

Inter-faith Community Preschool
1200 N. 5
Fort Smith, AR 72901
479.783.3443

Child's Name _____ Date of Birth _____ Phone _____
Address _____ City _____ State _____ Zip _____
Child's Social Security # _____
Father's Name _____ Address if different from child _____
Father's Employer _____ Phone _____ Hours _____
Mother's Name _____ Address if different from child _____
Mother's Employer _____ Phone _____ Hours _____

Emergency Contact Information:

Name of person to contact if parents are not available _____
Phone _____ work phone _____ Relationship to child _____

List all persons authorized to take child from this center:

Name _____ Relationship to child _____ Phone _____
Name _____ Relationship to child _____ Phone _____
Name _____ Relationship to child _____ Phone _____

Medical Information:

Child's Physician _____ Address _____ Phone _____
Child's Dentist _____ Address _____ Phone _____
Child's special dietary needs _____
Allergies _____

Consent for Emergency Care

We, _____ parent/s of _____ do hereby request and give consent to the Director of Inter-faith Preschool, or the duly representative for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or duly appointed representative to transport said child or emergency medical treatment, if the parents cannot be reached.
Parent _____ Date _____ Witness _____ Date _____

Does Child need help: (Please answer "yes" or "no")

Dressing _____ Undressing _____ Toileting _____
Eating _____ Hand washing _____ Toilet trained _____
Child's special abilities _____
Physical or emotional problems the child may have _____
Special services your child may need _____

Has your child ever received: Speech therapy, physical therapy? Please circle all that apply.

Discipline Policy

Inter-faith Community Preschool uses the following methods of discipline.

Physical discipline is not administered to children in the center. For the safety and well being of all the children, some degree of order will be maintained. We find that many discipline problems with children are merely adjustment problems which can be worked out with the help and cooperation of the parents. Any child who cannot make adjustments after a reasonable period of time will be counseled and a parent conference scheduled.

Method of discipline: A disruptive child will be removed from their class only after every effort by the teacher and volunteer have been tried. The child will be taken to the director's office for counseling about his/her behavior. How long the child sits in the office is discretionary according to the offense taken and child's decision to change his/her behavior. No child will be spanked or punished by taking away food or by public humiliation. He/she may lose privileges of special outings or special duties. Parents will be notified and called in for a conference only when child repeatedly disobeys the rules.

Have read and understand the discipline policy of the day care facility. I give my permission for the center to use all methods set out above.

Parent signature _____ Date _____

If the parent(s) disagree with any disciplinary method above, please list the method preferred.

Parent's Signature _____ Date _____

Agreement Form

I have read the handbook of Inter-faith Community Preschool and agree to abide by and support the enclosed policies, procedures and information.

Child's Name _____

Signature of Parent/Guardian

Date

Photograph Release

I give Inter-faith permission to use my child's picture for publicity purposes only. Your child may be photographed for the newspaper, TV or the Internet. Please sign below for your permission.

Child's Name _____ Parent's Signature _____

**Special Friends
Student's Information Sheet**

Child's Name _____ Age _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Parent's Name _____

Brother's Names

_____ Age _____ Size _____

_____ Age _____ Size _____

_____ Age _____ Size _____

Sister's Names

_____ Age _____ Size _____

_____ Age _____ Size _____

_____ Age _____ Size _____

List their favorite of each:

Toy _____

Color _____

Book _____

Clothes _____

Shoe Size _____

Clothing Size _____

Each Inter-faith child receives birthday and Christmas gifts.

