



Locust First
Baptist
Preschool

Office Use Only
Date: _____
Of Registration _____
Fee paid \$ _____
Check #: _____

Registration Form
\$60.00 Annual Registration Fee

Date: _____

Age of child on or before August 31, 2020 _____

Program registering for:

One Year Old Program
____ Tues/Weds/Thurs
____ Tues/Wed
____ Tues/Thurs
____ Weds/Thurs

Two, Three & Four Year Olds Preschool
____ Tues/Weds/Thurs

Cost is as follows per month:

One Year Old Program: 2 Day - \$140.00 / 3 Day - \$185.00
 Preschool Program: 3 Day - \$185.00

Child's Full Name: _____

	Last	First	Middle	Nickname
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Physical Address: _____

	Street	City	State	Zip Code
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Mailing Address: _____

	PO Box	City	State	Zip Code
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Home Phone Number: _____ Date of Birth: _____ Sex: _____

Email Address: _____

Father's Name: _____ Work Phone: _____

Employer: _____ Cell Phone: _____

Mother's Name: _____ Work Phone: _____

Employer: _____ Cell Phone: _____

Name of child's legal guardian and contact information _____

Special instructions regarding pick-up: _____

Persons authorized to pick up my child: (list who they are in relation to child)

Name	Relation	NCDL#
Name	Relation	NCDL#
Name	Relation	NCDL#
Name	Relation	NCDL#
Name	Relation	NCDL#
Name	Relation	NCDL#

How did you hear about Locust First Baptist Church Preschool? _____

Playground Permission Form

I hereby grant my permission for my child to use all of the playground equipment and participate in all activities of the school: **yes/no** (circle one) **initial here** _____.

Optional:

Name of the church the family attends: _____

Denomination: _____ Location: _____

Has the child attended Sunday school? _____

Siblings: Name: _____ Age: _____ Enrolled? _____
 Name: _____ Age: _____ Enrolled? _____
 Name: _____ Age: _____ Enrolled? _____

Do you know of anyone that might be interested in our program? Please provide contact information. _____

Emergency Medical Care Information

Name of Child (last, first) _____
Address: _____
Phone Number: _____ Date of Birth: _____

Emergency contacts (other than yourself) include someone who will usually know your whereabouts.

1. Name: _____ Phone: _____
Address: _____ Cell: _____

2. Name: _____ Phone: _____
Address: _____ Cell: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Emergency Hospital Preference: _____

Insurance Company: _____

Card Holder's Name: _____ Subscriber #: _____

Group #: _____ Employer Name & #: _____

Allergies (including medication), special needs or diet: _____

Past medical history / including broken bones or illness: _____

I hereby grant permission for the teacher to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we may do any or all of the following:
 - A) Call another physician.
 - B) Call an ambulance.
 - C) Have the child taken to any emergency hospital in company of a staff member.

Parent or Guardian Date

Current immunization record must be attached!

Locust First Baptist Preschool

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-out" (Time-Out is described below)
12. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as a punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow children to discipline children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

Time-Out

Time- Out is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The time- out space is usually a chair, located away from classroom activity but within the teacher's sight. During time-out, the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group the incident is over and the child is treated with the same affection and respect shown to the other children.

Discipline and Behavior Management Policy

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management policy, and that the director has discussed the facility's Discipline and Behavior Management Policy with me if requested.

Date of Child's Enrollment _____
(First day of School Year for which you are enrolling)

(Signature)

(Date)

Discipline Disclaimer

We cherish each child enrolled in Locust First Baptist Preschool. If redirection and positive reinforcement are not effective in managing the child's behavior and repeatedly interferes with other students learning environment, Locust First Baptist Preschool reserves the right to terminate any child's enrollment. Or if we feel that any of the following conditions exists:

1. The parents/ guardians are not able to work with the school to find an acceptable solution.

2. The behavior endangers the well being of other children, and/or the child engaging in behavior and/or staff.
3. An excessive amount of teacher's time is needed to attend to a particular child's special situation, to the extent that it is depriving the other children in the classroom the level of care and concern to which they are entitled.
4. The children's special needs are beyond Locust First Baptist Preschool scope of care.
5. In such a situation, the child may have to leave the school temporarily for safety's sake. Repeated uncontrollable behavior can lead to the discontinuation of preschool services. In that case, **a two- week notice may be given** before termination of services in order to allow parents to find alternate childcare. It should be noted, however, that in extreme cases where a child must be removed from our facility immediately, the two week notice will be waived.

Parent (Guardian) Signature

Date

Parent (Guardian) Signature

Date

Locust First Baptist Preschool Facebook Page



We have a private Facebook page for the parents, grandparents, and staff. We will be posting announcements, events, and photos of the children. To see the page, you will need to be invited by email. Please fill out below. You do need a Facebook account to view photos and posts. If you don't have an account, it is free to join if you wish.

Child's name _____ Class _____

_____ No, I do not wish to be invited to Locust First Baptist Preschool's Facebook page at this time. (Please also sign Photo Release Form)

_____ I am already signed up from last year.

_____ Yes, please send me an invite. I listed emails below and signed the Photo Release Form.

EMAIL ADDRESS	NAME	RELATIONSHIP
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EMAIL ADDRESS	NAME	RELATIONSHIP
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EMAIL ADDRESS	NAME	RELATIONSHIP
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EMAIL ADDRESS	NAME	RELATIONSHIP
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**If you download photos from Locust First Baptist Preschool private group page to your personal page, only post your child's photo. Please DO NOT post group photos for privacy reasons. Instead of a Closed Group, we are using a Secret Group so no one but members can see our page, news feeds, photos, or posts from our group. Any questions, feel free to contact me.

Thank you,
Mrs. Tara
Computer Teacher

Fall 2020

2020-2021
Photo Authorization & Release Form
Locust First Baptist Preschool

Dear Parent/Guardian,

We would like to show you what your child is doing throughout the year. The photos may be posted on Facebook, used in a slideshow video at one of the preschool's Christmas & Graduation programs, or used on the Sunday Morning Church service announcements, "Preschool Happenings." You may use one sheet, if have multiple children in one family.

Student's name: _____ Class _____

Student's name: _____ Class _____

Student's name: _____ Class _____

*****Please indicate your preference for the child(ren) above:
(check ALL that apply):**

I give permission to Locust First Baptist Preschool to take and use photographs for:

_____ Private Facebook page

_____ Public church website or public Facebook page

_____ Sunday Church announcements video, "Preschool Happenings," shown only during worship service.

_____ Slideshow videos for Graduation or Christmas programs

OR

_____ I DO NOT give permission to Locust First Baptist Preschool to take and use photographs and use them on the Public or Private Facebook page, website or slideshow videos during school programs and worship services.

Parent's/Guardian's Signature: _____

Date: ___/___/2020

You may change your preferences at any time.