



**PILGRIM COMMUNITY PRESCHOOL**  
A MINISTRY OF PILGRIM LUTHERAN CHURCH

**1430 N. Lake Drive**

**Lexington SC 29072**

**803-957-7889**

**e-mail [preschool@pilgrimchurch.net](mailto:preschool@pilgrimchurch.net)**

*\*Pilgrim Community Preschool admits students of any race, color, and national or ethnic origin.*

**2008-2009 School Year**

**PLEASE PRINT.**

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / 200\_\_\_\_\_

Age as of Sep. 1, 2008 \_\_\_\_\_

Child's first name \_\_\_\_\_

Child's last name \_\_\_\_\_

Name used at home \_\_\_\_\_

**APPLICATION FOR ADMISSION**

Mother's name \_\_\_\_\_ Father's Name \_\_\_\_\_

Does the child live with both legal parents? \_\_\_\_\_ If not, please explain. \_\_\_\_\_

If court papers exist, please give the office a copy.

Home phone number \_\_\_\_\_ e-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

**STATEMENT OF FEES**

Monthly Tuition per Class:

Registration Fees are equivalent to monthly tuition fees.

Two Days per week-**\$150**

Three days per week-**\$175**

Four days per week-**\$200**

\*Tuition is due by the 1<sup>st</sup> of each month. There are 9 full tuition monthly payments, September-May.

\*If the same child registers for more than one class, registration fees are due for both classes.

\*Registration fees are NON-REFUNDABLE.

\*Registration Fee is a separate fee and MAY NOT be used in place of tuition.

**OFFICE USE ONLY**

\*Registration Date \_\_\_\_\_

\*Amount Paid \_\_\_\_\_

\*Method of payment:

Cash \_\_\_\_\_ Check # \_\_\_\_\_

\* \_\_\_\_\_ Pages 1- 6 completed

**Health Issues**

\_\_\_\_\_

\_\_\_\_\_

**New Students Only**

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ Immunization Record

**\*Application to enter:**

\_\_\_\_\_ Toddler TWO days

\_\_\_\_\_ Two year old TWO days

\_\_\_\_\_ Two year old FOUR days

\_\_\_\_\_ 2 ½-3 ½ year-old THREE days

\_\_\_\_\_ Three year old THREE days

\_\_\_\_\_ Three year old FOUR days

\_\_\_\_\_ Four year old THREE days

\_\_\_\_\_ Four year old FOUR days

## **Pilgrim Community Preschool Behavior Policy**

As a staff, we strive to model Christian behavior in our actions and attitudes. We guide the children toward positive behavior with praise, love and hugs. Preschool staff will use only positive guidance, redirection and the setting of clear-cut limits to foster the child's own ability to become self-disciplined. Teachers will encourage children to be fair, respect property, respect other people and learn to be responsible for their actions. Discipline involves teaching character and self-control. However, staff will not use physical punishment or abusive language, as these approaches teach children to respond in kind.

Teachers will guide children to develop self-control and orderly conduct in relationship to peers and adults. Aggressive physical behavior toward staff or children is unacceptable. Staff will intervene immediately when a child becomes physically aggressive to protect all of the children and encourage more acceptable behavior. To this end, teachers will show children positive alternatives rather than just telling children "no." Good behavior will be rewarded.

- The first step in our discipline procedure is to talk to the child about why their behavior is unacceptable and to redirect the child. If the behavior continues after the warning, the child will be given a time out.
- Time outs are a way for a child to calm down and regroup. Depending on the situation, the child may be separated from the other children in the classroom. They will always be supervised. The length of the time out equals the age of the child. For example, a three year old would sit in time out for three minutes. A four year old would sit in time out for four minutes.
- A child will be sent to the Director's office for deliberate disobedience, defiance, destruction and/or aggression. An incident report will be sent home explaining the situation.
- Biting is an example of unacceptable behavior. For the safety of the other children, if a child continues to bite, more than three times, parents will be requested to meet with the Director.
- Severe discipline problems will require a meeting with the Director and family members and possible observing/counseling through the Lexington District One Preschool Psychologist. If a family is unwilling to address the situation, the child will be asked to leave the school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Pilgrim Community Preschool Health Policy

Observing good health practices will protect children and staff. The cooperation of parents in following health policies is essential. An infected child can spread germs to other children and teachers. Germs can be left on equipment. The risk of infection is higher for toddlers because they naturally put objects in their mouths and are not yet toilet-trained.

There will be times when a child may not be extremely ill but may not feel well enough to interact with groups of children. **Parents should use their judgment and consult with the child's teacher when in doubt.**

Other times, a child may be too ill to attend childcare. To cut down on cross-infection and to ensure a speedy recovery, we are unable to care for children with any of the following symptoms:

- **Fever**
- **Conjunctivitis (pink eye)-and any undiagnosed discharge of the eye**
- **Rashes or mouth sores that cannot be identified or that have not been treated by a physician**
- **Impetigo**
- **Diarrhea**
- **Vomiting**
- **Severe cold with fever, sneezing and nose drainage**
- **Head Lice**
- **Contagious diseases (mumps, measles, scabies, chicken pox, etc.)**

Parents will be notified immediately to pick up the child if any of the above symptoms occur. The child will be separated from the class to prevent spreading of germs. **A prompt response by parents is essential.** A reasonable amount of time (**approximately one hour**) will be allowed for parents to pick up the child. If parents cannot be reached, or do not respond to the pick up call, the emergency contact on the child's enrollment form will be notified. In the event that a child is exposed to a communicable disease away from the program, we ask that parents notify us immediately. We can then determine the wisest course of action regarding exclusion from the program and notification of other parents.

If a child is kept home due to illness during the week, we ask that parents contact the program to let us know.

After a child has been ill, he/she may return when all of the following conditions are met:

- **Child has been symptom free and fever free for 24 hours**
- **Child can participate comfortably in all usual program activities**
- **Child has been treated for symptoms, with medication, for at least 24 hours**
- **Child with bacterial infections or strep throat must be fever free for at least 24 hours, and on medication for a full 24 hours**

Please note that it is the decision of the Director, in consultation with a child's teacher, as to whether a child should stay at the program for the day or needs to go home to rest.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our **Mission** at Pilgrim Community Preschool is to provide a fun, safe, loving Christian environment, which inspires, uplifts, and encourages families, and where children grow and develop an awareness of God's world and His love for them. The Parent's Pledge was developed with our mission in mind. It is our hope that by clearly stating this information at registration, we will foster communication, making us more able to care for all of our families and maintain the quality of Pilgrim Community Preschool. A copy of the Parent's Pledge, Behavior Policy and Health Policy are included in the Parent Handbook.

**PARENT'S PLEDGE**

**I am aware of the following:**

Pilgrim Community Preschool, hereafter referred to as PCP, is a Christian school.

Total registration fees are NON-REFUNDABLE.

The registration fee is a separate fee and **may not** be used in place of any tuition payments.

If I chose to withdraw my child from PCP, I will notify the preschool office **in writing a minimum of 30 days BEFORE the date of withdrawal.** If I withdraw my child giving less than one month's notice, I will pay to the preschool the entire following month's tuition.

The following information will be published in the PCP directory, which is given to preschool families: parents' names, child's name, address, and phone number.

If my child is in a 3 year old classroom and is not potty trained, my assistance may be needed in my child's classroom.

If my child is enrolled in the 4 year old program, they must be potty trained before school begins.

**I pledge to support Pilgrim Community Preschool in the following ways:**

If my child has food allergies or if I have dietary concerns, I will notify my child's teacher of such in writing, and I will send my child's snack with them to school.

I will share pertinent health information about my child with my child's teacher in writing. I may be asked to provide information from my child's doctor.

I will follow PCP's health policy, and I will not knowingly send my child to school when they are sick.

If I have concerns, I will discuss them with my child's teacher or the preschool administration (director or administrative assistant).

I will respect the privacy of preschool families.

I will pay my tuition on the first of each month, and I will pay a late fee of \$20 if my tuition is paid after the 10<sup>th</sup> of the month.

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I have read and agree to the information stated above in the Parent's Pledge.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Pilgrim Community Preschool of Pilgrim Lutheran Church**  
**TEACHER INFORMATION FORM**

**CHILD'S NAME** \_\_\_\_\_ **AGE ON OR BEFORE SEPT. 1, 2008** \_\_\_\_\_

Name used at home \_\_\_\_\_ Birth date \_\_\_\_\_

Home phone number \_\_\_\_\_ e-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Mother's name \_\_\_\_\_

Mobile phone/pager \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's employer \_\_\_\_\_ Profession \_\_\_\_\_

Father's name \_\_\_\_\_

Mobile phone/pager \_\_\_\_\_ Work phone \_\_\_\_\_

Father's employer \_\_\_\_\_ Profession \_\_\_\_\_

**Names and ages** of other children living in the same household:

\_\_\_\_\_  
\_\_\_\_\_

Previous programs attended \_\_\_\_\_

Church your family attends \_\_\_\_\_

**Please list any known food or drug allergies.**

\_\_\_\_\_  
Please list any other health information that would be important for your child's teacher to know.

\_\_\_\_\_  
If your child receives any special services from the school district, please explain below.

\_\_\_\_\_  
List any other information you would like to share with the classroom teacher. I would be interested in the following: (please check)

\_\_\_\_\_ substituting \_\_\_\_\_ volunteering for special occasions

\_\_\_\_\_ reading to the class \_\_\_\_\_ helping with a class party

\_\_\_\_\_ being a Key (Class) Parent \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ I have a unique talent/skill that I would like to share. (Please explain.)

Pilgrim Community Preschool of Pilgrim Lutheran Church  
EMERGENCY INFORMATION

**Please print.**

CHILD'S INFORMATION:

LAST NAME \_\_\_\_\_, FIRST NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

MOTHER'S CELL PHONE \_\_\_\_\_ MOTHER'S WORK PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S CELL PHONE \_\_\_\_\_ FATHER'S WORK PHONE \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Chart Number \_\_\_\_\_

Health information that may be needed in an emergency:

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We have medical insurance coverage with \_\_\_\_\_ (company).

Is there anyone **not** authorized to pick up your child? \_\_\_\_\_

If so, please give a detailed description of that person and an explanation. (If court papers exist, please give the office a copy.)

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**EMERGENCY CONTACTS-Please read carefully.**

**In the event of an emergency and neither parent can be reached OR if neither parent is able to pick up the child/children in a reasonable amount of time, the following is a list of those who are authorized to pick up my child/children.**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

**MEDICAL TREATMENT FORM**

I have read this emergency information form, and I give my permission for emergency transportation and treatment for my child:

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by a doctor and/or hospital in case of an emergency when neither parent(s) nor persons listed as emergency contacts can be reached. I certify that to the best of my knowledge my child is in good mental and physical health and able to participate in school at Pilgrim Community Preschool.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_