

# Permission for Emergency Medical Treatment

Name of Child: \_\_\_\_\_ Age \_\_\_\_\_ Sex: **M F** Birth date \_\_\_\_\_

Address: \_\_\_\_\_ Primary phone number: \_\_\_\_\_

Parent name(s): \_\_\_\_\_

Parent address (if different): \_\_\_\_\_

## Emergency Phone Numbers

Father's work #: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Mother's work #: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Other phones (cellular, pager, etc.): \_\_\_\_\_

When neither parent can be located by phone, contact:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Physician's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Recent exam date:** \_\_\_\_\_

**Address of Physician:** \_\_\_\_\_

**Hospital Preferred:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

List any allergies (food, medication, etc.), chronic illnesses, current medications, or other medical information that would be helpful in a medical emergency.

\_\_\_\_\_

\_\_\_\_\_

If I am unable to be contacted in the event of an emergency concerning my child while participating in the First Presbyterian Church Preschool, I hereby give permission to the physician(s) selected by the staff of the program to administer any medications or treatments, including emergency surgery that are deemed necessary.

Parent/Guardian signature: \_\_\_\_\_

Notary: \_\_\_\_\_

Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_

***Per hospital policy, this medical form must be notarized before we can accept it.***



## **First Presbyterian Church Preschool Ministry**

16 Leon Sullivan Way

Charleston, West Virginia 25301

Phone 681-205-1815 Fax (304) 343-8970

[preschool@firstpresby.com](mailto:preschool@firstpresby.com)

Director: Anne Moses Office Administrator: Erin Stone

Child's Name: \_\_\_\_\_

First Presbyterian Church Preschool is licensed by the State of West Virginia. As a part of licensing regulations and for the safety of all children, we are required to have written permission from parents in order to apply or use the following products. Please initial beside the products that you will allow the teachers to use on a first aid basis and for preventative use. Only initial those that you agree may be beneficial and not harmful to your child. At the end of the form, please include your signature and date.

- \_\_\_ Sunscreen (brought from home with child's name on the bottle)
- \_\_\_ OR Coppertone Sport spray sunblock (**provided by the school**)
- \_\_\_ Cutter Bug Spray (**provided by the school**)
- \_\_\_ Lip Balm (brought from home with child's name on the bottle)
- \_\_\_ Neosporin or Bactine Spray (**provided by the school**)
- \_\_\_ Diaper cream (brought from home with child's name on the bottle)

By my initials above, I agree to allow my child's teachers to use the fore mentioned products with my child. If no initials appear in the boxes above, this means that I do not want any use of the above products for my child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature



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During the school year we occasionally use photographs and videos of our preschool activities on our official Facebook page and Preschool website. This is to showcase the fun and educational experiences of our students. We believe these visuals provide valuable insight into the daily life of our preschool and help create a sense of community among parents, teachers, and students. In the past we have even been approached by local news channels to come into the classroom for special events. No child is identified by name in printed, social media, or broadcast information that might accompany the photographs or video recordings.

*Please initial to indicate your preference on the use of your child's pictures for these purposes:*

\_\_\_\_\_ I give my permission for the Preschool to use photographs, video, and/or audio recordings of my child for educational and promotional purposes deemed appropriate by the school.

\_\_\_\_\_ I **do not** give the Preschool permission to use photographs, video, or audio of my child for publicity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature



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### Informed Consent Form

I have received the *First Presbyterian Church Preschool 2024-2025 Family Handbook* and been informed of the policies and procedures contained therein.

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Child's Name (please print)

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Parent or Guardian's signature

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Date



### Confidential Information Sheet for Teachers

Child's Full Legal Name: \_\_\_\_\_

Nickname/Called Name Preference: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Siblings' Names/Birthdates: \_\_\_\_\_

Others in home (state relationship to child): \_\_\_\_\_

Pets (Name/Type): \_\_\_\_\_

Does your child enjoy playing with other children? \_\_\_\_\_

Favorite toys/activities: \_\_\_\_\_

Favorite television shows/characters: \_\_\_\_\_

Average amount of screen time per day: \_\_\_\_\_

Has your child attended any children's groups such as Childcare, Sports or other Classes? \_\_\_\_\_

Has your child experienced any severely upsetting events such as parents' divorce/separation, death in family, frequent or recent move, etc.? \_\_\_\_\_

What do you enjoy most about your child? \_\_\_\_\_

What would you like your child to gain from attending preschool? \_\_\_\_\_

Please check the parenting strategies used at home that have been most effective in managing behaviors for your child. We understand children respond differently to a variety of strategies.

- Gentle Parenting (Limited negative experiences)
- Tangible Positive Reinforcement (stickers, rewards, treats? \_\_\_\_\_)
- Verbal Positive Reinforcement (behavior-specific praise)
- Punishment Consequences (items taken away, time out)
- Redirection from Problem Behaviors
- Earning Screen Time
- Power Control (children provided with choices for behavior, activities, and interests)
- Sleep Training
- Comfort to Sleep
- Ignoring Problem Behaviors
- Preparing Children for Changes/Activities with Precise Explanations of Rules and Expectations
- Visual Cues (reading stories and providing photos)

The following is a list of behaviors common in young children. If your child's behavior is excessive in any of these areas, please check.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Biting                       | <input type="checkbox"/> Anger Control            | <input type="checkbox"/> Refusal to Talk |
| <input type="checkbox"/> Running Away                 | <input type="checkbox"/> Anxiety                  | <input type="checkbox"/> Domineering     |
| <input type="checkbox"/> Hitting/Hair Pulling         | <input type="checkbox"/> Emotional Sensitiveness  | <input type="checkbox"/> Submissiveness  |
| <input type="checkbox"/> Inability to Adapt to Change | <input type="checkbox"/> Sensitive to Loud Noises | <input type="checkbox"/> Defiance        |
| <input type="checkbox"/> Understanding Safety         | <input type="checkbox"/> Lying                    | <input type="checkbox"/> Easy to Sadness |

What situations/events make your child anxious? \_\_\_\_\_

What situations/events make your child angry? \_\_\_\_\_

What situations/events make your child sad? \_\_\_\_\_

Do you have any concerns with your child's growth and development? \_\_\_\_\_

Describe any speech, hearing or vision delay or concerns: \_\_\_\_\_

Has your child been evaluated by Birth to Three or KCS Preschool? \_\_\_\_\_

List any food restrictions and why (allergic, religious, etc.): \_\_\_\_\_

List any other medical facts (allergies, asthma, diabetes, heart disease, convulsions, etc.): \_\_\_\_\_

Any serious accidents or operations? \_\_\_\_\_

Is your child taking any medication? \_\_\_\_\_

Is there any other significant information you would like to add which would further contribute to a better understanding of your child and his/her needs? \_\_\_\_\_



# Dismissal Information

*In order for us to dismiss your child to anyone other than a parent or legal guardian, the following information must be completed. (You may amend this form during the year by initialing any additions or deletions.)*

\_\_\_\_\_

Child's Name	Your Signature	Date
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## Legal Guardians:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Others with Permission to Pick Up My Child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



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Director: Anne Moses Office Administrator: Erin Stone

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First Presbyterian Church Preschool is licensed by the State of West Virginia. As a part of licensing regulations, we are required to have written permission from parents for our staff to sign your child in and out of the classroom each day. Attendance records are kept daily in the classroom in case of emergencies in the building. At the end of the form, please include your signature and date.

I agree to allow my child's teachers to sign my child in and out of the classroom for attendance record keeping.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature



# First Presbyterian Church Preschool

## Automatic Payment Authorization

July 2024 through June 2025

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Circle one:          Checking                          Savings

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA/Routing Number: \_\_\_\_\_

(Please attach a voided check or statement from your financial institution stating the account and routing numbers)

I authorize First Presbyterian Church (16 Leon Sullivan Way Charleston, WV) to debit/credit payments from the account listed above. This includes my authorization to correct entries made in error. The authorization is for the following services in which I have enrolled my student and that are provided by First Presbyterian Church Preschool including: Tuition, Extended Day Drop-In fees, and/or Summer Camps.

Payments are to be withdrawn on the following date each month: (circle one)

5<sup>th</sup>

17<sup>th</sup>

20<sup>th</sup>

This authorization is effective during the dates July 1, 2024 through June 30, 2025, OR until I give written notice to cancel the authorization.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_