ST. PATRICK PRESCHOOL

APPLICATION FOR ADMISSION

"Our Children, Our School"

Ages 2 ½ - 5 Years

Please return forms to:

St. Patrick Catholic Church

221 W. Nelson Street

P.O. Box 725

Lexington, VA 24450

540-463-3533

Email: Preschool@stpatrickslexington.com

Web: www.stpatrickspreschool.com

Facebook: @StPatsPreschoolVA

ST. PATRICK PRESCHOOL

On the first day of school, your child should bring the forms indicated below. Where documents such as birth certificates are requested, please bring the original and we will make a copy to keep in your child's file. Forms should be completed and signed by the parent.

- ✓ Application for enrollment (unless previously submitted)
- ✓ Birth certificate (certified copy)
- ✓ Baptismal certificate (if applicable)
- ✓ Prior program enrollment documentation (if applicable)
- ✓ Current physical
- ✓ Immunization record
- ✓ Emergency Treatment Authorization
- ✓ Medication Policy
- ✓ Picture Policy and Permission

ST. PATRICK PRESCHOOL AGREEMENT

This Agreement is between St. Patrick Preschool and the family of _____ (student's name) beginning on _____ and ending on _____.

My child will attend the following class: (Please circle age group AND number of days/week)

2 ½ year old 3 year old 4 year old 5 year old

Three days/week = $193/month

Four days/week = $230/month

Five days/week = $285/month

The monthly cost is $_____ payable on the 1st of each month or make arrangements with the St. Patrick Church Office Manager.

I understand this contract may be amended at any time. A meeting will be held between the St. Patrick Preschool Director and the family to document changes. I understand and agree to the above statements.

Parent/Guardian Signature _____Date _____

St. Patrick Preschool Director _____Date _____

ST. PATRICK PRESCHOOL

§ 63.2-1809. Regulated child day programs to require proof of child identity and age; report to law-enforcement agencies

The 1998 Virginia General Assembly passed legislation to help identify missing children enrolled in child/day care settings. In order to comply with this law, please provide the following information within 7 days of initial attendance along with proof of your child's identity and age (certified copy of a birth certificate or other reliable proof of the child's identity and age).

Name of Student _____
Last First Middle

Date of Birth _____

Mailing address: _____

City _____ State _____ ZIP _____

Phone Number _____ Cell Number _____

Parental Release:

I hereby give my permission for the above information to be released to St. Patrick Preschool.

Parent/Guardian Signature: _____ Date: _____

PERMISSION FOR EMERGENCY CARE

To be completed by parent/guardian before admittance

Student's Name _____ Class _____
Last First Middle

Address _____
Street City State ZIP

Date of Birth _____ Male ____ Female ____ Home # _____

Father's Name _____ Work #_____ Cell # _____

Mother's Name _____ Work # _____ Cell # _____

Name(s) of Person(s) or Agency having legal custody (Appropriate custody paperwork must be attached) _____

Student's Allergies (if applicable) _____

Student's Doctor _____ Office # _____

Medical History (e.g., diabetes, heart disease, contact lenses, hearing aids, etc.)

_____

Medications _____

Date of last tetanus shot _____

Medical Insurance Company _____

Policy # _____

Persons AUTHORIZED to pick up student from preschool (*if parent) _____

_____

EMERGENCY CONTACTS: In the event a parent/guardian cannot be reached, please list name and phone number of two persons who could pick up your child in a timely manner.

_____

Name Relationship Phone #

_____

Name Relationship Phone #

I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the preschool has my permission to take my child to the emergency room of the nearest hospital. I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child.

Parent/Guardian _____ Date _____

MEDICATION POLICY

The St. Patrick staff will not administer over-the-counter medication to students.

The St. Patrick staff will administer prescription medication if the scheduled time for a specific medication falls during preschool hours. Whenever possible, medication should be given to the student prior to or after preschool hours. Written authorization from the student's physician and parents is required before medication may be administered. (See next page)

If the physician and parents request medication be given during preschool hours, the following rules apply:

- Medications shall be labeled with the student's name, name of medication, dosage amount and times to be given.