

**Bethelview UMC Preschool Meet & Greet
August 29th, 2010 between 10 and 10:45am.**

Student Name:

Forms to be turned in:

___ Student Information Form

___ Medical Release Form

___ Pick Up Release Form

___ Photo Release Form

___ Parent Handbook Receipt

___ Copy of Birth Certificate (New Students)

___ Up to Date Immunization Forms

___ Severe Allergy Form (If Needed)



BETHELVIEW UNITED METHODIST PRESCHOOL 2011/2012
STUDENT INFORMATION FORM

You may use the back of this form if necessary

Child's Name: _____ Birth date: _____

Nickname: _____

Marital Status of Parents: ___ Married ___ Divorced ___ Separated ___ Single Parent

Brothers and sisters of the child:

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Other members residing in the home and their relationship to the child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Any previous preschool or daycare experience: (How long?)

Does your child have any allergies? _____

Child's favorites:

Toys _____

Activities _____

Foods _____

Things that comfort your child:

Things that frighten your child:

Words that your child uses to indicated a need to use the bathroom:

Special needs of your child (food restrictions, allergies, conditions, behaviors, medications, treatments, etc):

Cultural habits/home issues that may affect your child's behavior:

Do you speak a language at home other than English? _____

Thank you for helping us get to know your child better!

Bethelview United Methodist Preschool Emergency Medical Release Form

Child's Full Name _____ Date of Birth _____

Doctor's Name _____ Phone Number _____

Health Insurance Co. _____ Policy Number _____

Name of Primary Subscriber _____ Primary's D.O.B. _____

Physician Documented allergies or things known to cause allergic reactions (including medications)

(if none, state none): _____

Special Disabilities (if any): _____

History of any physical or medical problems: _____

Is your child currently taking any medications? If yes, state type: _____

Please state reason for medication(s) given: _____

WE, the parents/legal guardians of _____, do hereby authorize the performance upon our child, by any physician licensed to practice medicine in the state of Georgia, any emergency procedure the Physician deems necessary to save the life, limb, or continued good health of our child.

WE, the parents/legal guardians, take full responsibility for any emergency procedure or treatment performed. This document is valid only after unsuccessful attempts to locate the parents or legal guardian of the child noted hereon.

Parent Signature _____ Date _____

PARENTAL CONSENT

I give my consent to Bethelview Preschool to:

Administer first aid procedures in the case of a minor accident (yes) (no)
Notify & release my child to the individuals noted below in the event of a medical emergency (yes) (no)

Parent Signature _____ Date _____

Person(s) to Notify in an Emergency if parent(s) cannot be reached"

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____



**BETHELVIEW UNITED METHODIST PRESCHOOL 2010/2011
PHOTO RELEASE FORM**

I give my permission for my child, _____,
to be photographed during school events for:

Please check any/all that would apply to your child.

_____ Preschool/classroom purposes and posters hung within the classroom or preschool.

_____ the purpose of publicizing the school's activities in the local media.

You have my permission to identify my child by first name only with the picture and/or video.

Yes _____

No _____

Parent's Signature _____ Date _____

Parent's Name (print) _____

I wish to withhold permission to photograph and/or video tape my child,

_____, at this time.

Parent's Signature _____ Date _____

Parent's Name (print) _____

**Bethelview United Methodist Preschool
Child Pick-Up Authorization / Emergency Contact Form**

Parent Information

Child's Full Name _____ Date of Birth _____

Address _____

Subdivision Name if applicable _____

Home Phone Number _____ E-mail address _____

Mother's Name _____ Cell Phone Number _____

Mother's Occupation/Interests _____ Work Phone Number _____

Father's Name _____ Cell Phone Number _____

Father's Occupation/Interests _____ Work Phone Number _____

School Release

Person(s) other than yourself authorized to transport your child to/from preschool, *including those in your carpool*:
(If you want to make changes during the school year, please do this **in writing** to the preschool office.)

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENTAL CONSENT

I give my consent to Bethelview Preschool to:

Release my child into the custody of the individual(s) named above **(yes)** **(no)**

Parent Signature _____ Date _____

**Bethelview United Methodist Preschool
Family Handbook Acknowledgement of Receipt
2011/2012**

I have received a hard copy or downloaded a copy of the BUMP Family Handbook from the preschool website (www.bethelview.net/preschool.htm) and viewed it online.

I have read and agree to abide by the rules, regulations and policies of Bethelview United Methodist Church Preschool.

Child's Name

Parent's Name (print)

Signature

Date