

Providence Christian School Preschool Application

Name of child _____ Birthdate _____ Sex _____
(Last) (First) (MI)

Address _____ City _____ State _____ Zip Code _____

E-mail address for correspondence with PCS _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____
Address _____ City _____ State _____ Zip Code _____
Where Employed _____ Business Phone _____ Mobile Phone _____

Mother/Guardian's Name _____ Home Phone _____
Address _____ City _____ State _____ Zip Code _____
Where Employed _____ Business Phone _____ Mobile Phone _____

Custodial Parent: Mother Father Other: _____
Insurance Carrier _____ Policy # _____

Names and ages of other children in the family _____

Are you currently a member of Providence Road church of Christ? Yes No

Do you belong to another church family? No Yes If so, where are you a member? _____

Do you have another child that attends Providence Christian School (PCS)? No Yes _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies? No Yes Explain: _____

Please give any information concerning your child which will be helpful in his experience in group time (such as play, eating and sleeping habits, special fears, likes or dislikes) _____

EMERGENCY CARE INFORMATION:

Child's Doctor _____ Office Phone _____
Address _____ City _____ State _____ Zip Code _____

Child's Dentist _____ Office Phone _____
Address _____ City _____ State _____ Zip Code _____

Hospital Preference: CMC 704-355-2000 Presbyterian Main 704-384-4000 Other: _____

Please list the names of the persons we may contact in an emergency and to whom the child may be released to if you can not come for him/her:

Name _____ Relationship _____ Home Phone _____ Mobile Phone _____

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In addition to the emergency contacts listed above, the following parties may pick up my child(ren). (Must bring picture ID)

I authorize the above parties to pick up my child/children from Providence Christian School.

(Signature of Parent)

(Date)

Please check one for each category:

Part-time: (9:00 – 1:00 pm) 3's class 4's class T-K (5 days only) current school year Start date: _____

Monday Tuesday Wednesday Thursday Friday next school year

Full-time: (7:15 – 6:00 pm) 3's class 4's class T-K

Providence Christian School admits students of any race, color, and national or ethnic origin.

DISCIPLINE POLICY

North Carolina law states that parents must sign a statement on the practice of discipline used by Providence Christian School.

1. No child shall be subject to any form of corporal punishment by the staff of Providence Christian School.
2. No child shall be handled roughly in any way, including shaking, punching, shoving, pinching, slapping or spanking.
3. No child shall be ever be placed in a locked room, closet or box.
4. The care of one child shall never be delegated to another child.
5. Discipline shall be in no way related to food, rest or toileting.

We, at Providence Christian School, strive for a positive, active learning approach to discipline. We want the children to learn to behave in an acceptable manner without physical aggressiveness toward their classmates.

If a child misbehaves or plays in an unacceptable manner (as stated in the classroom rules), they will be put in "time out" or asked to sit in another part of the room away from the other children.

If a child misbehaves severely: hitting, kicking, biting, scratching or spitting (at other children or teachers), they will spend time out in the Director's office. After the second incident, we will call you to come and pick up your child.

I have read and understand both the Discipline Policy and Providence Christian School's Student Handbook.

Parent

Date

PERMISSION FORM

I will allow my child to go outside a fenced area or classroom, while remaining on the school property, to participate in school activities such as water play or nature walks.

Child's Name: _____

Parent Signature: _____

"I (We) understand that, in the event emergency medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff of Providence Christian School at the Providence Road Church of Christ to secure the services of an EMS and/or a licensed physician to provide the care necessary, including anesthesia, for my child's well being."

Parent Signature: _____

Parent Signature: _____

NORTH CAROLINA CHILD CARE LAWS & RULES

I have received a copy of the summary from the NC Division of Child Development stating the North Carolina Child Care Laws & Rules.

Parent Signature: _____

FOR OFFICE USE ONLY:

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made to provide for adequate and appropriate rest and outdoor play.

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(Signature of Operator)

(Date)