

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 _____

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:

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?

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 and displays.

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

Yes, my child may watch supplemental thematic videos.

No, my child may not watch supplemental thematic videos.

*For Enrichment, Kindergarten 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 day 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: _____

CHILD INFORMATION CARD
State of Delaware
Department of Services for Children, Youth and Their Families

Name of Child (Last, First, Middle Initial)	Birthdate	Date of Admission
		Date of Discharge
Name of Parent(s)	Home Address	Home Phone Number
1. Employer	Hours of Employment	
Business Address	Business Phone No.	
2. Employer	Hours of Employment	
Business Address	Business Phone No.	

Person Other Than Parent to be Notified in Emergency Situation When Parent is not Available		
Name	Address	Phone Number

Names of Persons Other Than Parent To Whom Child May Be Released			
1		3	
2		4	

LS - 006 Additional Information on Reverse side

Emergency Medical Care
 I, _____, the parent (or legal guardian)
 of _____ who is my minor child, hereby
 authorize emergency medical treatment for my child in the event I cannot be contacted to 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 minor child, hereby
 give permission for my child to be transported with his/her caregiver.

Signature of Parent or Guardian	Date
---------------------------------	------

Name of Child's Physician	Address	Phone No.	Office Hours
---------------------------	---------	-----------	--------------

Special Medical Information (Allergies, etc.)	Health Insurance Identification Information
--	---

The above information is essential for your child's protection - Be sure to keep the information current

LS - 006

Dear Parents,

Once again, we have agreed to assist Beebe School of Nursing students actively observe and learn from interaction of children, their teachers and peers and reach their educational goals by allowing them to come in and observe in our school two times each week from September until November, from September until November.

The objective of this learning experience is to help the nursing students gain knowledge of the following:

1. Growth and development of the preschool child.
2. Individual needs of the preschool child.
3. Tasks of the preschool age child at work and play.
4. Activities at our school.

During this time, the student may assist the preschool teachers. At all times during their observation period they will be with the classroom teacher and be identified by their nursing uniform and badge.

Thank you for your support of this important program.

Sincerely,

Kathryn Pepper

.....
Please sign and return the below permission form on or before the beginning of this current school year.

I, _____ give my permission for my child to be present for the observation period completes by the Beebe School of Nursing students.

I, _____ do not give my permission for my child to be present for the observation period completes by the Beebe School of Nursing students.

Child's Name: _____

Parent's signature: _____ Date: _____

Dear Parents,
We are required to have you read the following, fill out both the top and bottom and return for our files.
Thank you very much!
Kathy Pepper

PARENTS RIGHT TO KNOW NOTICE

Under the Delaware Code you are entitled to inspect, at any time, the active record and complaint files of any licensed child care facility. To review a child care facility record contact:

Ellen Linen, Adm. Support Specialist I **OR** Office of Child Care Licensing
1825 Faulkland Road Wilmington, DE 19805
(302) 892-5800

Dawn Clarke, Adm. Support Specialist I Office of Child Care Licensing 821
Silver Lake Boulevard Suite 102
Dover, DE 19904 (302) 739-5487

I acknowledge that I received notice of a Parents Right to Know as part of the application packet of materials from Bethel Christian School as part of the registration process.

Name: _____ Date: _____

PARENTS RIGHT TO KNOW NOTICE

Under the Delaware Code you are entitled to inspect, at any time, the active record and complaint files of any licensed child care facility. To review a child care facility record contact:

Ellen Linen, Adm. Support Specialist I **OR** Office of Child Care Licensing
1825 Faulkland Road Wilmington, DE 19805
(302) 892-5800

Dawn Clarke, Adm. Support Specialist I Office of Child Care Licensing 821
Silver Lake Boulevard Suite 102
Dover, DE 19904 (302) 739-5487

I acknowledge that I received notice of a Parents Right to Know as part of the application packet of materials from Bethel Christian School as part of the registration process.

Name: _____ Date: _____

