

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

2018-2019

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 Financial Agreement
- Registration Fee
- Book & Supply Fees (first month's tuition paid through FACTS by August 2018 due date)
- Medical Information & Copy of Immunization Record
- Copy of Birth Certificate
- Read the MHCA Handbook. Sign and return the MHCA Commitment to Excellence Form
- 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)

Early Education Parent/Student Handbook

Signature

Date

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 your child's Classroom 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: _____