



**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 31<sup>st</sup>) \_\_\_\_\_

Cost is as follows per month:

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

<b>Office Use Only</b>
Date: _____
Of Registration
Fee paid \$ _____
Check #: _____

Program registering for:

<b>One Year Old Program</b>	<b>Two, Three &amp; Four Year Olds</b>
____ Tues/Weds/Thurs	<b>Preschool</b>
____ Tues/Wed	
____ Tues/Thurs	____ Tues/Weds/Thurs
____ 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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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)