

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

PLEASE MARK APPROPRIATE BOX (ES):

- 3 year old preschool
- K4
- 3 day program
- 5 day program
- Aftercare needed

# MOUNTAIN HOME CHRISTIAN ACADEMY EAGLETS



But those who wait on the Lord shall renew their strength;  
They shall mount up with wings like eagles... Isaiah 40:31

2017-2018

3 year old Preschool/K4  
Enrollment Application

For Office Use Only  
Date Rec'd: \_\_\_\_\_



# Preschool Age 3/K4 Enrollment

- Toilet Trained \*
- Student Information Card (enclosed)
- Child's Personal Data Sheet Packet
- Permission Release Form
- Signed Parent Commitment Form
- Registration, supply and book fees
- Signed Financial Agreement
- Medical Information & Copy of Immunization Record
- Copy of Birth Certificate
- Change of Clothes in a zip-loc bag labeled with name
- Make appointment for assessment  
(for those entering K4)

\* **IN ORDER TO ENROLL IN THE 3 YEAR OLD PRESCHOOL OR K4 PROGRAM, STUDENTS MUST BE TRAINED TO USE TOILET INDEPENDENTLY.**

For Office Use Only

Handbook Issued \_\_\_\_\_ Date

Acknowledgement Form Received





## Weekday Preschool INFORMATION SHEET

Child's Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Nickname

Home Address: \_\_\_\_\_  
                                    Number                                    Street                                    City                                    Zip

Child lives with: \_\_\_\_\_ both parents    \_\_\_ Mother    \_\_\_ Father    \_\_\_ Other \_\_\_\_\_  
If divorced, who has legal custody? \_\_\_\_\_

### MOM

Mom's name: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Place of employment: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

### DAD

Dad's name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Place of employment: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Child's birth date: \_\_\_\_\_      Doctor: \_\_\_\_\_  
Phone: \_\_\_\_\_      Hospital: \_\_\_\_\_

Siblings:	Name	Sex	Age	School

List any allergies: \_\_\_\_\_

Hobbies or interests you are willing to share with your child's class:  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend church? \_\_\_\_\_ Where? \_\_\_\_\_  
How many times a week do you attend church programs? \_\_\_\_\_

Any other comments or concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Child's Personal Data Sheet

## Disease/Medical History - list the dates of each:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ German Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_  
Whooping Cough \_\_\_\_\_ Contracted tuberculosis: Yes \_\_\_ No \_\_\_  
Frequent throat infections: Yes \_\_\_ No \_\_\_ Frequent Ear Infections: Yes \_\_\_ No \_\_\_  
Defective Heart: Yes \_\_\_ No \_\_\_  
Other conditions or comments: \_\_\_\_\_  
Problems during pregnancy? \_\_\_\_\_  
Premature birth? \_\_\_\_\_

## Child's development needs:

Physical or emotional problems the child might have:

\_\_\_\_\_

Child's special food needs: \_\_\_\_\_ Diabetic diet \_\_\_\_\_

Food allergies \_\_\_\_\_

Special problems: Medications \_\_\_\_\_

Allergies \_\_\_\_\_ Temper tantrums \_\_\_\_\_ Diabetes \_\_\_\_\_

Frequent colds \_\_\_ Biting \_\_\_ Sun sensitivity \_\_\_ Seizures \_\_\_ Fainting spells \_\_\_\_\_

Bed wetting \_\_\_\_\_ Other \_\_\_\_\_

Requires help in : Dressing \_\_\_ Undressing \_\_\_ Washing hands \_\_\_\_\_

Can the child feed themselves with no assistance? Yes \_\_\_ No \_\_\_

Is the child toilet trained? Yes \_\_\_ No \_\_\_ Can the child use the toilet with no assistance Yes \_\_\_ No \_\_\_

Words used in toileting \_\_\_\_\_

Favorite: Games \_\_\_\_\_ Toys \_\_\_\_\_ Food \_\_\_\_\_

Type of childcare used before \_\_\_\_\_

Other useful information \_\_\_\_\_

**I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Additional comments:

\_\_\_\_\_





**EMERGENCY CONTACT INFORMATION**

Name of person to call if parents cannot be reached \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Is this person authorized to take the child from MHCA? Yes / No

**List additional adults who are authorized to take the child from this facility:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

The following people are **NOT** authorized to take the child from this facility:

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

**Medical Information**

Child's Physician or emergency treatment facility \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone# \_\_\_\_\_

I, \_\_\_\_\_ (father, mother, guardian) of \_\_\_\_\_ (child's name) do hereby give my consent to the Director of this facility, or her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or her duly appointed representative to transport said child for an emergency medical treatment, if the parents cannot be reached.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_



## Behavior Guidance Minimum Licensing Requirements for Child Care Facilities

Mountain Home Christian Academy 3 year old Preschool or K-4 program uses the following methods of behavior guidance with children ages 3-5 years old:

- **Redirection:** Redirecting choices of unacceptable behavior and asking for acceptable ones.
- **Discussion of the rules:** The teacher gains eye contact with the child on the child's level. The teacher states the rule, i.e. "You may not hit. It hurts." Then the teacher asks the child to repeat the rule by asking, "What did I say?" The child needs to repeat the rule to internalize its meaning. The teacher then asks, "Do you understand why you cannot hit other children?"
- **Time-Out:** The teacher separates the child from classmates to a designated "time out area" to be away from friends. They can return to playing with their friends when the "time-out" is over. This is not a playing time, but a refocusing period not to exceed more minutes than the child's year of age (i.e. 4 years old would not be more than four minutes in time out). Before a child rejoins the class, the teacher will talk with them to make sure they understand why they were in time out and explore briefly different choices they could have made to avoid time out.
- **Note to parents:** Most misbehavior choices fall in the range of normal developmental behavior. Although not acceptable, the choice can be managed by above steps not resulting in a note home about "Normal Childhood Behavior". If a pattern of these behaviors presents or if a behavior choice is out of bounds of tolerable choices within a group of this age, a note will be sent home.
- **Combination of items due to verbal aggression, attempts of aggression and actual aggression:** Bullying or injuring others is not allowable for any age. In addition to the pain of being injured, the feeling of safety in a classroom lowers. Aggression could be addressed by use of time out, independent play, notes to parents, etc. Patterns of aggression or serious aggression will be brought to the director. Parents may be phoned about the behavior patterns and a conference held.
- **The "Office" and calls to a parent:** If a child's behavior choices results in a risk to safety of a group or is part of an ongoing pattern of behavior or is seriously out of bounds, they will be sent to the office. This "talk" with the child will either result in a note from the director or a phone call to the parent.
- **If the above methods are unsuccessful and inappropriate behavior continues,** the child will be assigned a specific table, and chair in which to do his/her activities for the day. A parent/guardian/teacher conference may become necessary to discuss the child's behavior and to set consistent rules to be followed at home and at school. The possible cause of the inappropriate behavior such as change in environment, problems with siblings, and loss of a loved one or pet, etc. should be discussed and common expectations set.
- **Suspension and/or dismissal:** Ongoing aggression could result in required immediate pick up (suspension) and if it continues, dismissal will result for the safety of the class.

"I have read and understand the behavior guidance policy of the child care facility. I give my permission for the use of all methods set out above."

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

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

Please note: Physical punishment shall NOT be administered to children.  
(Minimum Licensing Requirements for Child Care Centers 500.2)

Mountain Home Christian Academy  
3 year old Preschool or K4 Program  
Acknowledgement Form

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

I hereby acknowledge that I have received the following information:

- Behavior Guidance
- Child Maltreatment Interviews  
This is to inform you that if enrolled at MHCA children may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purpose. (Child interviews do not require parental notice or consent)
- Parent Handbook\*
- I have received a copy of the "Getting Ready for Kindergarten" calendar\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Will be received at the mandatory parent meeting.**

# 3 year old Preschool or K4 Permission/Release Form

Please check the following information as it applies

- I give permission to Mountain Home Christian Academy to use photos of my child(ren) for Academy announcement or promotional materials including but not limited to: Newsletters, brochures, yearbooks, Academy website, newspaper.
  
- Permission to Apply sunscreen  
I give MHCA permission to apply sunscreen as needed to my child.
  
- The following information may be included in the Parent Directory  
Parents Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Numbers (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Student's name/grade \_\_\_\_\_

*I do hereby agree to hold Mountain Home Christian Academy and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.*

*I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the **State of Arkansas** and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.*

My signature on this form shall constitute an informed and knowing waiver as required by law. I acknowledge that I have carefully read this agreement, waiver, and release and fully understand its contents. I am aware that this release of liability is a contract between myself and MHCA.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_