



2007 - 2008 Toddler and Young 2

1. Medical form
2. Confidential Information Form
3. Emergency Release Form
4. Pipeline Information Form
5. Website Form
6. Homeland Security Emergency Form
7. School Information Sheet
8. Visit Your Class Room

Child's Name _____

Allergies: ___YES ___NO

Animals _____

Insect Stings _____

Medications _____

Food _____

Other _____

Has the child had or been exposed to any of the following:

	YES	NO		YES	NO
Chicken Pox	_____	_____	Measles	_____	_____
Rubella	_____	_____	Mumps	_____	_____
Hepatitis	_____	_____	Tuberculosis	_____	_____
HIV	_____	_____	AIDS	_____	_____

Please indicate any regular medication the patient requires.

Please explain any conditions or history which The Preschool should know about.

Physician's Signature Date

Please print name, address and phone number of physician:

CONFIDENTIAL INFORMATION FORM
THE PRESCHOOL * 2007-2008
Peachtree Road United Methodist Church

ALLERGIES ___Yes ___No

Grade Level _____

Home Phone _____ Date _____

Child's Name _____
Last First Middle Name called

Sex _____ Date of Birth _____ Was child premature? _____ Adopted? _____

Name of parent(s) with whom child resides _____
Address & Zip _____

In the child's best interest, the following information is important for the teachers:

Are parents separated, divorced, remarried? (Please indicate if child's last name is different from mother's name)

Father's Name _____ Occupation _____

Place of employment _____

Address of employment _____

Work Phone _____ Cell Phone/Beeper _____

Mother's Name _____ Occupation _____

Place of employment _____

Address of employment _____
Street City Zip

Work Phone _____ Cell Phone/Beeper _____

Days & Hours mother works _____

E-mail Address _____

Church Membership: Father _____

Mother _____

Please list all members of your household including ages of siblings:

Any PETS?

Name and Type _____

Person (other than parents) to call in case of emergency:

Name _____ Phone _____

Cell Phone/Beeper _____

Pediatrician _____ Phone _____

Allergies * NO _____ YES _____ If YES, please explain _____

Any other medical conditions? _____

His/Her special interests and abilities: _____

Persons other than parents authorized to pick-up your child...at least one person must be listed:

Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

Are there any **SPECIAL NEEDS** such as inexperience or immaturity in a given area or deep fears that we should know about? _____ YES _____ NOplease explain below.

Signature of parent or guardian

Date

THE PRESCHOOL
Peachtree Road United Methodist Church
3180 Peachtree Road, NE
Atlanta, Georgia 30305

EMERGENCY RELEASE FORM TO BE COMPLETED BY PARENT OR GUARDIAN FOR 2007-2008

CHILD'S NAME _____ Class _____

Parents may be reached during the day in case of emergency:

MOTHER _____
(Name, Phone #, car phone or beeper#)

FATHER _____
(Name, Phone #, car phone or beeper#)

Name of parent(s) with whom child resides _____

Address _____

Phone _____

Name of physician _____ Phone _____

Known medical conditions: _____

PERSON OTHER THAN PARENT (to call when parent cannot be reached)
WHO IS AUTHORIZED TO PICK UP CHILD

Name and Relationship _____

Address & Phone _____

RELEASE FOR EMERGENCY ROOM TREATMENT

I understand that in case of emergency, the school will make reasonable efforts to contact a parent and the physician named on this form. In the event an injury or illness does not appear serious, but medical treatment is deemed necessary, I will give permission for emergency treatment to be given to my child by the hospital to which my child is transported by car. In the event an injury or illness appears serious, and medical treatment is deemed necessary, paramedics will be contacted immediately. The paramedics will decide whether they can administer treatment at the school or whether the child should be taken to the nearest hospital for emergency care. Should this be necessary, I give permission for emergency treatment to be given by the paramedics and/or hospital to which my child is taken.

Date _____

Signature of parent

If religious beliefs prohibit any of the above or immunizations, check the appropriate space(s) below and sign.

_____ Emergency room treatment

_____ Immunizations

Date _____

Signature of parent

THE PRESCHOOL
Peachtree Road United Methodist Church
2007 - 2008

PIPELINE INFORMATION FORM

Please fill out this form as you would like your Name, Address, etc, to appear in The Pipeline (student directory). Hopefully it will be published by the first week of school. This form is due no later than Wednesday, August 1st. If you are a returning student and the information is the same as last year...just print your name and **CIRCLE** one of the following:

SAME AS LAST YEAR... NO CHANGE * OR * NEW ADDRESS

THANK YOU !

Name Called (student) _____

Grade Level _____

Home Address _____

Zip Code _____

Home Phone # _____

Parents Name _____

Cell Phone # Mom _____ optional

Cell Phone # Dad _____ optional

E-Mail address _____ optional

PLEASE PRINT

and return this form to The Preschool office by
Wednesday, August 1st.

THE PRESCHOOL
Peachtree Road United Methodist Church

2007 - 2008

Our website at www.thepreschoolPRUMC.org will need to be updated with new pictures during the year. The pictures we use of the children are worth a thousand words. They tell the story of The Preschool.

Please let us know by signing below and returning ASAP if we can use your child's picture. NO names will be used on any pictures.

Thanks,

Linda Young
Director

_____ YES, I give my permission for my child's picture to be used on The Preschool website.

_____ NO, I do not wish to have my child included on The Preschool website.

Child's Name and Class

Signature

Date

HOMELAND SECURITY EMERGENCY FORM * 2007-2008

Child's Name _____

Age Level _____

Home Phone _____

Parent's Name _____

Father Work and Cell Phone _____

Mother Work and Cell Phone _____

Out of State Person and Phone # _____

THE PRESCHOOL
Peachtree Road United Methodist Church
Toddler * Young 2

**** IMPORTANT REMINDERS ****

IMMUNIZATION FORMS - In order for your child to attend The Preschool, a current immunization form and physician's form must be completed by your pediatrician and on file at The Preschool **PRIOR TO SEPTEMBER 5, 2007. THERE WILL BE NO EXCEPTIONS!** State law requires the verification of immunizations of all children enrolled.

VISIT YOUR CLASSROOM DAYS - (see schedule) *Visit Your Classroom Day* is a time when you and your child can drop by the new classroom for 15-20 minutes and visit. Your child's name will be posted on the classroom door. Please have brothers and sisters visit at another time unless they are enrolled in The Preschool. The Parents Council will also host a Volunteer Fair and you will have the opportunity to sign up for the committee of your choice.

WHAT TO BRING - Every day your child should bring their Preschool bag containing an extra set of clothes, several disposable diapers, comfort items (stuffed animal, blanket, pacifier), and a sippy cup if used.

PLEASE LABEL ALL PERSONAL ITEMS INSIDE THE BAG.

REGULAR SCHOOL HOURS - 9:00 a.m. - 12:15 p.m.

For Toddlers and Young 2s, an entire morning at school is too long during the beginning days. For the benefit of your child, please plan on picking him/her up at 11:00 a.m. the first month of school. If, after September, your child is not yet ready for a full morning at school, his/her teacher will ask you to continue picking up early until he/she is ready to stay. Please understand that this is for the benefit of your child. Beginning the week of October 1st the pick-up time will change to 12:15 p.m. Please make a note of this on your calendar. Late pick-up makes children very anxious.

VISIT YOUR CLASSROOM DAY

Tuesday, September 4, 2007

All Classes Will Visit on the Same Day
Please Refer to the Schedule Printed Below.

EARLY CHILDHOOD	TODDLER/YOUNG 2
5/6 Class - 11:00 a.m.	Young 2 * MW * Darby * 11:00 a.m. * D-110
Pre-K - 11:00 a.m.	Young 2 * TTh * Bell * 9:30 a.m. * D-120
Young 4 - 11:00 a.m.	Young 2 * WF * Barge * 11:00 a.m. * D-114
Older 3 - 11:00 a.m.	Older Toddler * MW * FitzGibbons * 11:00 a.m. * D-118
Young 3 - 9:30 a.m.	Older Toddler * TTh * Batelaan * 9:30 a.m. * D-118
Older 2 * TTh - 9:30 a.m.	Older Toddler * TTh * Lawrence * 9:30 a.m. * D-110
Older 2 * MW- 11:00 a.m.	Older Toddler * TTh * Scott * 9:30 a.m. * D-116
Older 2 * WF- 11:00 a.m.	Young 2 * TTh * Fowler * 9:30 a.m. * D-114
	Older Toddler * WF * Scott * 11:00 a.m. * D-116

This is a time for you and your child to drop in to see the classroom.

We encourage you to stay about 30 minutes so that
teachers in shared classrooms will have a chance
to straighten up for the next group coming in.

The Volunteer Fair sponsored by the Parent's Council
will take place at the same time to give you
a chance to sign up to help at The Preschool.