Student: _____

Student Enrollment Checklist

Please use the following checklist to make certain your child's records are complete. All forms need to be completed and returned.

- ☐ Enrollment application – *Please check to make sure all information is complete and current on your child's application.*
- ☐ Health Certificate – Must be returned by the first day of school.
- ☐ Policy Form
- ☐ Inclusion Policy
- ☐ PWS Parent Agreement/Release Form
- ☐ Internet Safety Contract
- ☐ Individualized Care Plan – even if you child does not have any special health care needs, you still must sign and date this form to let us know you have received this information.
- ☐ A copy of your child's medical insurance card

Policy Form

Revised 3/7/17

The completed registration form, non-refundable registration fee (**with the child's name at the bottom of the check**) and signed inclusion policy statement should be returned as soon as possible to ensure placement in your desired program.

The Health Certificate should **not** be completed earlier than June 1. All health certificates are due ***before*** the opening day of school. You may bring the Health Certificate when your child comes for phase-in day in August. **Children will not be allowed to begin school without a current Health Certificate.** For families who enroll after the beginning of the school year, Health Certificates are due within the first four weeks of school attendance.

Your child will be placed in the program you request as long as space is available. If you first program choice is not available, you will be contacted to arrange another available program for your child. In order to best serve our students, the director will determine the composition of each class and will make class assignments.

To hold your child's space in the desired class, a non-refundable tuition payment for September 2017 is due on or before May 17, 2017. The remaining 8 monthly tuition payments are due on the first day of each month, beginning in October 2017. IMPORTANT: in the event the advance tuition is not paid during May 2017 your child's space will be released for another child. Also, past due tuition and fees must be paid in full by May 17th in order to keep your child's space for the 2017/2018 school year.

Teachers will call or email parents prior to August 28th with information about the following:

- Kindergarten Parent Orientation (adults only) on August 21st at 6:30 p.m. in the Sunday School Classroom beside the kindergarten classroom.
- The kindergarten teachers will contact you about phase-in days prior to the first school day, August 28th.
- Pre-school Parent Orientation (adults only) in the Fellowship Hall on Monday, August 29th at 6:30 p.m. followed by classroom-specific/age-level orientation in classrooms. The first day of pre-school is September 5th.

If you have any questions concerning registration of the programs offered, please contact the school at: 704-864-2651 x111 or pws@fpcgastonia.org.

Two Year Old	Three Year Old	Four Year Old	Kindergarten
3-Day Program, $225	3-Day Program, $225	3-Day Program, $225	-----
-----	4-Day Program, $240	4-Day Program, $240	-----
-----	-----	5-Day Program, $265	5-Days, $340

10% Family Discount for the 2nd or additional child/children's tuition

First Presbyterian Church Member non-refundable registration fee $65.00; there is a 10% tuition discount.
Non-Member non-refundable registration fee $75.00.

Thank you for your confidence and commitment to Presbyterian Weekday School! We are looking forward to an enjoyable year of learning and growing with your child in 2017-18.

Enrollment Application 20___ - 20___

Presbyterian Weekday School

First Presbyterian Church, 1621 E. Garrison Blvd., Gastonia, NC 28054; Phone: 704-864-2651 x111

Child's Name: _____

Last First Name child is called

Parent(s): _____

Father's name cell phone number Mother's Name cell phone number

Home Phone: _____ Email: _____

Child's Date of Birth: ____/____/____ Sex: M F

Parent's Marital Status (circle) married, divorced, single, widowed Legal Custody: Yes No Joint

Address: _____

Subdivision Street City State Zip

Father's Employer: _____ Mother's Employer: _____

First Presbyterian, Gastonia: Member Non-member Religious Affiliation/Beliefs: _____

Child's Doctor: _____ Allergies/Health Concerns: _____

A PHYSICIAN'S INDIVIDUALIZED CARE PLAN IS REQUIRED BEFORE BEGINNING SCHOOL FOR CHILDREN WITH SPECIAL NEEDS, FOOD ALLERGIES, OR SPECIAL NUTRITION NEEDS.

Additional Information that may be useful (fears, interests, personality, etc.) _____

Do not list parents as emergency contacts.

Emergency Contact 1: _____

Name Home Phone Cell Phone Relationship to Child

Emergency Contact 2: _____

Name Home Phone Cell Phone Relationship to Child

Previous Preschool Experiences? Yes No If yes, where? _____ How did you learn about PWS? _____

Number of Siblings: _____ Ages: _____ Name(s) of siblings who attend PWS:_____

Please circle the age appropriate program desired and mark your first and second choice of programs:

Program	2 Day	3 Day	4 Day	5 Day
Kindergarten				Mon. thru Fri.
4 Year Olds		Mon. Tues. Wed.	Mon. thru Thurs.	Mon. thru. Fri. Pre-Kg.
3 Year Olds	Thurs. & Fri.	Mon. Tues. Wed.	Mon. thru Thurs.	
2 Year Olds	Mon. & Tues.	Mon. Tues. Wed.		

It is understood and agreed that First Presbyterian Church of Gastonia and staff are hereby released from all claims or financial responsibility arising out of any accident or mishap that may occur in connection with the operation of the school or from illness that may be contracted by the child during the period of enrollment.

*If the parent/legal guardian is unable to be reached in an emergency, the school has our permission to obtain medical attention for our child, _____ (child's full name) from _____ (physician's name and phone #), of Gaston Memorial Hospital Emergency Room. If ER is deemed necessary, child will be transported by Gaston Emergency Medical Services.

Name of Primary Insurance Policy: _____ Policy #: _____

Please attach a copy of current insurance card.

Names of individuals authorized to access health information along with any member of PWS staff assigned responsibility of care or education of registered child: _____

Date ___/___/___ _____

Parent/Legal Guardian Signature Signature certifies all the above information is true to the best of my knowledge.

Office use only: Enrollment date __/__/__ Program/Class _____; Date Non-Refundable Registration fee received __/__/__ Amount _____

Discounts: Church Member____; Sibling____; Employee____; Monthly amount_____

Presbyterian Weekday School
First Presbyterian Church
1621 E. Garrison Blvd. Gastonia, NC 28054 Phone: 704-864-2651 ext. 111

INCLUSION POLICY

In keeping with the call to minister to all of God's children, Presbyterian Weekday School is committed to the philosophy that including children with differing abilities benefits all the children in our school. We are clear however that PWS is not a therapeutic preschool, but an opportunity for atypical and typical developing children to interact, learn, and socialize.

- Children who have been evaluated and identified as having special needs prior to their enrollment at PWS will be considered for admission on an individual basis. Any relevant past and current records and evaluations of the child by professionals must be provided to the school at the time of application, including an IEP, if available. The Director will interview the parents for information about the child's developmental strengths and weaknesses. The child, and parent will also be invited to join a classroom for a visit, where further observations will take place. If the child is transferring to PWS from another program, the child may also be observed in that setting, or those teachers consulted. Based on this information, and in consolation with the child's prospective teachers when possible, the Director makes a decision to accept the child when the child and our Preschool will mutually benefit.
- Presbyterian Weekday School does not formally evaluate, by means of testing, any child before entrance. The above outlined evaluative process before acceptance is intended to provide enough information to indicate a beneficial match between school and child.
- The behavior and maturity of the child may also influence the child's success in school.
- The child's ability to maintain the class group scheduled activities is crucial. The child must be able to stay with the class group during course of the school day unless the parents provide an assistant to care for the child during the times the child cannot maintain the schedule.

After enrollment, the child is observed closely for 60 days to determine the effectiveness of the program and the ability of PWS to meet the needs of the child. Teachers, the Director, parents, and professionals working with the child are consulted during this time. A timely conference schedule between the child's parents and teachers will be established to discuss the child's progress, participation in the program and any other identified needs. Any pertinent notes will be taken and provided to all participants. The purpose of a 60-day period for evaluation and a swift decision process is to allow all children this adjustment period, except in extreme circumstances, and to facilitate timely placement in a new program if necessary. At the end of this period, a determination is again made as to whether the placement is mutually beneficial and if the child's needs are being met.

Two possible determinations at this time are:

- The child's presence in the classroom is of mutual benefit to the child and PWS,
- PWS is unable to meet the child's needs.

If it is determined by consultation between the teachers and the Director that PWS is unable to meet the child's needs a conference is setup with the parents, and the parents are asked to seek another placement.

A child not identified at admission may need to be evaluated after acceptance to PWS. The recommendation for the evaluation could originate with the parents, medical or allied health personnel. To continue enrollment at PWS, parents will be expected to arrange for this evaluation. PWS can offer guidance with this process. The resulting evaluation must be shared with the PWS Director. PWS also requires that the Director and/or teacher be permitted to participate in any placement and/ or IEP meetings. Based on information received and consultations with parents, teachers, and professionals, decisions will then be made concerning the child's continued enrollment in PWS, and the process outlined above may be put into place. If parents decline evaluation of their child, and it is determined the child is not functioning well in the classroom, then the parents will be asked to seek other placement.

Some children concurrently attend PWS and receive special therapy (e.g., physical therapy, speech therapy, occupational therapy, etc.) outside the facility. To ensure the most positive outcome for the child, PWS needs to understand treatment goals of the therapies. This will allow teachers to guide the child in a way that supports those objectives. This can be best accomplished by providing PWS with a copy of the treatment goals and, if questions arise, allowing teachers to speak with therapists to collaborate on the treatment plan and identify things teachers can do to help the child.

Whenever possible, Presbyterian Weekday School will make reasonable adaptations to meet the individual needs of each child. However, the safety and, successful functioning of the class unit always has priority over the individual needs of any given child within the above outlined policy.

PWS believes that there is a range of typical, normal, and acceptable abilities, behaviors, and needs of children. We attempt to accommodate as broad a range as possible in the belief that this diversity strengthens and enriches all children, and the adults who work with them.

We (I) have read and understand the procedures described in the above policy, if necessary, I will follow this policy in order to provide my child with whatever best meets his/her needs.

Signature of Parent or Legal Guardian _____Date_____

It is our policy to make all enrollment decisions without discriminating on the basis of race, color, creed, religion, sex, physical disability, mental disability, age, marital status, sexual orientation, citizenship status, national or ethnic origin and any other protected status.

Presbyterian Weekday School Internet Safety Policy

Internet Use

The internet is a vast computer network full of wonderful educational experiences. However, there are some parts of the internet that are not appropriate for education and, therefore, Presbyterian Weekday School will teach students to use the internet safely by following the guidelines listed below. Teachers and staff who use the internet will follow the same guidelines to model appropriate use while protecting themselves and school property. **Preschool and kindergarten students will only use the internet with Presbyterian Weekday School staff supervision**. Anyone accessing the internet through Presbyterian Weekday School computers and networks must first return a signed Internet Safety Contract. Internet access will be provided with filtering software designed to identify and prohibit access to sites that educators believe contain inappropriate material for students. It is important to remember, however, that no system is perfect and that the possibility always exists for some inappropriate materials to get through.

Ultimately, everyone must take responsibility for their own actions and take the necessary steps to protect themselves. Therefore, anyone found repeatedly or intentionally visiting objectionable, problematic, or inappropriate sites will have his or her internet privileges revoked.

Internet Safety Guidelines

Anyone accessing the internet at PWS shall not use the internet to:

- Access material that is obscene; harmful to minors, hardware or software networks; or otherwise inappropriate for education uses.
- Engage in "hacking" or attempts to otherwise compromise system security.
- Engage in any illegal, commercial, or active political activities.
- Disclose or post personal information, such as last name, age, sex, school, address or phone number.
- Download files, which can jeopardize the health of the network by introducing computer viruses and using large amounts of disk space without the prior consent of the technology staff. This includes file sharing programs such as "Live Wire," screensavers, games and other programs. Report any misuse or abuse. Anyone with knowledge of abuse, inappropriate use, or any failure to follow any of these guidelines shall report this to a teacher or administrator as soon as possible. Any violation of school policy and rules may result in loss of school-provided access to the internet. Additional disciplinary action may be determined in keeping with existing procedures and practices regarding inappropriate language or behavior. When and when applicable, law enforcement agencies may be contacted. PWS in committed to providing secure and error-free computing and internet access and cannot be held responsible for any loss or damages resulting from technical or other difficulties. PWS reserves the right to change these guidelines.

Internet Safety Contract *for Minors*

I, _____ and _____, the
(print minor's name) (print parent or guardian's name)
parent/guardian of this minor, have read and understood the Internet Safety Policy and agree to adhere to all the guidelines listed. It is Presbyterian Weekday School policy that all students be supervised by a Presbyterian Weekday School staff member when using the internet. We release Presbyterian Weekday School from any liability or damages that may result from the use of its computers, software, and networks.

Parent or Guardian's Signature: _____ Date: _____

Internet Safety Contract *for Staff*

I, _____, have read and understood the Internet Safety Policy and agree to
(print name)
adhere to all the guidelines listed. I understand that there is a potential to access information on the internet that is inappropriate for children. Every reasonable effort will be made on the part of the faculty and staff of Presbyterian Weekday School to supervise student access to such information; ultimately I am responsible for restricting myself from accessing inappropriate information. I realize that inappropriate behavior may lead to penalties including loss of computer privileges, disciplinary action, and/or legal action. I release Presbyterian Weekday School from any liability or damages that may result from the use of its computers, software, and networks. As a computer user, I accept full responsibility and liability fo the results of my personal actions.

Signature: _____ Date: _____

PWS Parent Agreement and Release Form

Parent's Name _____Child's Name_____

You may give complete or partial permission by checking all or selected items below

- ☐ **PWS Parent Handbook**- I agree to read and comply with the policies stated in the PWS Parent Handbook.
- ☐ **Internet Safety Policy**-I have read and understand the Internet Safety Policy and agree to comply to all the guidelines.
- ☐ **Permission to be Photographed/Videotaped/Audio taped**-I understand that PWS children may be video/audio taped and photographed for publications, newspaper articles, posters and presentations. I give permission for such use of recordings to be made of my child. Anonymity will be maintained—no identifying information (such as my child's name) will be presented. PWS provides learning experiences for college students as a research facility. As a result, we receive requests to accommodate observations, assignments and research from higher education students.
- ☐ **Field Trips**—I give permission for my child to take occasional group excursions off the PWS campus. Families will be notified before field trips are taken and a signed permission slip is required. All Preschool Program field trips are within walking distance of our campus. Kindergarten Program students will go on trips that require transportation. If I do not desire my child to go on a field trip I agree that he/she will not attend PWS on that school day.
- ☐ **Lab School—College Student Assignments and Research Projects-** I understand that college students, under the supervision of their lecturers, may assess, interview or conduct activities for children at PWS.
- ☐ **Emergency Medical Permission**--I grant PWS permission to obtain emergency medical treatment for my child if I cannot be reached.
- ☐ **Arrival/Departures**--I agree that a responsible adult will walk my child to his/her classroom door each day and pick them up from the classroom teacher to formally transfer responsibility of my child's care.
- ☐ **Phone Number, e-mail address and mailing address**-I give permission to have my phone number(s), e-mail address and mailing address distributed to other PWS parents on the class list and school directory.
- ☐ **Sunscreen and Mosquito**—I agree to apply sunscreen or mosquito protection to my child **prior** to arrival to PWS each scheduled school day if I desire the application of these products on my child.
- ☐ **Allergies**-If my child has allergies, I give permission to have it posted in the classroom and the snack area of the school.
- ☐ **Locating Information-** When my locating information should change (cell phone, home phone, e-mail address) I will update the PWS office as quickly as possible by informing the PWS office and my child's teachers in writing.

Please list persons authorized to remove child(ren) from PWS:

Name of Person	Home Phone	Work Phone	Cell Phone	Relationship to Child

Parent Signature: _____ Date: _____

Health Certificate

Presbyterian Weekday School, First Presbyterian Church

1621 East Garrison Boulevard, Gastonia NC 28054 Telephone 704-864-2651

Section I to be completed by parent/legal guardian:

CHILD'S NAME: _____

Last First Middle Preferred Name

Age: _____ Birth Date: ____/____/_____

PARENT/LEGAL GUARDIAN: _____

Last First Title

Address _____

Street City State ZIP

1. Does your child have any medical conditions the staff PWS should be made aware of? _____
2. Does your child have any known allergies? _____
3. Does your child have any special dietary restrictions? _____
4. Do you have any special requests regarding your child's care while at PWS? _____

_____

I certify that all the above information is true to the best of my knowledge. _____

Parent / Legal guardian signature

Section II to be completed by child's physician:

1. Does this child enjoy good health, free from any chronic conditions? _____
2. Has this child demonstrated normal motor and mental development? _____
3. Should this child be on any physical or dietary restrictions? _____
4. Are the child's immunizations up to date? _____
5. What was the result of the child's most recent tuberculin skin test? _____ Date of test ___/___/___
6. Date of most recent health checkup _____/_____/_____
7. Any comments, recommendations or concerns? _____

History of Immunizations

Age	HepB	DTaP	Hib	IPV	PCV7	MMR	Var
Birth							
2 months							
4 months							
6 months							
12 months							
15 months							
4-6 years							

If the child has not had an immunization, please note the reason: parental_____ religious_____ other_____

I certify that the above named child received the listed vaccine doses on the date(s) specified.

_____ _____

Physician signature **Date**

Individualized Care Plan

For each child with special health care needs, such as allergies or special nutritional needs, the child's health care provider must formulate, date and sign a child-specific, individualized health care plan.

PWS asks families of children with allergies to give consent to post the allergy information in the classroom and in food preparation areas. Posted info will serve as a visual reminder to all those who interact with the child during the school day.

Any prescribed treatment plan to be carried out by a PWS staff member must include the Dr.'s written instructions and signature on the dated plan sheet.

The Individualized Care Plan is due before the first day of school.

I give consent to post information about my child's food allergy in the food preparation area and in the areas of the facility used by my child.

Child's Name: _____ (Please print)

Parent's Signature: _____ Date: _____

EMERGENCY RESPONSE FORM

Date: _____

Child's Name: _____

Parents' Name(s): _____

Phone Numbers: _____

_____

Any Chronic Health Issues: _____

Possible Symptoms: _____

_____

Emergency Response: Step-by-step…what do you want us to do? Call first?

If an emergency arises: _____

_____

_____

_____

_____

_____

Parent Signature: _____

Dr. Signature (if needed): _____

To: PWS Kindergarten and Pre-school Parents/Guardians

From: Fran Sitton, Director, PWS

- It is our intent to verify that each PWS family has received a PWS Family Handbook. We feel strongly about parents using the Handbook as a reference for clarifying issues and answering questions that might come up during the school year. Let your child's teacher know if your family was not given a Handbook.

- After you have returned the form, it will be placed in your child's cumulative folder. By September 22, 2017, all paper work must be completed and returned to your child's teacher.

- Please confirm that you have a current copy of PWS policies and procedures as stated in PWS Parent Handbook, by signing and dating in the designated place below.

- Thank you for your cooperation and compliance as we follow policies and standards put in place for your child’s/children’s safety and well-being.

_____	_____	_____
Parent(s) Name	Date Received	Child's Teacher

Revised 07.20.2017 FCS