**Director Information Sheet**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background:**

Did child attend preschool/childcare elsewhere? Please indicate where and for how long.

Do you have any concerns pertaining to your child or family situation? (Behavior, speech, hearing, fears, traumas) Feel free to explain on back if needed.

Does child live at home with biological/adoptive/Foster parents? Please explain so we are able to keep your child protected.

**Court Documentation:**

Are there court orders in place for your child? \_\_\_\_\_\_. Copies of court documents pertaining to custody or visitation must be submitted by the second week in August.

**Health:**

Are there any health issues with your child? \_\_\_\_\_ (diabetes, allergies, asthma...) If stated on your child's health record then we will need the following from your physician:

* A medical care plan from your pediatrician along with a written prescription for the medication. We are ONLY able to administer EPI pens, emergency Benadryl, emergency inhalers, and topical lotion for eczema on hands or face with physicians documentation.
* Medication in a zip lock baggie. Original packaging only, with your child's name and picture.

**\*** *If your doctor believes a school health plan is* ***NOT*** *needed while at preschool, then he/she will simply need to write a statement indicating that no school plan is necessary, and you will not need to complete the above.*

**Tuition/Payment:**

Tuition is due electronically or by check the first Monday of each week prior to the school week. Electronic payment will be accepted the first Monday of the last week of month. A late fee of $20.00/week will be added for accounts not kept up to date. An extra class fee is added when a student stays longer than the time reserved. Student will be removed from the program if tuition payments are not made.

**Illness:**

Sick children are to remain at home. If your child becomes ill while at school, we will call home with expectation of him/her being picked up quickly.

**Class activities/photos:**

Photos/videos are posted on our closed FB page called, “Parents of Zion Covenant Preschool”. Pictures are also shown at some of our events as the Christmas show/Art show. We cannot control if a parent posts a picture on their social media, but we will do our best to respect your wishes on what we are able to control. If we are posting pictures of children/classes participating in activities AND you do NOT wish your child to be included in the photo, please indicate and we will exclude from picture either by removal or by an emoji over their face.

I do NOT want my child in photos, kindly remove my child from the photo or put an emoji over them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please sign)

**Removal from the program:**

We will ALL work together to ensure your child’s success and love of school. If all attempts of success have been considered then removal from, the program will be necessary. They have many years ahead of schooling and having a happy start to set the tone is important to us!

**Other:**

* Would you like to schedule an appointment with the director concerning court orders, health issues, or

Concerns before school begins in September? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have your read our Policy book located on our website? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please tell me about your child! Do you have an occupation/hobby/interest that you would like to share

With us? We are here to provide the very best for your child and your family. [andis@zioncov.org](mailto:andis@zioncov.org)

**Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**