



Mail to	or	Drop Off
P.O. Box 518 Cary, NC 27512-0518		1777 W Chatham St Cary, NC 27513

Peace Preschool admits students of any race, color, national and ethnic origin to all the rights privileges, programs, educational & admission policies, scholarships, and activities generally accorded or made available to students at our preschool.

Enrollment Kit 2020-2021

We are so happy you will be returning to or joining our Peace Preschool Family. We believe the Lord Jesus Christ has brought all our lives together for this school year, and that He has many blessings planned for us.

The following items are required to complete the enrollment process for your child. **Please return the following items to Peace Preschool or Peace Church offices by April 30.**

This page is for your convenience and record keeping.

Check as you gather items	REQUESTED ITEM	Turned In
	Registration Form and Fees	
	Pre-Authorized Tuition Payment and Agreement (2 pages)	
	Arrival and Pick-Up Policy Agreement	
	Guidance Policy	
	Permission to Participate in School Activities and Receive Emergency Care Form	
	Emergency Information	
	General and Dismissal Permissions Forms	
	Birth Certificate Photocopy*	
	Physicians Statement*	
	Immunization Record*+	
	Child Inventory	
	Individual and Family Photos for Classroom Use**	
	Class Supplies***	

*New Students Only, + updated as needed for returning students

** ONE picture of your child alone and TWO copies of a FAMILY picture. We use these in the classroom at the opening of school, so this is very important for your child. We will not share or publish the pictures.

*** Peace Preschool is a non-profit ministry of Peace Church, which underwrites our overhead expenses. As such, we request parents to provide certain items that are used in great quantity in our classrooms. A list of the items needed for your child's class will be emailed in August. Please plan to bring the school supplies for your child's new class to Parent Orientation.

Student Name _____
 Class _____

Peace Preschool

Pre-authorized Tuition Payments

Peace Preschool offers a 5% discount if the full nine months' tuition is paid by August 10. For those who elect to pay tuition on a monthly basis, we have an automatic bank draft program with the church's banking institution. By filling out the information and signing the authorization, you grant Peace Presbyterian Church the authority to automatically debit monthly charges from your personal checking or savings account as tuition becomes due. Each payment MUST be paid even if the child is absent any part of the month. Thirty days' notice and one month tuition payment is required if a child is withdrawn before the end of the school year..

The monthly payment plan is available only through automatic bank drafts.

Benefits of this service include:

- λ Convenience of not having to write checks.
- λ Elimination of postage expense and the risk of late payments.
- λ Avoidance of late charges through prompt, timely payments.
- λ Establishment of excellent payment and credit records.

Peace Presbyterian Church will transmit your debit information to our bank for processing. The information will then be transmitted to your bank or savings institution for withdrawal from your account. Because virtually all financial institutions participate in the direct debit program, there should be no need to alter your current banking arrangement.

Terms and Conditions

Your first of nine equal payments will be drafted August 20. Automatic drafts will occur through April on the 20th of each month.

Dishonored Payment - If your bank refuses any automatic deduction, a fee of \$10.00 may be assessed. If we are unable to deduct sufficient funds on your due date, we will request a replacement payment by check or money order. Additional fees may be imposed by your bank.

Student Information

Please list all students attending Peace Preschool who are enrolled in the tuition payment system under your account:

_____	_____
Student's Name	Class and Monthly Tuition Fee
_____	_____
Student's Name	Class and Monthly Tuition Fee
_____	_____
Student's Name	Class and Monthly Tuition Fee
_____	_____
Student's Name	Class and Monthly Tuition Fee

Student Name _____
 Class _____

Peace Preschool

Agreement for Pre-authorized Tuition Payments (ACH Debits)

Peace Preschool
 1777 West Chatham Street
 Cary, NC 27513

Fed. Tax ID# 56-1574311
 Phone: 919-467-5977

1. Please indicate one of the following:

- New account information to initiate draft payments
- Change information for an account that is currently being drafted
- Use account information from previous year's enrollment (skip steps 2 and 3 below)

2. For new or changing account information, please attach voided check here.



**ATTACH
 VOIDED
 CHECK
 HERE**

- 3.** I (We) hereby authorize Peace Presbyterian Church to initiate charges for each child listed on the Pre-Authorized Tuition Payments Form for the amount specified in the current year's tuition policy. The depository named below is authorized to debit the account I (we) have specified per this form.

Name of Financial Institution (your bank) _____

City _____ State _____ Zip Code _____

Bank Transit/ABA _____ Account # _____

() **Checking**

() **Savings**

4. Amount: Agreed tuition amount Transfer date: 20th of each month August - April

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

5. I have read and agree to the terms and conditions of Pre-Authorized Tuition Payments

Name (please print) _____

Signature: _____ Date: _____

Peace Preschool

Arrival and Pick-Up Procedures and Policies

Peace Preschool's prioritizes student safety. We also highly value community and relationship. For these reasons, we do not offer a carpool line for student drop-off or pick-up. We ask that you use the main door located on the southeast corner of the Education Building (near the traffic loop) for arrival and dismissal.

Arrival

When you arrive at school, please follow the posted traffic pattern. Do not leave any children unattended in the car. School doors unlock at 8:55 a.m. Walk your child to his classroom, sign in with emergency contact phone number for the day, and wait in the hallway while your teacher welcomes your child into the room. Please refrain from using your cell phone during drop-off so that you can say good-bye to your child and hear any information the teacher needs to convey.

Pick-Up

When you arrive at the end of the school day, please follow the traffic pattern illustrated on the next page. Please arrive outside your child's classroom at your child's class dismissal time. **Pick-up of children at stated departure time is important not only for your child but also for the daily schedule of the school.** Teachers have scheduled work time after the departure of the children. They must clean up, set up for the next day, and spend some time planning before their work ends for the day. Failure of parents to pick up their children on time causes an unnecessary hardship on the teachers.

At the discretion of the Director, **a tardy fee of \$10.00 may be imposed for each 10 minute period that a parent is late.** This fee is due the next scheduled day of school for your child. Failure to pay the tardy fee by the next month's tuition draft could result in termination of the child from the Preschool.

A Tardy Record showing the date and time of the tardy infraction will be completed each time a parent is late. This form will be signed by the parent at the time of the pick-up and will be filed in the child's record. Time will be determined by the Center's clock.

Please note that, for safety reasons, each child is dismissed personally only to authorized adults. The teacher may need to speak briefly with a parent upon dismissal. Please be punctual and allow ten minutes for the whole dismissal process. Once again we request that you refrain from using your cell phone during dismissal so that you can greet your child and hear any information the teacher needs to convey.

I understand and agree to the terms of arrival and pick-up policies:

Child's Name _____

Class _____

Signed _____ Date _____
(Parent or Guardian)

Student Name _____
 Class _____

Peace Preschool

Guidance Policy

Someone once said, "Discipline is the gift of responsible love." When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. They learn to take responsibility for their own behavior. Based on this belief of how children learn and develop values, this school will practice the following discipline and guidance policy:

We Do

1. Praise, reward, and encourage the children.
2. Reason with, and set limits for the children, and give gentle reminders.
3. Model appropriate behavior for the children.
4. Modify the classroom environment in order to anticipate trouble and motivate productive behavior.
5. Listen to the children.
6. Provide alternatives for inappropriate behavior.
7. Provide the children with natural and logical consequences of their behavior.
8. Treat each child as a person and respect his/her needs, desires, and feelings.
9. Overlook small annoyances.
10. Explain things to the children on their level.
11. Use short supervised periods of "time out" or "renewal time". This would only be used when the child is feeling out of control and needs help calming down and focusing. A teacher is always nearby.
12. Inject humor, without humiliating.
13. Stay consistent in our behavior, guidance, and discipline.

We Do Not

1. Spank, shake, bite, pinch, push, pull, slap, or physically punish the children.
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. Shame or punish the children when bathroom accidents occur.
4. Relate discipline to eating, resting, or sleeping.
5. Deny food or rest as a punishment.
6. Leave the children alone, unattended, or without supervision.
7. Place the children in locked rooms, closets, or boxes as punishment.
8. Allow discipline of children by children.
9. Criticize, make fun of, or otherwise belittle children, their families or ethnic group.

Peace Preschool strives to provide a safe and nurturing environment for all our students. If one student exhibits aggressive, potentially dangerous behavior toward classmates or staff (such as biting, hitting, or threatening harm), the teacher will offer guidance as described above and the parent may be notified via text or phone call. If the aggressive behavior is repeated, the parent may be notified that the child is having an "off" morning and should leave school for the remainder of the morning. If the child displays a pattern of aggressive, potentially dangerous behavior, the Director and parents will discuss a longer-term strategy for helping the child master those impulses before returning to the classroom.

I (we) understand and accept the discipline policy of Peace Preschool.

Signed _____ Date _____
 (Parent or Guardian)

Peace Preschool

Permission to Participate in School Activities and Receive Emergency Care

I hereby grant permission for my child, _____ to use all of the play equipment and participate in all of the activities of Peace Preschool.

I hereby grant permission for the Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps will include:

1. Call an ambulance.
2. Attempt to contact a parent or guardian.
3. Attempt to contact emergency names I provided.
4. Have the child taken to a hospital emergency room in the company of the Director or another staff member.
5. Attempt to contact child's physician.

Any expenses incurred under those items listed above will be borne by the child's family.

Signed _____ Date _____
(Parent or Guardian)

Peace Preschool

Emergency Information

Child's Name _____ Class _____

Birth Date _____

Male parent/Guardian _____

Employment _____

primary phone _____ Work Phone _____ other _____

Female parent/Guardian _____

Employment _____

primary phone _____ Work Phone _____ other _____

Physician _____ Phone Number _____

Hospital Preferred _____

Medical Insurance Company/Policy Number _____

List **all known Allergies:** _____

Medication taken regularly _____

Other information you would like to include _____

Emergency contact 1 _____

Relationship to child _____ Phone _____

Emergency contact 2 _____

Relationship to child _____ Phone _____

Emergency contact 3 _____

Relationship to child _____ Phone _____

Signed _____ Date _____

(Parent or Guardian)

Peace Preschool**GENERAL PERMISSIONS**

Please fill in your child's name and circle "yes" or "no" to indicate your permission on the following items:

Photo Release

I give permission for _____ to be included in group photos taken at school or on field trips to be used on our website and literature, for the purpose of promoting Peace Preschool programs, or to decorate our school bulletin boards. No names or other identification will be shown.

Yes No

Sunscreen

I give permission for the staff of Peace Preschool to apply/reapply sunscreen to my child, _____ when they deem it appropriate for the health and safety of my child. Feel free to provide your own sunscreen of choice.

Yes No

First Aid

I give permission for _____ to receive basic first aid for minor skin injuries.

Yes No

Peace Preschool Address List

I give permission for the preschool to add my name, address, phone number and email address to the school address list. This is for the purpose of communication among the parents and teachers and will not be distributed outside Peace.

Yes No

Parent Handbook

I understand that I will receive a current Parent Handbook. I will read and become familiar with the Peace Preschool Parent Handbook and I agree to abide by the policies outlined in the handbook.

Yes No

Signed _____ Date _____
(Parent or Guardian)

Peace Preschool

DISMISSAL PERMISSIONS

(please update as needed)

Student's Name: _____

Class: _____

Who will usually pick up your child? _____

In emergency and neither parent can be contacted, please give the name and phone number of three people (neighbor, friend, or local relative) who could come pick up your child.

1) Name _____

Telephone _____ Relationship to child _____

2) Name _____

Telephone _____ Relationship to child _____

3) Name _____

Telephone _____ Relationship to child _____

Under no circumstances will your child be released to anyone not known to the school without authorization from parents or guardians. If there is someone your child knows, but for your reasons, you forbid your child to go with that person, please indicate below who is forbidden to pick up your child:

Signed _____ Date _____

Peace Preschool

Physician's Statement

THIS FORM IS TO BE FILLED OUT COMPLETELY BY THE HEALTH CARE PROFESSIONAL. **Attach a copy of the child's immunization record and any explanation, if needed, concerning these immunizations. Each child must be up to date with the DTP, polio, HbPV, or Hib, MMR to be admitted.**

(Child's Name) _____

whose date of birth is _____

has been enrolled in our school. Classes meet from two to three times weekly from 9:00 a.m. to 12:00 p.m. or 12:30 p.m. The groups range in teacher: child ratio from 1:5 to 1:7 (depending on the age of the child), under the supervision of a professional teacher and assistant(s). The daily program involves both vigorous and quiet indoor and outdoor play, including the use of swings and climbing equipment. A mid-morning snack is served, usually water, fruit, cheese, and/or crackers.

Does this child have any physical condition that we should be aware of?

Does this child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her time at school?

In your opinion, is this child physically and emotionally able to participate in a nursery school program like the one described above?

Is this child current on his/her immunizations as of this date? _____ yes _____ no

Date of most recent examination _____

Physician's Signature _____

Physician's Name _____

Name of practice _____

Telephone Number _____

Assisting Nurse _____

Peace Preschool

Child Inventory

Because preschoolers change and grow so quickly, please complete this form even if your child is returning to Peace Preschool. This inventory will help your child's new teachers get to know your child more quickly. The information will remain confidential, and we hope you will update it when needed.

Name of Child: _____ Class: _____

Name child prefers to be called: _____

Birth Date: _____ Home Phone: _____

Child's Address _____

Name of Male parent/guardian _____

Home Phone: _____ Work Phone: _____ Cell: _____

Home Address: _____

Work Address: _____

Email: _____

Name of Female parent/guardian _____

Home Phone: _____ Work Phone: _____ Cell: _____

Home Address: _____

Work Address: _____

Email: _____

Please circle appropriate marital status of parents:

Single Married Separated Divorced Remarried

If divorced, please describe custody and visitation agreement for the child, and tell us what words your child would use to describe this arrangement.

Is your child adopted? _____ Do they know? _____

How long have they known? _____ How old were they when they were adopted? _____

Please list their siblings: names and ages _____

Please list other friends/relatives significant in your child's life and their relation.

Does your child have a pet? Please list kinds and names. _____

Have there been births, deaths, adoptions, or other changes in the family structure which affected your child? If so, please describe briefly what happened and the effect on your child.

Does your child participate in regularly scheduled religious events? If so, what kind and how often?

What opportunities does your child have to play with other children? _____

What are your child's favorite activities? _____

What methods of discipline have you found most effective? _____

How do you encourage your child in positive behavior? _____

Does your child have fears? What are they and how do you address them? _____

What do you and your child enjoy doing together? _____

How much television does your child watch each day? _____

What are his/her favorite programs? _____

How much time does your child spend on a computer each day? _____

What is your child's favorite lullaby? _____

What is your child's favorite book? _____

How would you describe your child's personality? _____

How much sleep does your child require each day? _____

Does your child nap regularly? _____

What is their usual bedtime? _____

What communicable diseases has your child had? (Indicate age and date.)

Chicken Pox _____ Conjunctivitis (pink eye) _____

Impetigo _____ Hepatitis _____

Scarlet Fever _____ Other _____

Does your child have frequent:

Colds? _____ Coughs? _____

Tonsillitis? _____ Ear Infections? _____

Strep Throat? _____ High Fever? _____

Upset Stomachs? _____ Seizures? _____

Has your child had serious illness, surgery, or a hospital stay? If so, please describe the condition and your child's reaction.

Are bowel and bladder functions regular and under control? _____

What word does your child use for urination? _____

What word does your child use for bowel movements? _____

Has your child had a vision test? _____ Results: _____

Has your child had a hearing test? _____ Results: _____

Does your child have any speech problems? Please be specific about any concerns.

Does your child have regular dental check-ups? _____

Are there any dental problems? _____

Is your child taking any regular medication? _____ If so, please describe.

Does your child have any allergies? _____ Please list _____

How are these allergies manifested? _____

Does your child have any dietary restrictions? If so, please describe. _____

Is this because of allergy, family preference, medical needs, other? _____

Was your child's birth full term? _____ Premature? _____

Any complications or problems that might be helpful for us to know? _____

What hopes and expectations do you have for your child from our program?

Please list any additional information you consider important for us to have that will help us teach and nurture your child and help support your family.

SPECIAL NEEDS

Peace Preschool is generally not equipped to care for special-needs children. If your child is receiving occupational or physical therapy or has been given an IEP, we will assess whether or not we think we can offer your child a beneficial preschool experience and still care for our other students. Please be as detailed as possible about the following:

Is your child currently under a physician's care for a specific area or need? _____

Does your child receive therapy of any kind? Please list. _____

Does your child have an IEP (Individualized Education Plan for special needs)? If so, please explain.

End of Enrollment Packet