



## Student Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Future Elementary School:  Pocahontas  Powhatan  Flat Rock  Other

Previous school and/or day care attended by the child: \_\_\_\_\_

Has your child ever been terminated/expelled from a previous school and/or day care center?  Yes  No

If yes, please explain: \_\_\_\_\_

Please list any siblings and their ages:

\_\_\_\_\_  
\_\_\_\_\_

Is your child potty trained?  Yes  No  In the Process

Are there any ongoing behavior issues that we need to be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Personal Belongings-Nap/Quiet Time: (blanket, stuffed animal, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*If your child is enrolled in our Infant or 1's Class there is an additional form needed (Daily Care Questionnaire) which should be turned in closer to child's first day.



## Student Medical Information

Please list any allergies your child has (food, insects, etc.) \_\_\_\_\_

\_\_\_\_\_

Describe special health or medical problems your child has. Please list any medications your child takes on a daily basis. \_\_\_\_\_

\_\_\_\_\_

Does your child require emergency medication (i.e. Epi Pen or Benadryl for allergies)? \_\_\_\_ Yes \_\_\_\_ No

Family Physician or Pediatrician: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

**PCC Preschool has my permission to care for my child in the case of an emergency, including calling a physician or emergency personnel, or authorizing transportation to a hospital and treatment of an illness or injury. I understand that any cost incurred will be my responsibility.**

\_\_\_\_\_  
**(Signature of parent or guardian)**

\_\_\_\_\_  
**Date**

*\*A copy of their Birth Certificate needs to be on file prior to their first day of school. Please attach copy to this form.*



## Emergency Contact Information

### Parent/Guardian Information

Primary contact person: \_\_\_\_\_

Mother's/Guardian Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Network Provider: \_\_\_\_\_

Email: \_\_\_\_\_ I accept texts: Y / N

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

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

\*I would like to receive PCC Preschool's weekly email newsletter \_\_\_ Yes \_\_\_ No

Father's/Guardian Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Network Provider: \_\_\_\_\_

Email: \_\_\_\_\_ I accept texts: Y / N

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

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

\*I would like to receive PCC Preschool's weekly email newsletter \_\_\_ Yes \_\_\_ No

With whom does the child live? (Please circle one)

Mother      Father      Both parents      Other (name and relationship) \_\_\_\_\_

Who has legal custody of the child? \_\_\_\_\_

*\*Attach supporting documents if there has been a legal custody decision.*



**Emergency Contact Information**

**(NOT PARENTS/GUARDIANS... To be called if parents/guardians are not available)**

**Emergency Contact # 1**

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

Nickname: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Network Provider: \_\_\_\_\_

Home Address: \_\_\_\_\_ I accept texts: Y / N

**Emergency Contact # 2**

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

Nickname: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Network Provider: \_\_\_\_\_

Home Address: \_\_\_\_\_ I accept texts: Y / N

**Pick-Up Authorization**

Person(s) authorized to pick up your child:

Full Name	Phone Number	Relationship to student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person(s) **NOT** authorized to pick up your child:

Full Name	Relationship to student
_____	_____
_____	_____
_____	_____



## Parent Agreement

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

Please initial in agreement to each:

\_\_\_\_\_/ We have read **PCC Preschool's Parent Handbook 2019-2020** in its entirety and agree to all guidelines, policies, and regulations.

\_\_\_\_\_/ We have read **PCC Preschool's Emergency Preparedness Plan** in its entirety and understand all procedures.

\_\_\_\_\_/ We have read, completed and returned all necessary documentation to PCC Preschool (student information, student medical information, emergency contact information, and tuition agreement).

\_\_\_\_\_/ We will support the school through our prayers, cooperation, and involvement in school activities.

\_\_\_\_\_/ We agree to support PCC Preschool in the execution and management of the policies by adhering to the requirements and supporting the staff when enforcing the regulations.

\_\_\_\_\_/ We understand that failure to adhere to PCC Preschool's policies and regulations may result in the termination of my/our child's enrollment.

\_\_\_\_\_/ We understand PCC Preschool's Payment Policies as stated on the **Tuition Agreement**.

\_\_\_\_\_/ We understand and agree with the **Tuition Express- Payment Authorization Form**.

\*Only if automatic bill pay is selected.

\_\_\_\_\_/ We give permission for PCC Preschool to send text messages to my/our cell phone.

\_\_\_\_\_/ We have signed up to receive **Rained Out** notification (Closing & Emergency Notices)

**Sign up at: [https://www.rainedout.net/team\\_page.php?a=e463cc786996113bfc92](https://www.rainedout.net/team_page.php?a=e463cc786996113bfc92)**

\_\_\_\_\_/ We give permission for my/our child to have their photo, video, or likeness obtained during school events and release such media to PCC Preschool for use on their website or social media site, in advertisements, and all other forms of media at the discretion of the program director.

\_\_\_\_\_/ We give permission for my/our child to receive pre-packaged food during Preschool hours (including, pizza, after school snacks, celebratory treats, etc.).

\_\_\_\_ Please do not serve my child any food during Preschool hours.

\_\_\_\_\_/ We have read and understand each provision listed in this agreement.

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Parent Signature

Date



## Tuition Agreement

Your child's first month's tuition (September 2019) must be paid in full by August 1<sup>st</sup>, 2019. Please select how you wish to pay your tuition and fees for the remainder of the year: (initial)

\_\_\_\_\_ **Monthly** Tuition payments are due the 1st of each month.

\_\_\_\_\_ **Bi-weekly** Tuition payments are due every other Friday (August 30, September 13, September 27 and so on)

First payment due: August 30, 2019 Second payment due: September 13, 2019

\_\_\_\_\_ **Weekly** Tuition payments are due each Friday.

First payment due: August 30, 2019

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**Monthly Payments-** Tuition is considered late after the 5th day of the month. A daily \$20 late fee will be charged for any payment received after the 5th day of the month. If payment is not received by the 12th of the month, the student will not be able to attend preschool until the tuition and all late fees are paid. Additionally, failure to remit tuition for 2 consecutive payments is grounds for dismissal from the program. Full tuition is due even if your child misses school days due to illness, vacation, etc.

**Weekly/Bi-weekly Payments-** Tuition is considered late on Tuesdays. A daily \$20 late fee will be charged for any payment received after Tuesday. If payment is not received by Friday, the student will not be able to attend preschool until the tuition and late fees are paid. Additionally, failure to remit tuition for 2 consecutive payments is grounds for dismissal from the program. Full tuition is due even if your child misses school days due to illness, vacation, etc.

**Late Pick-Up Fee** will be charged if a student is picked up after the designated class pick-up time/center operating hours. Those fees are as follows.

**Preschool class pick-up time 12:00-12:20PM/2:00-2:20PM.**

- After 12:21 PM/ 2:21 PM \$5.00
- After 12:25 PM/ 2:25 PM \$10.00
- After 12:30 PM/ 2:30 PM \$15.00 and so on, \$5.00 added every 5 minutes

**Full Day Program/After School Program pick up time 5:30PM**

- After 5:31 PM \$5.00
- After 5:35 PM \$10.00
- After 5:40 PM \$15.00 and so on, \$5.00 added every 5 minutes

**\*All late pick up charges must be paid before your child is able to return to school. PHONE CALLS TO NOTIFY OF LATE ARRIVAL WILL NOT EXEMPT A LATE PICK-UP FEE. ACCOUNTS WILL BE BILLED.**



**Decline Payment/Returned Check Fee**

A \$25.00 fee will be charged to your account and you have 24 hours to pay all tuition and fees. Late fees will be applied if tuition is not received within 24 hours.

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We offer three convenient ways to pay: Automatic Bank Draft, Automatic Credit Card Draft, and Counter Payment. Please select how you wish to pay your tuition and fees:

\_\_\_\_\_ **Automatic Bank Draft** Simplify your life with free automatic preschool payments. This payment option allows PCC Preschool to electronically draft your checking or savings account on the designated due date. Simply fill out the attached authorization form and return with a voided check. We'll do the rest. No need to worry about checks or late fees anymore!

\_\_\_\_\_ **Automatic Credit Card Draft** Simplify your life with free automatic preschool payments. This payment option allows PCC Preschool to initiate recurring credit card charges on the designated due date. Simply fill out the attached authorization form and return. We'll do the rest. No need to worry about checks or late fees anymore!

\_\_\_\_\_ **Counter Payment** There is a \$3.00 *processing fee* for all counter payments. PCC Preschool accepts credit cards (*Visa & MasterCard*), personal checks, money order, and cash.

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**Please sign below that I/We understand PCC Preschool's Payment Policies as stated above on the PCC Preschool Tuition Agreement and have selected our preferred payment option.**

**Student's Name:** \_\_\_\_\_ **School Year Attending:** \_\_\_\_\_

**Parent/Guardian Printed name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



VDSS Model Form

## PROVISIONS OF THE EMERGENCY PREPAREDNESS AND RESPONSE PLAN

*Parents must be informed of the provisions in the center's Emergency Preparedness and Response Plan (Subsidy Inspection Requirements for Child Day Centers VENDSUB-000-(8)-024)*

To the Parent (s) of \_\_\_\_\_

This letter is to assure you of our concern for the safety and welfare of children attending **PCC Preschool**.

Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation*- Children are evacuated to a safe area near the center in the event of a fire, etc.
- *Shelter-in-place/lockdown* - sudden occurrences, weather, or hazardous materials in the area may dictate that taking cover inside the center is the best immediate response.
- *Relocation* Total evacuation of the center may become necessary if there is a danger in the area. In this case, children will be taken to a relocation site at

Pocahontas Elementary School, 4294 Anderson Highway, Powhatan, VA 23139

We will have your contact information with us and you will be contacted as soon as possible following any emergency action so that arrangements can be made for you and your child to be safely reunited.

In your child's record at this center are the names of persons you have authorized to pick up your child if you not able to do so. Please ensure that only those persons you have authorized attempt to pick up your child.

In order to assure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures or would like to view our *Emergency Preparedness and Response Plan*, please let us know.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

032-08-0116-00-eng (02/18) CDC-Provisions of the Emergency Preparedness Plan