

PARENTS– PLEASE COMPLETE THE ATTACHED FORMS AND MAIL THEM TO THE PRESCHOOL IN THE ENCLOSED ENVELOPE OR DROP THEM IN THE PRESCHOOL BOX AT THE CHURCH OFFICE BY **AUGUST 19, 2024. THANK YOU.**

******* IMPORTANT NOTE *******

Please make sure that all forms are filled out COMPLETELY. We are inspected by the Kansas Department of Health every year and they check all forms very carefully for signatures, witnesses, etc. It helps us greatly to have everything completed so we do not have to return forms for signatures or other missing information. THANK YOU!

INSTRUCTIONS FOR FILLING OUT FORMS:

1. Authorization for Emergency Care

- a. **Only new students need to complete this form.**
- b. The notarization section is no longer required and has been crossed out, but every other blank on the page needs to be completed.
- c. **We need a PARENT OR GUARDIAN SIGNATURE as well as a WITNESS SIGNATURE.**
- d. The INSURANCE INFORMATION at the bottom of the form needs to be completed INCLUDING THE ALLEGRY INFORMATION.
 - i. If there are no known allergies, please write that in the space provided.
 - ii. PLEASE DO NOT LEAVE ALLERGY SECTION BLANK.

2. Health Form

- a. **Only new students need to complete this form.**
- b. Parents should have received a health form at pre-enrollment. If you do not have one, please call Dawn Stiglitz at (316) 755-4343 or via email at vcpreschoolks@gmail.com.
- c. **The last page of this form needs to be COMPLETED AND SIGNED BY A DOCTOR.**
- d. A completed health form must be received by the first day of class.

3. Transportation Form

- a. **ALL STUDENTS MUST COMPLETE THIS FORM**

4. Payment Agreement

- a. **ALL STUDENTS MUST COMPLETE THIS FORM**

5. "Getting to Know You" Form

- a. **ALL STUDENTS MUST COMPLETE THIS FORM**

6. Authorization for Facebook Pictures

- a. **ALL STUDENTS MUST COMPLETE THIS FORM**

7. Enrollment Form & Enrollment Fee

- a. **ALL STUDENTS MUST COMPLETE THIS FORM**

8. PLEASE SEND A PICTURE OF YOUR CHILD (APPROXIMATELY WALLET SIZE) FOR OUR BULLETIN BOARD.



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license. Valley Center Methodist Preschool	License # 0007447
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I authorize Dawn Stiglitz, Director or any other employee of the Valley Center Methodist Preschool (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (child's first and last name) while child or youth is in the facility's custody between 08/21/2024 and _____ until the child is no longer attending the Valley Center Methodist Preschool
MM/DD/YYYY MM/DD/YYYY

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____
MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

<input checked="" type="checkbox"/> Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
--	-------------

Authorization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas
County of _____

Signed or attested before me on _____ by _____
MM/DD/YYYY Name of Person

(Seal, if any.)

Signature of notarial officer

Title (and Rank)

My appointment expires: _____

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____

Name of Child Care Facility _____

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Employer _____

Employer _____

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name _____
Address _____
Phone Number _____

Name _____
Address _____
Phone Number _____

Child's Physician _____

Phone Number _____

Child's Dentist _____

Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? ___No ___Yes, as follows: _____

Any known allergies or medical conditions of child: _____

Any major changes at home that might affect your child in care: _____

Please provide additional information or special instructions that will help the person caring for your child: _____

Parent/Guardian Signature: _____ Date: _____

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(g)].

The following two options are the **ONLY** exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child's life:

Exempt from following immunizations:

DTaP/DT Tdap/TD Pertussis Only Polio MMR HepA HepB Hib
 PCV Varicella Other

Physician's Signature (required): _____ Date: _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ Date: _____

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL 029).

Child's Name _____ Date of Birth _____
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: _____ IN/CM %ILE _____	Weight: _____ LB/KG %ILE _____	
Physical Examination	✓ If Normal	If Abnormal - Comments
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardio/Respiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		
Screening Tests	Screening Date	Note Here if Results are Pending or Abnormal
Lead		
Anemia (HGB/HCT)		
Urinalysis (UA)		
Hearing		
Vision		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)
 None

Signature of Licensed Physician or Nurse approved for Child Health Assessments	Date
Print the Name of the Individual Signing Above	Phone Number
Address	City Zip Code

**Valley Center Preschool
TRANSPORTATION INFORMATION**

2024-2025 SCHOOL YEAR

Our/my child _____ will generally be brought to Preschool and picked up from Preschool by:

Name _____ Phone _____

Other persons (other than the child's parents) having permission to call for my child at the close of any sessions of the Valley Center Preschool are:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Signed _____ Date _____
(Parent/Guardian)

Please notify the preschool by phone or in writing if anyone different will be picking up your child. We will not release your child to someone who is not on the permission list above unless notified by the parent.

From time to time, we have students who need a ride to/from Preschool from a daycare provider's/parent's location that not able to transport that day(s). Arrangements for transportation should take place between the parent/guardian and the other party willing to provide transportation. If you would be willing to transport an extra child to preschool, please sign below so we can contact you if a need arises.

Yes, I may be willing to help provide transportation _____
(Please Print Your Name)

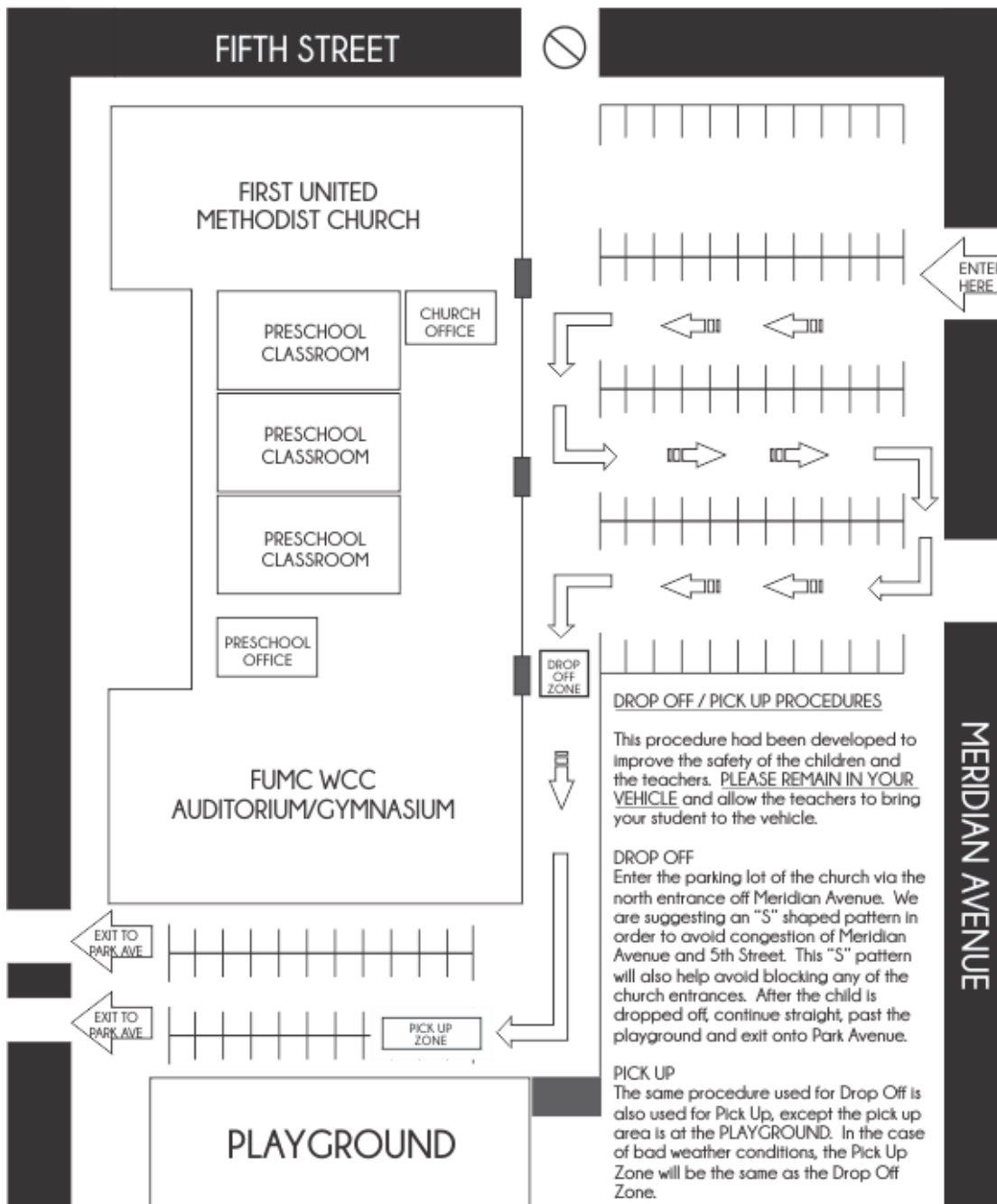
Occasionally _____

Regularly _____

VALLEY CENTER PRESCHOOL DROP-OFF/PICK-UP PROCEDURE

Morning session drop off will be from 8:45-9:00* am and pick up time is 11:30 am; afternoon session drop off will be from 12:45-1:00* pm and pick up time is 3:30 pm. *If you arrive after these times, please call the preschool office at (316) 755-4343 and a teacher will meet you at the NE door of the Church to accept the student. ALL DOORS WILL BE LOCKED AT THE END OF DROP OFF TIME.

Please help us to ensure the safety of all of our students by following the map/procedure outlined below when dropping off or picking up your child. We ask that you remain in your vehicle, stay in line as indicated on the map and a teacher will meet you at your car by the south WCC door and will guide your child/children to their room. The same guidelines apply for student pick-up. Weather permitting, the pick up zone will be at the playground as the map indicates. If we are experiencing inclement weather, pick-up will occur at the same door as drop off. PLEASE HOLD UP THE FOLDER WITH YOUR CHILD'S NAME IN YOUR CAR WINDOW, AND PLEASE REMAIN IN YOUR VEHICLE. A teacher will bring the child to the car, and then we ask that once the child is seated, you pull forward, assist them in buckling seat belts and proceed out the exit onto Park Avenue.



This procedure has been adopted as official Preschool Board Policy to ensure the safety of all children so no one will be required to cross traffic between cars. We appreciate your patience and courtesy at drop-off and pick-up times.

DROP OFF / PICK UP PROCEDURES
 This procedure had been developed to improve the safety of the children and the teachers. PLEASE REMAIN IN YOUR VEHICLE and allow the teachers to bring your student to the vehicle.

DROP OFF
 Enter the parking lot of the church via the north entrance off Meridian Avenue. We are suggesting an "S" shaped pattern in order to avoid congestion of Meridian Avenue and 5th Street. This "S" pattern will also help avoid blocking any of the church entrances. After the child is dropped off, continue straight, past the playground and exit onto Park Avenue.

PICK UP
 The same procedure used for Drop Off is also used for Pick Up, except the pick up area is at the PLAYGROUND. In the case of bad weather conditions, the Pick Up Zone will be the same as the Drop Off Zone.

MERIDIAN AVENUE

VALLEY CENTER PRESCHOOL
560 N. PARK, VALLEY CENTER, KANSAS 67147

2024-2025 SCHOOL YEAR

PAYMENT AGREEMENT

for

Child's Name: _____

I/We promise to pay to the Valley Center Preschool **\$125/\$155/\$250** per month from **September 2024 through May 2025**. **The payment is due at your child's first session of each month and will be considered delinquent if not received by the 10th of that month.**

I understand and agree that by reason of the necessary commitments of the preschool, refunds of tuition will not be made.

I also agree that **2 weeks written notice** will be given if the child is to be withdrawn during the school year. **A half-month's tuition is due if 2 weeks written notice is not given.**

Checks are payable to the Valley Center Preschool. **Any returned checks will be subject to a \$30.00 fee, and I understand that I will be responsible for this fee and any insufficient funds fees incurred by the Preschool in the event of a returned check.** Upon the occurrence of a **second insufficient funds check, I agree to pay the Preschool by Cash, Money Order or Cashier's Check only thereafter.** Further, I agree that any amount not paid by the end of May 2021 will be turned over to a collection agency at the Preschool's discretion.

If for any reason I cannot meet my obligation in a timely manner, I will contact the Preschool Director, Dawn Stiglitz, at (316) 755-4343 in order to request a payment plan.

I understand if I fall more than 30 days behind in my child's tuition payment without contacting the director, my child's participation in Preschool will be discontinued. I assume all responsibility to pay the entire amount owed.

Parent/Guardian (print name) _____

Parent/Guardian (signature) _____

Social Security Number: _____ Relationship to student: _____

Address: _____

Phone: _____ Date: _____

Valley Center Preschool
GETTING TO KNOW YOUR CHILD
2024-2025 SCHOOL YEAR

Family and Social Information

Name of Child _____

Mother _____

Father _____

Brothers and Sisters:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Does the child live with?

Both Parents _____ Father Only _____ Mother Only _____

Shared Custody _____ Other _____

Name of Parent/Person child lives with: _____

Daycare Provider (if applicable)

Name _____ Phone _____

Does your child have any previous school or play group experience and if so where?

What opportunities does the child have to play with children of his/her own age?

Does your child play mostly inside, outdoors, or both equally? _____

What are some of your child's interests? _____

(continued on back)

continued from previous page

Favorite playthings? _____

Any special concerns? _____

Fears? _____ Health? _____

Foods? _____

Developmental Information

Is there anything in your child's developmental history that you think we should be aware of?

Is there anything we should know about your child's language or speech development?

What type of discipline is used in the home? _____

Are there any other special things about your child that you think we should be aware of so that we can be more effective teachers for your child? _____

Is there any other special help you hope to receive from the Preschool for your child or yourself as parents? _____

Valley Center Preschool
PERMISSION TO USE CHILD'S PHOTO
2024-2025 SCHOOL YEAR

Valley Center Preschool has my permission to place my child(ren)'s picture on the Preschool's Facebook page. From time to time, we like to post pictures of our students engaged in class activities at the Preschool. Child(ren)'s names will never be used.

Please return this form as soon as possible. Thank you.

Child's Name: _____

Child's Name: _____

Child's Name: _____

YES, I DO I give my permission to the Valley Center Preschool to use pictures of the child(ren) listed above on the Preschool's Facebook page.

Signature: _____ Date: _____

NO, I DO NOT give my permission to the Valley Center Preschool to use pictures of the child(ren) listed above on the Preschool's Facebook page.

Signature: _____ Date: _____