

VALLEY MILLS CHRISTIAN PRESCHOOL APPLICATION FORM

Child's Legal Name _____ Birth Date ___/___/___

What name would you like for them to write _____ Male or Female

Address _____ Hm. Phone # _____

Cell # _____

City _____ State _____ Zip _____

Class applying for (circle one) 3yr. 4yr. Pre-K
 am or pm am or pm am or pm

Name of Mother or Guardian _____

Place of Employment _____ Work Phone # _____

Name of Father or Guardian _____ Work Phone # _____

Place of Employment _____

Marital Status of Parents _____ Email Address _____

Custody - Visitation arrangements _____ (If there are court order special Arrangements, we will need a photo copy to keep on file)

Please list brothers and sisters and their ages and any other members living in the household.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Does your child nap? (circle one) yes or no When? _____

Does your child have any special fears? _____

Does your child have any problems with vision or hearing? If so, please explain _____

Does your child have any health problems that we should be aware of? (Allergies, bee stings, food allergies, asthma, or other medical conditions).

How did you hear about Valley Mills Christian Preschool and Academy? _____

Personal Profile Sheet

Please complete this survey of your child and her/his interests. It will help me to become better acquainted with your child and better able to meet her/his needs.

Full Name

First

Middle

Last

Nickname

Address

Telephone

Birthday

Allergies

Favorite things:

Least favorite things:

Things you would like to see your child do in preschool:

How did you hear about our preschool?

Individuals Permitted to Pick Up Child

Dear Families,

In accordance with the state law we must have on file the names, addresses and telephone numbers of the individuals permitted to drop off and collect your child from our school. If someone arrives to collect your child and we have not been introduced, their name is not in our file, and you have not called to inform us of this person, we **CANNOT** allow your child to leave with them.

Please list below any person’s name, address and telephone number who might arrive to collect your child, so that we can avoid any embarrassment, inconvenience, or tragedy. Any person picking up your child **MUST** show a valid drivers license or photo ID.

Thank you for your cooperation.

Do not detach. Return to school as soon as possible.

_____ may be delivered or collected from school by the following adults:

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I understand that if the name does not appear on this list, my child will not be released from school.

Parent’s or Guardian’s Signature _____ Date _____

**VALLEY MILLS CHRISTIAN CHURCH PRESCHOOL
FIRST AID PERMISSION/RELEASE FORM
AND EMERGENCY INFORMATION**

Child's Name _____ Birth Date _____

In case of an emergency, the school staff promptly contacts the parents. If neither the parent nor the emergency phone number can be reached, and in the case of surgical emergency, I hereby give permission to the physician selected by the Valley Mills Christian Preschool Director to hospitalize and secure proper treatment for my child as named above. I also do hereby release from any liability, Valley Mills Christian Church, Valley Mills Christian Church Preschool, and staff in the event of an accident in the building or on property owned by the church during scheduled hours of operation.

Date: _____

Signature (Parent or Guardian) _____

EMERGENCY INFORMATION

Mother's name _____

Home Phone _____

Employment address _____

Work Phone _____

Father's name _____

Home Phone _____

Employment address _____

Work Phone _____

Family Physician _____

Phone _____

Insurance Company _____

Policy # _____

Medications being taken _____

Known Allergies _____

In case of emergency, when neither parent can be reached, please contact:

Name _____

Phone _____

Address _____

Relationship to the child _____

PHOTOGRAPH RELEASE PERMISSION FORM

I (parent's name, please print): _____

give Valley Mills Christian Preschool permission to use my ____ son's ____ daughter's photograph (s) and/or name in preschool publication/field trip/ newsletter. I understand the photograph(s) may be used in a publication, print ad, or electronic media.

Name of Student (please print): _____

Parent/Guardian signature for release: _____

Valley Mills Christian Preschool witness: _____