



Dear Parents,
It's time to register your child for the 2017-2018 preschool year.

Preschool Information:

- Trinity Preschool is a half-day, Christian based preschool.
- Ratios: Toddlers/Two's & Three Year Old Classrooms: 8 children, and 2 staff. Four Year Old-Pre-K Classroom: 10 Children, and 1-2 staff. *Children 18 months & walking are accepted. All staff have acquired N.C. Early Childhood Credentials or have earned a higher certificate/degree in Child Development/Elementary Education/MA Early Childhood Education.
- Trinity Preschool has 3 program options, open September-May from 8:30-11:30am and follows the Henderson County Public School schedule for weather closing and delays.

Please review the tuition and registration procedures below.

Trinity Preschool's daily options & monthly tuition:

Yearly registration fee	\$65.00 per family / <u>not</u> per child
2-day program (Tuesday & Thursday)	\$125.00/ month
3-day program (Monday-Wednesday-Friday)	\$175.00/ month
5-day program (Monday-Friday)	\$225.00/ month

Registration Procedure:

- 1.) A Completed enrollment form along with the \$65.00 registration fee made out to *Trinity Presbyterian Church* is required to secure a spot for your child (no exceptions).
- 2.) All enrollment forms will be processed on a first-come, first-serve basis. Once a classroom is full, I will begin placing children on a waiting list.

*Note: All children entering the three-year-old classroom should be potty trained.

If you have any question, please do not hesitate to stop by the office during preschool hours of 7:30-12:30pm or call me at 696-4110.

Thank you,

Director

Trinity Preschool admits students of any race, color, and national or ethnic origin.

Enrollment
Form
2017-2018



Please fax or mail to:

(828 696-4110
900 Blythe Street
Hendersonville, NC 28791
www.preschool@trinitypresnc.org

I wish to enroll my child for the following days (Check Mon-Wed-Fri or Tues-Thurs or Mon-Fri).

Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____

A non-refundable \$65.00 registration fee is to accompany these papers for enrollment.

Child's Name: _____ Birth Date: _____

Home Address: _____ Home Phone#: _____

_____ Cell #'s: _____

Father's Name: _____ Occupation: _____

Where Employed: _____ Work Phone: _____

Mother's Name: _____ Occupation: _____

Where Employed: _____ Work Phone: _____

People In the Home: ____ Father ____ Mother ____ Grandparents ____ Other

Names & Ages of Siblings:

Child's Doctor: _____ Office Phone #: _____

Name of friends or relatives to be called in case of an emergency when a parent cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Names of persons permitted to pick-up child from preschool: _____

Custody-visiting arrangements: _____

____ Yes, I'm interested in receiving scholarship info. ____ No, I'm not interested in scholarship info.

Scholarships must be applied for each year

Signature & date of person enrolling child

Signature & date of person enrolling child

A mission of Trinity Presbyterian Church

Getting to know you & your child.....

.Please give consideration to following questions.

Has your child been to preschool or child care before? Yes _____ No _____
How was the experience?

Is your child potty trained or in the process? Yes _____ No _____
If so, please describe how you are doing, assistance needed and words used so that we can be consistent with what you are doing at home.

What do you do at home to comfort your child if he/she is upset? (Example: hold, give a blanket, etc.)

Does your child have any fears that we should be aware of?

Please circle the items below that best describe your child...

Happy	Aggressive	Friendly	Moody	Clumsy	Quiet
Dependent	Stubborn	Impulsive	Fearful	Shy	Good-natured
Attentive	Sympathetic	Sleepy	Energetic	Angry	Loner

Are there any special medical, physical, mental, emotional or behavioral needs, concerns or disabilities that the preschool should be aware of? Do you have concerns in any of these areas?

Is your child's speech clear to others? Yes _____ No _____

Is your child taking any regular medication? If yes, please describe.

Is there anything else you wish for us to know (your child has allergies, is adopted, custody or visitation agreements, a vegetarian, gluten free, etc.)?

What do you wish for your child to acquire from Trinity Preschool?

Do you, the parent, have a special talent or interesting career you would like to share with your child's class?

Authorization for Emergency Medical Treatment

I hereby grant permission for any staff member of Trinity preschool or Trinity Presbyterian Church to take whatever steps may be necessary to obtain emergency medical care for my child _____ in case of a medical emergency. These steps may include, but are not

Child's name

limited to the following:

- 1.) Attempt to contact a parent or guardian.
- 2.) Attempt to contact child's physician,
- 3.) Attempt to contact a parent or guardian through any of the persons listed on the emergency contact information that you gave us on your child's application.
- 4.) If we can not contact a parent or guardian, we will do one of the following;
 - a.) Call an ambulance
 - b.) Have the child taken to the emergency room of Pardee Hospital by a staff member in his or her personal vehicle.
- 5.) Any expenses that are incurred will be the parent's responsibility.

Parent or Legal Guardian Signature: _____ Date: _____

Pick-up Notification

If my child is to be picked-up by anyone other than myself, I will notify the director verbally or by phone ahead of time, This person will need to show proof of identification to the director and/or teacher.

Parent or Legal Guardian Signature: _____ Date: _____

Photograph Permission Slip

I grant permission to Trinity Preschool/Trinity Presbyterian Church to include photographs of my child in printed promotional and informational materials, on the church's official website (www.trinitypresnc.org), on fliers, brochures, newsletters, etc. I also understand that Trinity Preschool will protect the privacy of my child by not associating their name, address or personal information with photographs.

Parent or Legal Guardian Signature: _____ Date: _____

Child's Name: _____

Child's Name: _____

Trinity Preschool

Confidentiality Statement & Termination Policy

Confidentiality

At Trinity Preschool, families, staff, church members and community agencies work closely together. Imperative that we respect each other's privacy, therefore, confidentiality and sensitive information will only be shared with persons who have a "need to know." If you would like to discuss a situation or person you have observed or have a concern about, please do so with the director. Those who have attended a meeting (parent/teacher, staff, agency, or Board) it is expected that conversations will be kept confidential and not shared carelessly with others. Trinity Preschool strives to protect everyone's right of privacy and a breach in this right will not be tolerated.

Child Records

All enrolled child records are located in the file cabinet within the preschool director's office (classroom 5, room 111). Previous student records are removed from the file cabinet and stored in a secondary cabinet. The Director's Office is key locked when the preschool is not in session.

Screening and Assessment Results

Trinity Preschool staff are the only individuals with access to the child's screening and assessments results for further follow-up. Information will only be shared with other concerned agencies, such as:

Henderson County Health Department, Henderson County Public School System, Child Care Resource & Referral, Personal Physician, & Developmental Evaluation Centers.

when written consent is granted by the parents. Screening results and assessment information will only be used to assist teachers in the development of weekly theme activities or to develop an educational plan geared toward the individual child, during parent / teacher conferences and if necessary, to acquire additional services for the child at Trinity Preschool can not provide.

Termination Policy

Trinity Preschool reserves the right to give written notice of suspension or immediate termination where there are extreme, documented circumstances that affect the well-being of the children, or Trinity Preschool staff/volunteers or when a children and parent (s) so not abide by the rules set forth by Trinity Preschool and Trinity Presbyterian Church. Examples include failure to pay monthly tuition on a timely basis, or failure to abide by Trinity Preschool's Parent Handbook.

I have read the above Confidentiality Statement & Termination Policy which will be placed in my child's preschool file and understand that at anytime, I may review this statement or may request a secondary copy.

Parent or Legal Guardian Signature: _____ Date: _____

Child's Medical Report



Please fax or mail to:

(828) 696-4110
900 Blythe Street
Hendersonville, NC 28791
www.preschool@trinitypresnc.org

Child's Name: _____ Age: _____ DOB: _____

Parent/Legal Guardian Name: _____

Medical History (May be completed by Parent/Guardian)

1. Previous hospitalization: Yes ___ No ___ If yes, when & what for? _____

2. Serious Illness/operations: Yes ___ No ___ If yes, explain? _____

3. Allergies: Yes ___ No ___ If yes, what? _____

4. Physical Handicaps: Yes ___ No ___ If yes, describe? _____

5. Is the child currently under a doctor's care? Yes ___ No ___ If yes, what for? _____

6. Is the child on medication? Yes ___ No ___ If yes, what? _____

7. Does the child have any mental disabilities? Yes ___ No ___ If yes, describe? _____

8. Any history of significant previous disease or recurrent illness? Yes ___ No ___

9. Any history of convulsions? Yes ___ No ___ Heart Trouble: ? Yes ___ No ___

Physical Examination: *This exam must be completed and signed by a licensed physician, a certified nurse practitioner, or a public health nurse.*

Height: _____	Weight: _____	Heart: _____	Chest: _____
Teeth: _____	Neck: _____	Throat: _____	Nose: _____
Eyes: _____	Ears: _____	Abdomen: _____	GU: _____
Ext: _____	Neuro: _____	Skin: _____	Head: _____

Should activities be limited? _____

Recommendations: _____

Signature of authorized examiner/title: _____

Date of exam: _____

Telephone #: _____

Please attach a copy of your child's current immunization records.