

Annual Enrollment 2020-2021

We are thrilled you have chosen St. Simons Christian Renewal Preschool as your child's preschool! We know this is a very important decision for your family and that there are other options, so we are honored that you picked us to serve your family. We strive to create a nurturing and productive learning environment for each of our students. Our focus is providing each child with a solid academic and Christian foundation while building them up as individuals and giving them the confidence, they need to reach their potential.

We look forward to getting to know you and your child and working with you both over the next year. To learn more about our program and our policies and procedures please take the time to read over our family handbook. Communication between school and home is extremely important to ensure each child's success, so please feel free to contact us about anything concerning your student.

School will begin on August 13, 2020 and go through July 30, 2021. Our academic school year will run from August 13, 2020 to May 20, 2021, with a camp like structure from June 1, 2021 to July 31, 2021. We will be closed for the following holidays: September 7th – Labor Day, November 11th – Veteran's Day, November 25th- 29th – Thanksgiving Break, December 23rd – January 3rd – Christmas & Winter Break, January 18th – MLK, Jr. Day, February 15th – President's Day, April 2nd – Good Friday, April 5th -9th – Spring Break, May 21st -28th – Summer Break. Please note we do not prorate our tuition on any months that we are closed due to holidays or closed due to weather. We will follow Glynn County School system for closings due to weather.

Please complete and return the enrollment packet, submit your non-refundable registration fee of \$150.00 per child, and provide a current copy of your child's immunization records for their spot to be reserved. We enroll on a first come first serve basis with church members and currently enrolled families getting priority. However, we try to accommodate as many families as possible.

Your child's teacher will be in contact with you at the end of July to let you know their schedule and specifics on what they will need for a successful school year.

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St. Simons Christian Renewal Preschool

My child will attend (circle one):

Part-time (8:00 a.m. – 2:30 p.m.) Full-time (7:00 a.m.-6:00 p.m.)

I am currently a member of St. Simons Christian Renewal Church _____

I am not currently a member of St. Simons Christian Renewal Church but
am interested in find out more about what this church has to offer my family _____

FOR OFFICE USE ONLY

Age Group: Infant 1 2 3 Pre-K
Date: _____
Reg Fee: _____
Check#: _____
Cash: _____ Online: _____

Child's Name: _____ **Date:** _____

Child's Preferred Name: _____ Sex: _____ Age: _____ DOB: _____

Home Address (Street): _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Last School Attended: _____

Father's Name: _____ Father's Cell Number: _____

Father's Home Address (if different from child's) Street: _____

City: _____ State: _____ Zip Code: _____

Father's Place of Employment: _____ Work Number: _____

Employer's Street Address: _____

City: _____ State: _____ Zip Code: _____

Father's E-mail Address: _____ Home Phone Number: _____

Mother's Name: _____ Mother's Cell Number: _____

Mother's Home Address (if different from child's) Street: _____

City: _____ State: _____ Zip Code: _____

Mother's Place of Employment: _____ Work Number: _____

Employer's Street Address: _____

City: _____ State: _____ Zip Code: _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

Initial: _____ I acknowledge this information is accurate

My child may be released to the person(s) signing this agreement or to the following:

*Name: _____ Address: _____
(Street-City-State-Zip)
Phone Number: _____ Relationship to child: _____
Relationship to Parent(s) or Guardian: _____
Other identifying information (if any): _____

*Name: _____ Address: _____
(Street-City-State-Zip)
Phone Number: _____ Relationship to child: _____
Relationship to Parent(s) or Guardian: _____
Other identifying information (if any): _____

Persons to contact in case of emergency when parent or guardian cannot be reached:

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Child's Doctor or Clinic Name: _____
Doctor/Clinic Phone Number: _____

My child has the following special needs/services: _____

The following special accommodations(s) may be required to most effectively meet my child's needs while at the school: (physical therapy, speech therapy, case workers visits etc.)

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies (including food) or health concerns:

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EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ DOB: _____
suffer an injury or illness while in the care of St. Simons Christian Renewal Preschool, and the school is
unable to contact me (us) immediately, the Director, teacher, staff shall be authorized to secure such
medical attention and care for the child as may be necessary. I (We) shall assume responsibility for
payment of services.

Parent/Guardian: _____
(Signature)

Date: _____

I agree to have someone pick up my child within one hour of being notified so as to minimize the spread of
contagious illnesses to other students or staff. I also agree not to send my child to school without a
doctor's excuse if symptoms of sickness are present or if he/she has been ill in the past 24 hours. Failure to
adhere to these policies may result in my child being permanently dismissed.

Parent/Guardian: _____
(Signature)

Date: _____

PARENTAL AGREEMENTS WITH ST. SIMONS CHRISTIAN RENEWAL PRESCHOOL

Please take the time to review the Family Handbook and contact us with any questions you may have.

I, _____, have read the Family Handbook and agree to abide by
the policies and procedures for St. Simons Christian Renewal Preschool.

Signature: _____

Date: _____

I understand that if I choose to withdraw my child from the fall program, I must provide written notice 30
days prior to the withdrawal date. Failure to do so will result in a penalty of \$200.00.

Signature: _____

Date: _____

Initial: _____ I acknowledge this information is accurate

SAFE SLEEP PRACTICES POLICY

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

1. Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
2. Crib shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
3. No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
4. No objects shall be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors, and mobiles.
5. Only sleepers, sleep sacks and wearable blankets by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will slip up around the infants face may be worn for the comfort of the sleeping infant.
6. Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, these sheets/covers must be laundered weekly or more frequently if needed.
7. Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety - approved crib to sleep.
8. Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
9. Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature _____ Date _____

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