



Locust First Baptist Preschool

Registration Form
\$60.00 Annual Registration Fee

Preschool Program Ages 2 – 4 and One Year Old Program

Date: _____

Age of child (on or before August 31st) _____

Cost is as follows per month:

One Year Old Program: 2 Day - \$130.00 / 3 Day - \$175.00
 Preschool Program: 3 Day - \$175.00

Office Use Only

Date: _____
 Of Registration
 Fee paid \$ _____
 Check #: _____

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

Child’s Full Name: _____

Last First Middle Nickname

Physical Address: _____

Street City State Zip Code

Mailing Address: _____

PO Box City State Zip Code

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? _____

Permission to Photograph

Authorization to photograph child: **yes/no** (please circle) **initial here:** _____
 Photos are for preschool use only! (e.g.: crafts, bulletin boards, memory albums etc.)

Playground Permission Form

I hereby grant my permission for my child to us 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)