

Application for Admission to Valley Preschool

Valley PreSchool admits students of any race, color, and national or ethnic origin.

Child's Name _____ Date of Birth _____

Name you would like used at school if different from above _____

Address _____ Phone _____

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| <input type="checkbox"/> I am interested in tuition reduction through The Stone Soup Fund*.
<input type="checkbox"/> I would like information about Valley Preschool Scholarships*. <i>*see financial policies on the last page</i> |
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Father's Name _____ Business Phone _____

Father's email address _____ Father's Occupation _____

Father's skills, interests & hobbies _____

Mother's Name _____ Business Phone _____

Mother's email address _____ Mother's Occupation _____

Mother's skills, interests & hobbies _____

Is a language other than English spoken at home? Yes No If so, what? _____

Brothers and sisters of child (name, age, sex) _____

Others in your home (include family help, roomers, pets) _____

Because we talk about families throughout the year, please let us know about any family situations about which we may need to be sensitive with your child.

Persons who can be contacted in case parents cannot be reached:

Name _____	Phone _____	Relationship _____
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Name _____	Phone _____	Relationship _____
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Name _____	Phone _____	Relationship _____
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Who besides parents may pick your child up from school? _____

Preschool children show many different patterns of behavior. It will help us to know your child and to give him or her the help he or she may need if you can give us a fairly complete picture of his or her typical interests and behavior.

Briefly describe your child's personality or temperament (quiet, active, sensitive, etc.)

What situations are upsetting or frightening to your child? _____

What are his/her ways of meeting anxiety, disappointment, or conflict? (Please include behaviors such as thumb sucking, tantrums, withdrawal, etc.)

Does (s)he recover: slowly? fairly quickly? quickly?

In what ways can adults help him/her recover? _____

What reaction do you anticipate from your child when you leave during the first few weeks of school?

How does your child typically respond to correction or discipline? _____

What are your child's favorite toys or types of play activities? _____

How often and in what setting does your child play with other children? _____

Does your child have imaginary play companions? _____

Has your child had previous school experience? If so, where and for how long? _____

What do child and his/her mother enjoy doing? _____

What do child and his/her father enjoy doing together? _____

What things do you especially enjoy about your child? _____

What would you like your child to gain from a PreSchool experience? _____

Comment on any unique experiences your child has had or anything outstanding in his/her behavior or situation that we should know about. _____

MEDICAL INFORMATION

Child's Name _____

Child's doctor _____ Doctor's phone _____

Insurance company _____ Policy number _____

If this physician cannot be reached, what action should be taken in an emergency?

Local physician:

Yes No other _____

Emergency hospital:

Yes No other _____

List any allergies _____

Parent's evaluation of child's health _____

Is there any medical information or any physical limitation we or emergency responders should know?

**ATTACH A PHOTOCOPY OF YOUR CHILD'S OFFICIAL IMMUNIZATION RECORD OR
HAVE THE INFORMATION BELOW FILLED OUT AND SIGNED BY FAMILY PHYSICIAN.**

If there is any medical or religious reason immunizations have not been completed, please describe:

Survey for Possible VPS Expansion!

We are committed to keeping a three 1/2 days option for families who find that best meets their needs.

However, in response to a need for more child care in our area, Houghton Wesleyan Church is looking into the possibility and feasibility of expanding our Valley Preschool program to include other ages of children and options for care extended beyond our traditional VPS hours and days. Currently, due to licensing requirements, we are unable to offer a program longer than a total of three hours, but if there is enough interest in extended care options we can design a program, move forward with the licensing process if needed for the program, and do some hiring to be able to be offer more options. Would you please take a few minutes to fill out this quick survey? We may have more questions in the next weeks as we work to determine needs for childcare.

I'm interested in care for the following times

_____ Before care (8:00 a.m. - 9:00 a.m.)

_____ After care (11:45 a.m. - _____ p.m.)

_____ Tuesdays and/or Thursdays (times _____)

I'm interested in care options for the following ages

_____ For my child(ren) ages two (by Sept. 1, 2022) through five

_____ For my child under two (who will turn 2 after Sept. 1, 2022)

_____ For my school age child(ren) ages _____

Would it be helpful to you to have VPS/care available beyond our traditional school year (September-May)? If so, what would work well for your family?

What range of hourly rate would be affordable for you?

Please tell us anything else about your child care needs that you think would be helpful!

Name/Email address for follow up _____

PERMISSION SLIPS

Houghton Wesleyan Church Valley Preschool Ministry, Houghton, NY, 14744

On this permission page you have the option of checking several boxes. The first section gives permission for local walking field trips, both formal and informal as discussed on page two. The second section has to do with giving permission for how your child's picture or video image may be used.

As mentioned, permission slips and details for trips requiring vehicular transportation will be made available in advance of the longer trips.

I, _____, give advance permission for my,
(PARENT/GUARDIAN)
son/daughter, _____, to participate in local
(PARTICIPANT)
walking trips with Valley Preschool during the dates: **Sept. 1, 2021 to May 31, 2022.**

Signature of Parent/Guardian: _____ Date: _____

I recognize that Houghton Wesleyan Church and Valley Preschool use photographs and video images of activities in our publicity. Because we are serious about protecting our children, none of the children will be identified; and because we respect your concerns, we are asking for your permission to use these images in which your child might be included. We are happy to talk with you about our use of photos and videos if you have questions before filling out this section.

I hereby grant permission for photo/video images of my child to be taken and used for the following purposes:

Both in-house activities and classroom projects (including bulletin boards, wall space in HWC hallways, and preschool presentations) as well as externally (private facebook groups, church website, newsletters, advertising).

Only in-house activities and classroom projects (including bulletin boards, wall space in HWC hallways, and preschool presentations)

I do not give permission for any photos or videos of my child to be used.

Signature of Parent/Guardian: _____ Date: _____

INFORMATION ON FILE

Liability/Medical Release

We, the parents of _____
(name of child)

do release and agree to hold blameless the Houghton Wesleyan Church, Valley Pre- School, and all ministry workers thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses of any nature that may be incurred by the parent/guardian and child-participant that occur while the child is participating in all Valley PreSchool activities.

We, on the behalf of our child-participant, assume all risk of personal injury, damage, and expense as the result of participation in any recreational activities involved.

Authorization and permission are given to the Houghton Wesleyan Church to furnish any necessary transportation, food, and first aid for our child-participant.

We, as parents/legal guardians of the child-participant, give our permission for him/her to participate fully in all Valley PreSchool activities/trips. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, including, but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, the Valley PreSchool staff may choose a reputable physician.

We have read and understand the acceptance and financial policies that accompany this application and certify that all information given on this application and on the immunization and liability/release forms is accurate to the best of our knowledge. We give permission for pictures of our child, taken at VPS, to be used in their advertising brochure.

Name of child _____

Signature of Father Date

Signature of Mother Date
(Both parents must sign, unless parents are separated or divorced, in which case the custodial parent must sign)

