year during the various activities. These pictures may be used in publications for Circle of Friends Preschool and/or Columbia Presbyterian Church, as well as the preschool website (no names listed) and slide shows throughout the school year. Please designate below if your child's picture may be used.

Private Facebook Page

This site is not open to the public and followers must request a private invitation to join. Activity reminders and parenting information is regularly posted, as well as teacher highlights.

<i>Photos of ALL children will be used in Circle of Friends year-end slide show.</i>	Publications & Website	Private Facebook Page
Child's Name _____	Yes	Yes
Parent/Guardian Signature _____	No	No
Date _____		



Circle of Friends Preschool Registration

Student Information

Child's Full Name			Name your child goes by:	
Date of Birth	Age	Gender	Today's Date	

Parent/Guardian Information

Parent/Guardian			Phone ()	
Address	Zip	Cell ()		
Place of Employment			Work phone ()	
Parent/Guardian			Phone ()	
Address	Zip	Cell ()		
Place of Employment			Work Phone ()	

*Email address is for **school** communications only.*

Home E-mail address:
