Parent Handbook

St. Teresa of Avila Catholic Church
Preschool/Mother's Day Out
4921 Columbia Road
Grovetown, Georgia 30813

(706) 447-4522
st-teresa.com/mdo
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Dear Parents,

This is a very special time in your child’s life. The years before your child enters a formal educational setting will be some of the most important and valuable to his/her development.

You play a major role in helping your child reach his/her full potential. Research in the area of child development points out that most of a child’s intellectual development takes place before they enter a formal classroom. This means that children spend a great deal of time with their first, and perhaps most important teachers - their parents. Indeed, as parents, your involvement in your child’s learning experiences will have much to do with how well your child succeeds in school and later in life. By working together, I believe we can all help your child become the best person possible - socially, emotionally, and academically.

We are looking forward to working with you this year as we help your child experience the joys of learning. We stand ready to assist you in any way we can. Please feel free to get in touch with us at any time. Your participation and encouragement will be major contributions to your child’s success this year.

Sincerely,

Nicole Durrwachter
Nicole Durrwachter, Program Administrator
Office: 706-447-4522
or ndurrwachter@st-teresa.com

PARISH ADMINISTRATION
Father Mike Ingram, Pastor
Parish Office: (706) 863-4956
Email: mingram@st-teresa.com

Terri Vigna, Pastoral Assistant
Parish Office: (706) 863-4956
Email: tvigna@st-teresa.com

OUR HISTORY & PURPOSE FOR MOTHER’S DAY OUT & PRESCHOOL
The Mother’s Day Out & Preschool programs of the St. Teresa of Avila Catholic Church began in 2003. The purpose of our programs are to provide care, education, and development for each child enrolled to his/her greatest potential - spiritually, mentally, physically, emotionally, and socially. This is to be accomplished by providing learning and developmental experiences consistent with Catholic teaching.
OUR PHILOSOPHY FOR MOTHER'S DAY OUT & PRESCHOOL

We offer programs that address physical development, emotional and social development, language and literacy development, and cognitive development as outlined in the Georgia Early Standards (Developed by: Bright from the Start - Georgia Department of Early Care and Learning). Children are safe, secure, and cared for in a nurturing Christian environment. We are here to assist you by supporting your child’s growth, development, and learning potential.

ADMISSION POLICY FOR MOTHER'S DAY OUT & PRESCHOOL

Childcare and Educational programs in the Diocese of Savannah admit students regardless of sex (unless traditionally a single sex school), national origin or disability, if with reasonable accommodation on the part of the program, the disabled person could be accommodated. In admitting students, Catholic programs give preference to Catholic students living within parish boundaries; secondly, to Catholic students living outside boundaries; finally, to non-Catholic students.

BRIGHT FROM THE START EXEMPTION STATEMENT

St. Teresa of Avila Preschool & Mother's Day Out programs are not a licensed childcare facility. Additionally, these programs are not required to be licensed by the Georgia Department of Early Care and Learning and are exempt from state licensure requirements.

NOTICE OF VIDEO

Video of your child during the St. Teresa of Avila Preschool & Mother's Day Out programs to appear on TV display at the entrance of the Education building during school hours. May also be used in case of emergency.

ENROLLMENT FORMS

All children entering the St. Teresa of Avila Preschool and Mother's Day Out programs must have the following forms completed and signed before attendance:

- Application for Admission
- Child's Personal Description
- Child's Health Statement
- Consent for Medical Treatment/Child's Medical Information
- Parent Signature Page
- Photo Release
- Copy of child's current immunizations (Georgia Form #3231)
POLICIES & PROCEDURES FOR MOTHER’S DAY OUT & PRESCHOOL

1. Drop Off: Follow times per your child’s classroom. Four-year-old 9:15, Three-year-old 9:30, One- and two-year-old classes at 9:45.

2. Pick-Up: Follow times per your child’s classroom. Four-year-old 1:15, Three-year-old 1:30, One and two-year-old classes at 1:45.

If you are late getting your child, you will be charged $5.00 for each five minutes you are late. Please watch the time. Be sure you consider traffic and weather conditions, and make sure you allow yourself time to get to church. This will be enforced from the very first day. If an emergency occurs, please call us so we can assure your child that you are on the way. Also, if someone else is going to pick up your child, you must email ndurrwachter@st-teresa.com and notify us at the front desk, 706-447-4522 or your child’s teacher.

If someone we do not know comes for your child, they need to be prepared to show us valid identification.

3. Absences: If your child is going to be absent, call us and let us know. Then we can offer that spot to someone who needs an extra day.

4. Toys from Home: Toys need to be left at home, unless the teacher requests them. We do allow a “security animal or object” for the one’s and two’s if necessary to help them adjust.

5. Parties and Celebrations: Parties are held on special occasions.

6. Siblings: NO SIBLINGS are to attend any Field Trips.

7. Lunch: Send a lunch each day and include a drink and utensils if needed. Sandwiches are not necessary. Try to pack foods that your child normally eats. If you sent too much lunch or not enough we will put a note in your child’s lunch box. Lunch boxes need to be cleaned out and washed daily. Make sure your child’s name is on the outside.

8. Illness: Children who have a fever over 99, diarrhea, vomiting, pink eye, or any contagious illness should be kept at home. **Children must be fever free for 24 hours before returning to the program.** If a child becomes sick at school, we will isolate them and call you or someone on your emergency contact list immediately. Medications will not be given by our staff. Please let us know if you give your child medication(s) before he/she comes to school. Medication can sometimes change a child’s behavior or disposition.

9. Head Lice: Children who are suspected of head lice will be sent home. Children may not return until they are completely nit-free.
POLICIES & PROCEDURES FOR MOTHER’S DAY OUT & PRESCHOOL (continued)

10. **Dress**: Children should wear play clothes appropriate for the weather. All removable clothing (jackets, hats, sweaters, etc.) should have your child’s name on them. Jackets or sweaters must be sent in everyday until the weather is warmer in the Spring. We do go out to play on those cool mornings.

11. **Diaper Bags**: Diaper bags should include at least 2 disposable diapers, and “baby wipes”. Your child’s name should be on the outside of the diaper bag. An extra outfit in the bag is helpful for those in diapers or those still potty-training.

12. **Inclement Weather**: We will follow closings due to inclement weather according to Columbia County Schools. If there is a delay for Columbia County Schools due to weather, our program will be **closed** for the entire day.

13. **Placement**: Georgia Law permits a child who turns five years old before Sept. 1st to enter public school. Decisions about placing a child who is already in the program will be made by the Director.

14. **Communication**: Communication is so important. You will receive text, email, notes and announcements about upcoming events. All of these are sent for your benefit. Please take time to read what we send home. Check your child’s folders each day.

15. **Immunization**: Georgia Form #3231 needs to be completed by your child’s pediatrician and submitted within the first month after your child’s enrollment and must be always kept current. If not received, your child will need to stay home with you until we receive it.

SCHEDULES FOR MOTHER’S DAY OUT & PRESCHOOL

The Preschool/ Mother’s Day Out Programs will operate Monday thru Friday throughout the week there will be structured learning through play-focused activities. There will be a curriculum used in each room.

We follow Columbia County schools schedule for holidays and on early release days, we closed for the day. We are closed for Church Holidays: St. Patrick’s Day, Good Friday and Easter Monday.
CLASSROOM STRUCTURE FOR MOTHER’S DAY OUT PROGRAM

One’s (Must be walking)
Must be 12 Months by September 1, 2022
1:6 Ratio
Must register for a minimum of 2 days
Tues. & Thurs. (closed Mon. Wed. & Fri.)

Two’s
Must be 2 Yrs. Old by September 1, 2022
1:8 Ratio
May choose 2 or 4 days per week
M, W or T, Th or M-Th (closed Fri.)
Must register for a minimum of 2 days

CLASSROOM STRUCTURE FOR PRESCHOOL PROGRAM

Preschool Three’s
(Must be potty trained)
Must be 3 Yrs. Old by September 1, 2022
1:10
Teacher: Student Ratio
May choose 4-5 days per week
(Must register for a minimum of 4 days)
Fridays are reserved for 5 days a week student.

Preschool Four’s
(Must be potty trained)
Must be 4 Yrs. Old by September 1, 2022
1:10
Teacher: Student Ratio
May choose 4-5 days per week
(Must register for a minimum of 4 days)
Fridays are reserved for 5 days a week student.

FEES & TUITION FOR MOTHER’S DAY OUT PROGRAM

REGISTRATION FEE: $100.00 per child (Non-Refundable) This fee is due in full at the time of registration.

TUITION: The tuition schedule varies based on the selected times and hours of instruction provided to your child. The current Tuition Rate Schedule (below) is used to determine your monthly rate. The tuition amount will be the same every month, including the months with reduced number of instructional days such as August, November, December, April, and May.

There is no reduction in payment in the tuition amount if your child is sick or on vacation. Payment of your tuition assures that your child’s place in our program is maintained during his or her absence.

You are responsible for the days you sign up for. Monthly tuition payments are due in full on or before the 10th of each month. Please speak with the Director if you wish to set up a bi-monthly payment.

LATE FEE: If payment is not received by the 10th of the month, a $10 fee will be added to the amount due.

Returned checks will be assessed a $25 fee. You will have 5 days to present payment for your regular tuition and the returned check fee.
FEES & TUITION FOR MOTHER’S DAY OUT PROGRAM (continued)

Refund conditions: Four weeks written notice is required to discontinue your child’s enrollment. There are no refunds for advance tuition payments or registration fees.

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<tr>
<th>TUITON SCHEDULE FOR MOTHER’S DAY OUT PROGRAM YEAR 2022-2023</th>
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<tr>
<td>Tuition (Active Parishioners)</td>
</tr>
<tr>
<td>2 Days $205/Month</td>
</tr>
<tr>
<td>4 Days $255/Month</td>
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FEES & TUITION FOR PRESCHOOL PROGRAM

REGISTRATION FEE: $100.00 per child (Non-Refundable) This fee is due in full at the time of registration.

TUITION: The tuition schedule varies based on the selected times and hours of instruction provided to your child. The current Tuition Rate Schedule (below) is used to determine your monthly rate. The tuition amount will be the same every month, including the months with reduced number of instructional days such as August, November, December, April, and May.

There is no reduction in payment in the tuition amount if your child is sick or on vacation. Payment of your tuition assures that your child’s place in our program is maintained during his or her absence.

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LATE FEE: If payment is not received by the 10th of the month, a $10 fee will be added to the amount due.

Returned checks will be assessed a $25 fee. You will have 5 days to present payment for your regular tuition and the returned check fee.

Refund conditions: Four weeks written notice is required to discontinue your child’s enrollment. There are no refunds for advance tuition payments or registration fees.

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<tr>
<td>Tuition (Active Parishioners)</td>
</tr>
<tr>
<td>4 Days $255/Month</td>
</tr>
<tr>
<td>5 Days $275/Month</td>
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WHOSE CHILD IS THIS?
Author Unknown

"Whose child is this?" I asked one day
Seeing a little one out at play
"Mine", said the parent with a tender smile
"Mine to keep for a little while
To bathe his hand and comb his hair
To tell him what he is to wear
To prepare him that he may always be good
And each day do the things he should"

"Whose child is this?" I asked again
As the door opened and someone come in
"Mine", said the teacher with the same tender smile
"Mine, to keep just for a little while
To teach him how to be gentle and kind
To train and direct his dear little mind
To help him live by every rule
And get the best he can from school"

"Whose child is this?" I ask once more
Just as the little one entered the door
"Ours" said the parent and teacher as they smiled
And each took the hand of the little child
"Ours to love and train together
Ours this blessed task forever."
ENROLLMENT FORMS
APPLICATION FOR ADMISSION
ST. TERESA OF AVILA MOTHER’S DAY OUT PROGRAM
REGISTRATION FEE IS NON-REFUNDABLE
2022-2023

Child’s Full Name______________________ Prefers to be called__________________

Birthdate_____/_____/_____ Age ____ (as of Sept. 1,2022)  Male  Female (circle one)

Parish you attend__________________________

FAMILY INFORMATION (fill out completely)

Home Address______________________________________ Home Phone (_____)_____ - _______

City, State, Zip______________________________________ E-Mail__________________________

Father’s Name______________________ Occupation_______ Cell Phone (_____)_____ - _______

Business Address____________________________________ Work Phone (_____)_____ - _______

Mother’s Name______________________ Occupation_______ Cell Phone (_____)_____ - _______

Business Address____________________________________ Work Phone (_____)_____ - _______

Does child live with both parents?   ___Yes ___No

Who has custody of the child?   ___Joint ___Mother ___Father ___Other(_________)

This child may be released only to the person(s) signing this agreement, to either the person listed as
Father or Mother, or to one of the following:

*1.________________________ Phone (_____)_____ - _______ Relationship__________________

2.________________________ Phone (_____)_____ - _______ Relationship__________________

3.________________________ Phone (_____)_____ - _______ Relationship__________________

*In the case of emergency, when the child’s parent cannot be reached, this person should be contacted.

FOR OFFICE USE ONLY

M   TU   W   TH   F   1   2   3   4

Special Instructions________________________________________________________________________

Date of Application_____/______/______ Registration Fee: Amount Paid $________cash check#______
CHILD’S PERSONAL DESCRIPTION  
ST. TERESA OF AVILA  
MOTHER’S DAY OUT PROGRAM

Child’s Full Name_________________________________ Prefers to be called _________________________

Birth Date_____/_____/____

List the names and ages of brothers and sisters of this child:

<table>
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<tr>
<th>Name</th>
<th>Age</th>
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Do you speak a language other than English at home? Yes_____ No_____
If yes, please specify what kind: ________________________________________________________________

Is this child toilet trained? Yes _____ No_____
Specify what word they use for urination___________? Bowel movement_______________?

Does this child sleep well? ____________________________________________________________

What are this child’s favorite indoor activities? _____________________________________________

What are this child’s favorite outdoor activities? _____________________________________________

Does this child enjoy water play? _______________________________________________________

Are there any special fears this child has? ________________________________________________

Does this child have any speech problems? ________________________________________________

Does this child have any other special problems of which we should be aware?
______________________________________________________________________________________

What method of discipline is use in your home? _____________________________________________

How would you describe your child’s personality?
______________________________________________________________________________________

Is there any other information about your child – special likes or dislikes or ways you give care that would be helpful for our teachers in order to better care for your child?
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
CHILD’S HEALTH STATEMENT  
ST. TERESA OF AVILA  
MOTHER’S DAY OUT PROGRAM

Full name of child________________________________________________________

**MEDICAL HISTORY**  
Please list any and all allergies your child has:

__________________________________________________________________________
__________________________________________________________________________

Is there any evidence of:
- Hearing loss or difficulties? ______  
- Vision difficulties? ______  
- Speech difficulties? ______

List any hospitalizations and/or surgeries:

__________________________________________________________________________
__________________________________________________________________________

Are there any serious illnesses the staff should be aware of? Please list.

__________________________________________________________________________
__________________________________________________________________________

List any medications and drugs taken regularly by the child. (Staff will not be responsible for
administrating and medication.)

__________________________________________________________________________
__________________________________________________________________________

Are all immunizations up-to-date? ____Yes  ____No If no, reason: ______________________

Other remarks regarding physical conditions (include any bladder or urination problems).

__________________________________________________________________________
__________________________________________________________________________

I will update this file with any changes as they occur.

**MEDICAL RELEASE**

In the event of an emergency and my child has been injured at the Mother’s Day Out Program
of St. Teresa of Avila Catholic Church AND I cannot be reached at the emergency number left,
the staff at St. Teresa of Avila has my permission to seek medical treatment at the nearest
Medical Clinic or Hospital.

Child’s Doctor______________________Physician’s telephone____________________

Preferred Hospital ______________________

Parent’s Signature_______________________________Date _________________
CONSENT FOR MEDICAL/SURGICAL CARE/EMERGENCY TREATMENT
AND CHILD’S MEDICAL INFORMATION

In presenting my son/daughter for diagnosis and treatment

Name: _________________________________ for ________________________

___Mother ___Father ___Legal Guardian ___Son ___Daughter

of ____ years of age; hereby voluntarily consent to resending of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in her professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the affect of such examinations or treatment on the child’s condition. I have read this form and I certify that I understand the contents.

We/I hereby give our (my) consent to St. Teresa of Avila MDO Program

Who will be caring for our (my) child: ___________________________________

(Name of child)

for the period August 2022 to May 2023 to arrange for routine or emergency medical/surgical dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this time.

Parent’s/Guardian’s Name _______________________________________________

Parent’s Guardian’s Phone (    ) __________________________________________

Family Physician___________________________ Phone (  ) __________________

Pediatrician ____________________________ Phone (    ) ____________________

Dentist______________________________________ Phone (   ) ______________

Name of health Insurance Carrier____________________________________________

Policy Number: _____________________ Group No.____________________________

Agreement No. __________________________

Signature of Parent/ Guardian ____________________________ Date _____________

IN CASE OF AN EMERGANCY, I CAN BE REACHED AT: _____________________
St. Teresa of Avila  
Mother’s Day Out Program

Notice of Exemption

I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

St. Teresa of Avila  
Mother’s Day Out Program

Notice of Video

Video notice: Video of the child during the St. Teresa of Avila’s Mother’s Day Out Program, to appear on tv screen at the entrance of the Education building during school hours. May also be used in case of an emergency.

ST. TERESA OF AVILA  
MOTHER’S DAY OUT PROGRAM

Parental Agreement

I acknowledge it is my responsibility to keep my child’s records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child’s physician, child’s health status, and immunization records, etc.

I have received a copy and agree to abide by the policies and procedures as outlined in the Parent Handbook.

________________________________________  ______________________
Signature (Parent/ Guardian)  ______________________
Date
St. Teresa of Avila
Photo Release Form

Participant’s name: ________________________________

Birth date: __________________________ Gender: __________

Parent/Guardian’s name: ________________________________

Home address: _______________________________________

Home phone: __________________________ Business phone: _________

Mobile phone: __________________________ Email: __________________

Photo Release for Internet and Newsletter: I hereby grant permission for photographs taken of my child during the St. Teresa of Avila’s Mother’s Day Out Program, to appear on one of the following communication medium of St. Teresa of Avila Catholic Church: www.st-teresa.com (The website of St. Teresa of Avila Catholic Church). I understand that images of my child will be used only in relation to these publications relevant to this liability form. Any other use of said images will require my full written consent.

My signature confirms my approval of said photos and recognition of my consent.

Signature of Parent: __________________________ Date: __________
APPLICATION FOR ADMISSION
ST. TERESA OF AVILA PRESCHOOL PROGRAM
REGISTRATION FEE IS NON-REFUNDABLE
2022-2023

Child’s Full Name______________________ Prefers to be called__________________

Birthdate_____/_____/_____ Age ____ (as of Sept. 1, 2022) Male  Female (circle one)

Parish you attend__________________________

FAMILY INFORMATION (fill out completely)

Home Address__________________________________ Home Phone (______)______-________

City, State, Zip________________________________ E-Mail_________________________

Father’s Name__________________________ Occupation__________ Cell Phone (______)______-________

Business Address____________________________ Work Phone (______)______-________

Mother’s Name__________________________ Occupation__________ Cell Phone (______)______-________

Business Address____________________________ Work Phone (______)______-________

Does child live with both parents?   ___Yes ___No

Who has custody of the child? ___Joint ___Mother  ___Father ___Other(_________)

This child may be released only to the person(s) signing this agreement, to either the person listed as
Father or Mother, or to one of the following:

*1.________________________ Phone (______)______-________ Relationship____________________

2.________________________ Phone (______)______-________ Relationship____________________

3.________________________ Phone (______)______-________ Relationship____________________

*In the case of emergency, when the child’s parent cannot be reached, this person should be contacted.

FOR OFFICE USE ONLY

M    TU    W    TH    F           1    2    3    4

Special Instructions______________________________

Date of Application_____/_____/____  Registration Fee: Amount Paid $________cash check#_____
CHILDS PERSONAL DESCRIPTION
ST. TERESA OF AVILA
2022-2023 PRESCHOOL PROGRAM

Childs Full Name___________________________ Prefers to be called __________________

Birth Date / /

List the names and ages of brothers and sisters of this child:

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Do you speak a language other than English at home? Yes_____ No_____  
If yes, please specify what kind: ________________________________________________

Is this child toilet trained? Yes_____ No_____  
Specify what word they use for urination___________? Bowel movement_______________?

Does this child sleep well? _____________________________________________________

What are this childs favorite indoor activities? ______________________________________

What are this child's favorite outdoor activities? ______________________________________

Does this child enjoy water play? _________________________________________________

Are there any special fears this child has? __________________________________________

Does this child have any speech problems? _________________________________________

Does this child have any other special problems of which we should be aware?

____________________________________________________________________________

What method of discipline is use in your home? ______________________________________

How would you describe your child's personality?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Is there any other information about your child – special likes or dislikes or ways you give care that would be helpful for our teachers in order to better care for your child?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
Full name of child________________________________________________________

MEDICAL HISTORY
Please list any and all allergies your child has:

__________________________________         __________________________________

__________________________________          __________________________________

Is there any evidence of:

| Hearing loss or difficulties? |  
| Vision difficulties?         |
| Speech difficulties?         |

List any hospitalizations and/or surgeries:

____________________________________________________________________________

________________________________________________________________

Are there any serious illnesses the staff should be aware of? Please list.

____________________________________________________________________________

________________________________________________________________

List any medications and drugs taken regularly by the child. (Staff will not be responsible for administrating and medication.)

____________________________________________________________________________

________________________________________________________________

Are all immunizations up-to-date? ____Yes   ____No If no, reason: _________________

Other remarks regarding physical conditions (include any bladder or urination problems).

____________________________________________________________________________

________________________________________________________________

I will update this file with any changes as they occur.

MEDICAL RELEASE

In the event of an emergency and my child has been injured at the Preschool Program of St. Teresa of Avila Catholic Church AND I cannot be reached at the emergency number left, the staff at St. Teresa of Avila has my permission to seek medical treatment at the nearest Medical Clinic or Hospital.

Child’s Doctor______________________Physician’s telephone____________________

Preferred Hospital ______________________

Parent’s Signature_______________________________Date _________________
CONSENT FOR MEDICAL/SURGICAL CARE/EMERGENCY TREATMENT AND CHILD’S MEDICAL INFORMATION

In presenting my son/daughter for diagnosis and treatment

Name: _________________________________   for ________________________

___Mother  ___Father  ___Legal Guardian  ___Son  ___Daughter

of _____ years of age; hereby voluntarily consent to resending of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in her professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the affect of such examinations or treatment on the child's condition. I have read this form and I certify that I understand the contents.

We/I hereby give our (my) consent to St. Teresa of Avila Preschool Program

Who will be caring for our (my) child: ___________________________________

(Name of child)

for the period August 2022 to May 2023 to arrange for routine or emergency medical/surgical dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this time.

Parent’s/Guardian’s Name _________________________________________________

Parent’s Guardian’s Phone (    ) __________________________________________

Family Physician___________________________ Phone (  ) __________________

Pediatrician ____________________________ Phone (    ) ____________________

Dentist______________________________________ Phone (   ) ______________

Name of health Insurance Carrier____________________________________________

Policy Number: _____________________ Group No.____________________________

Agreement  No. ____________________________

Signature of Parent/ Guardian ____________________________ Date _____________

IN CASE OF AN EMERGANCY, I CAN BE REACHED AT: ______________________
Notice of Exemption

I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Notice of Video

Video notice: Video of the child during the St. Teresa of Avila’s Preschool Program, to appear on tv screen at the entrance of the Education building during school hours. May also be used in case of an emergency.

ST. TERESA OF AVILA
PRESCHOOL PROGRAM

Parental Agreement

I acknowledge it is my responsibility to keep my child’s records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child’s health status, and immunization records, etc.

I have received a copy and agree to abide by the policies and procedures as outlined in the Parent Handbook.

______________________________  ______________________
Signature (Parent/ Guardian)       Date
St. Teresa of Avila
Preschool
Photo Release Form

Participant’s name: ________________________________________

Birth date: __________________________ Gender: __________

Parent/Guardian’s name: __________________________________

Home address: __________________________________________

Home phone: __________________________ Business phone: _______

Mobile phone: __________________________ Email: _______________________

Photo Release for Internet and Newsletter: I hereby grant permission for photographs taken of my child during the St. Teresa of Avila’s Preschool Program, to appear on one of the following communication medium of St. Teresa of Avila Catholic Church: www.st-teresa.com (The website of St. Teresa of Avila Catholic Church). I understand that images of my child will be used only in relation to these publications relevant to this liability form. Any other use of said images will require my full written consent.

My signature confirms my approval of said photos and recognition of my consent.

Signature of Parent: __________________________ Date: __________