

Bethel Christian School Information Form

Date of application _____ (Please print) Days class meets _____

Class meets from _____ until _____ Age of child _____

Full name of child: _____ Sex: _____

Name child is called: _____ Date of birth _____

Home Address: _____

City State Zip Code

Mother's Name: _____ Phone: _____

Home Address: _____

Employer: _____ Phone: _____

Father's Name: _____ Phone: _____

Home Address: _____

Employer: _____ Phone: _____

Cell Phone numbers : (M) _____ (D) _____

Email address _____

Child lives with: Both parents ___ Mother ___ Father ___ Other _____

Names/Ages or other children (give relationship) living in the home:

Physical-Emotional history of child (List allergies, surgery, speech problems, illnesses, accident, fears, habits, etc.)

Other pertinent family information you wish to share:

Does your child have an IFSP? (children under 36 months)
_____yes _____no

Does your child have an IEP? _____ yes _____no
If so, please provide a copy of the IFSP or IEP for your child's files.

People authorized to pick up your child:

_____ Phone: _____

Relationship

_____ Phone: _____

Relationship

_____ Phone: _____

Relationship

Would you or your spouse be available as a resource? (Please check appropriate box)

Share an occupation, special interest, or hobby. Specify: _____

Enrichment Field trips: __ Chaperone __ Drive ____ (Please provide a copy of your car insurance.)

Number of seat belts and/or seats for children besides the front passenger seat: _____

Parental volunteer for classroom assistance _____

Information about your child

Previous group experience _____

(Nursery school, Sunday school, Library story hour...)

What do you hope your child will gain from this school experience?

How would you describe your child? (shy, active, quiet, aggressive, etc.)

Does he/she have opportunities to play with children outside the family? Explain

Favorite play materials_____

What experiences does he/she especially enjoy?_____

Other information that will help teachers develop a better understanding of your child's interests and experiences:

Please answer either yes or no to the following.

Yes, Bethel Christian School has permission to include child's name, my name, address, and phone number in preparing a class list to be distributed to parents for carpooling and other purposes.

No, please do not include my name, address, and phone number when preparing a class list to be distributed to parents for carpooling, however, you may include my child's name only on the list of children in the classroom.

Yes, I give permission for my child to have their picture in flyers, web pages, Facebook, Instagram and displays.

No, I do not give permission for my child to have their picture in flyers, web pages, Facebook, Instagram and displays.

Yes, my child may watch supplemental thematic videos. No, my child may not watch supplemental thematic videos.

*For Enrichment, and four year old children

Yes, my child has permission to participate in Bethel Christian School's field trips. Special field trip notices and permission forms will be given in advance.

No, my child may not participate in Bethel Christian School's field trips; when I receive the special notices regarding field trips, I will make other arrangements for my child the of the trip.

EMERGENCY CONTACT FORM AND PROCEDURES

Child's Name _____ Date of Birth _____

Address _____ Telephone _____

Doctor's Name _____

Doctor's phone _____

Doctor's Address _____

Insurance information _____

Relative or alternate person who can assume responsibility for your child in your absence in case of a medical emergency: _____

Name _____ Relationship Phone _____

I give permission for the Director or Acting Director of Bethel Christian Preschool to take the following steps to obtain emergency medical care for my child:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the parent through any of the persons listed above.
3. Attempt to contact the child's physician.
4. In the event that #1-3 are unsuccessful and the emergency warrants,
*Call another physician*Call the paramedics*Have my child taken to a hospital emergency room.
5. I hereby give authorization to the Director or Acting Director of Bethel Christian Preschool to sign for any emergency treatment or diagnostic procedures deemed necessary and appropriate in the opinion of the treating and/or consulting physician.

Parents printed name /Parent's signature

_____ Date: _____

Snack Agreement

I _____ the parent of _____ agree to pack a daily snack that includes the following items listed below. If my child attends Enrichment I agree to pack a healthy lunch following the requirements below. I agree to include an icepack in my child's lunchbox.

Snack should include at least one item from two food groups.

- A. Milk; fluid pasteurized cow's milk or 100% unsweetened juice products.
- B. Proteins: meat, fish, poultry, eggs, yogurt, cheese, peanut butter, dried beans and nuts.
- C. Fruits and vegetables: include a variety of fresh vegetables and fruit and
- D. Grains: Whole grains and enriched products such as breads, cereals, pastas, crackers and rice.

Lunch for Enrichment children should include an item from each of the milk, protein and grain food groups and two items from the fruit and vegetable food groups.

Signature: _____ Date: _____

Phone Tree Permission

A phone tree will be created to contact families in the event of an emergency evacuation from Bethel Christian School.

Parent volunteers will call other families with the details of the evacuation.

Please sign below giving permission to share your phone number with the parents who volunteer to call in the event of an emergency evacuation.



Student's name: _____

___ Yes, I give permission for my phone number to be included on the phone tree allowing a parent to call me in the event of an emergency.

___ No. Yes, I do not give permission for my phone number to be included on the phone tree allowing a parent to call me in the event of an emergency.

Parent's signature: _____ Date: _____

Preferred name and phone number for the phone tree.

_____ If you are interested in being an emergency phone tree caller, please indicate below.

___ Yes, I would like to be an Emergency Phone tree caller.



Permission for newspaper photos

Pictures of special events happening at Bethel Christian School may be submitted to the Cape Gazette. Please complete the form below to indicate your preferences.

___ Yes, I give permission for my child's picture and first and last name to be included in photos submitted to the Cape Gazette from Bethel Christian School events.

___ No, I do not give permission for my child's picture and first and last name to be included in photos submitted to the Cape Gazette from Bethel Christian School events.

Parent signature: _____ Date: _____

Our church is a Safe Sanctuary church, which means we have a specific plan in place to ensure our church provides a safe environment for our children and families. One way we can help is to have a written record of all volunteers that serve our school.

Name: _____

Address: _____

Cell Phone number: _____

Email address: _____

We are required to have you read and sign both forms. One will be placed in your child's file and the second will be sent home for your records.

Parents Right to Know Notice

By signing this form, I am acknowledging I have received a copy of the Parents Right to Know Notice which states, "UNDER THE DELAWARE CODE, YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: the administrative specialist, OFFICE OF CHILD CARE LICENSING, 821 Silver Lake Boulevard, Suite 103, Dover, Delaware 19904, phone (302) 739-5487.

You may also view substantiated complaints and compliance review histories by visiting the Office of Child Care Licensing's child care search at <https://kids.delaware.gov/occl/search-for-child-care.shtml>."

Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date

CHILD INFORMATION CARD
State of Delaware
Department of Education

Child's Information

Child's name: _____ Date of birth: _____ Date of enrollment: _____ Date of discharge: _____

Child's address: _____ Hours and days child is scheduled to attend: _____

Parent/Guardian Information (1)

Emergency Contact/Authorized to Pick-up Child

Name: _____

Address, if different from child's: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Hours of employment: _____

Employer name and address: _____

Parent/Guardian Information (2)

Emergency Contact/Authorized to Pick-up Child

Name: _____

Address, if different from child's: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Hours of employment: _____

Employer name and address: _____

Additional Emergency Contacts and People Authorized to Pick-up Child

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Emergency Medical Care

I, _____, the parent (or legal guardian) of _____, who is my mi
child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted
give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Transportation

I, _____, the parent (or legal guardian) of _____, who is my mi
child, hereby give permission for my child to be transported by the licensee/staff/substitute.

Signature of parent/guardian

Date

Medical Information

Name of child's physician: _____

Office phone: _____

Special medical information, medications, allergies,
diet: _____

Health insurance identification information: _____

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.