



CALVARY METHODIST PRESCHOOL

Calvary United Methodist Church, 15 Ridge Place, Latham, NY 12210

Kari Planz, Director, Rev. Andrew Sperry, Pastor

CHILD INFORMATION

Child's Full Name:

Date of Birth:

Name child prefers to be called:

MALE / FEMALE (circle one)

Address:

Parent/Guradian Name:

Parent/Guardian Name:

Please indicate any custody arrangements we need to know about if your child does not live in the same home with both parents:

Caregiver during school hours (person who brings student to and from school):

Home Phone:

Cell Phone:

Work Phone:

E-Mail:

Emergency Contacts and Authorized Pick-up Persons (other than listed above)

Name	Home Phone	Cell Phone	Relationship to Child

**Please note in the event someone other than those listed above will be picking your child up, we will need permission from you in writing in order for your child to be released to that person. That person may also be required to show a photo ID

Please indicate siblings' names and ages:

Please indicate any information you feel would be helpful to us in caring for your child (i.e. concerns you may have, medical issues/needs, divorce, recent trauma, special needs, recent move, death in family , likes, dislikes and fears) Use back if necessary:



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MEDICAL PROFILE

Child's Full Name:

Date of Birth:

Date of last tetanus:

Please indicate any allergies:

Other medical conditions

Medications your child is taking:

Medical Insurance Carrier:

Insurance ID#

Pediatrician:

Phone Number:

Dentist:

Phone Number:

Check each:

- In the event of a medical emergency we hereby authorize Calvary United Methodist Preschool staff members to provide first aid, perform CPR and/or request emergency medical treatment for our child
- We authorize our child to be transported to the nearest hospital, medical, or dental facility by ambulance to obtain treatment
- A Preschool Staff member will accompany our child to the emergency facility in the ambulance and will provide a copy of this form and the Immunization Form for the emergency medical care staff
- Any hospital or emergency medical care personnel are authorized to treat our child pursuant to the applicable medical standards of care and to consult the physician or dentist listed above
- We understand that we will be notified of the emergency situation immediately. If we cannot be reached, we grant permission for a person on our emergency contact list or a Calvary United Methodist Preschool staff member to make any necessary medical decisions for our child until one of us responds
- We will be responsible for all medical charges

Parent Signature:

Date:



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TUITION PAYMENT

Brightwheel will be invoicing all families through the app this year. You still have choices on how to make your payments. Payments are due by the first of each month.

- I will pay my tuition by check when invoiced by Brightwheel, there is a small processing fee assessed. **Please enclose payment stubs from your parent handbook with each check.**
 - I will pay my tuition electronically when I receive my invoice from Brightwheel, there is a small processing fee assessed.
-

CLASS DIRECTORY

We publish a directory of students every fall so parents can set up play dates, carpooling and send out birthday invitations. If you would like to be included, please fill this out. If not, please check the box to let us know.

- I would like our information in the class directory (only fill in the information you want shared)

Child's Name

Parent/Guardian's Name(s)

Best Phone Number:

Best E-mail Address:

Address:

- I do not want to be included at all
-

PHOTO CONSENT

We take lots of pictures of the children participating in activities and playing with their friends, at school and on field trips. We use Facebook, Instagram, Brightwheel and our Website to share these with you and other family members and friends that have friended our social media pages. It helps us share, with you and others, what we do on a daily basis.

Please sign below to give permission for your child's photos to be used in this manner. If you do not agree, please make that choice below.

If you have any questions or concerns, feel free to email me lathamcalvaryprek@gmail.com

Thank you!

- I DO give my permission for my child's images to be posted and shared on Calvary Methodist Preschool's website, Facebook, Instagram, Brightwheel and in print for my information and advertising purposes.
- I DO NOT give my permission for my child's images to be posted and shared on Calvary Methodist Preschool's website, Facebook, Instagram, Brightwheel and in print for my information and advertising purposes.

Parent Signature:

Date:
