



Cary Methodist Preschool
 500 First Street Cary, IL 60013
 847-639-7655

PRESCHOOL OFFICE USE ONLY:

Admission Date: _____
 Discharge Date: _____
 Class : _____
 Hours: _____
 Tuition: _____

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Date of Birth _____ Gender _____

Address _____

Street

City

Zip Code

Phone _____ Name to be called at School _____

PARENT(S) AND/OR OTHER PERSON(S) ENROLLING THE CHILD:

Name _____ Name _____

Relation to Child _____ Relation to Child _____

Home Address _____ Home Address _____

Home Phone Number _____ Home Phone Number _____

Cell Phone Number _____ Cell Phone Number _____

Place of Employment _____ Place of Employment _____

Occupation _____ Occupation _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Working Hours _____ Working Hours _____

OTHER PERSON TO NOTIFY IF PERSON ENROLLING THE CHILD CANNOT BE REACHED:

Name _____ Address _____

Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED:

Name _____ Address _____

Phone Number _____ Hospital _____

Does your child have allergies? _____ If so, may we post this information in the classroom? _____

Does your child have any physical handicaps/medical problems? _____

 Signature of parent or other person-placing child

 Today's Date

Has your child had a preschool and /or child-care experience previous to this one? _____

How would you describe your child? _____

Do you have any concerns about your child's development? _____

What do you want your child to get most from Preschool? _____

Which Elementary School District will your child attend? # _____ Church affiliation? _____

Is there any other information about your child that you believe we should be aware of? _____

List other children in the household including name(s) and age(s): _____

Comments: _____

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY.

PRESCHOOL DIRECTORY PERMISSION FORM

I give permission for (parent(s)/guardian(s) name) _____ and (child's name) _____,

address, e-mail address and phone number to be printed in the Cary Methodist Preschool Directory.

Please print name(s), address, e-mail address and phone number how it is to appear in the preschool directory:

CHILD'S NAME: _____

PARENT(S)/ GUARDIAN(S) NAME: _____

ADDRESS (include City and Zip Code): _____

PHONE: _____ E-Mail Address _____

Signature of Parent/ Guardian

Today's Date

CHILD PICKUP FORM

Child's Name: _____

I/ WE AUTHORIZE ONLY THE FOLLOWING INDIVIDUALS TO PICK UP MY/ OUR CHILD WHEN I/ WE ARE UNAVAILABLE. THE INDIVIDUALS LISTED CAN ALSO ACT UPON MY/ OUR BEHALF IN THE EVENT OF AN EMERGENCY/ DISASTER AS DETERMINED BY THE PRESCHOOL.

1. Name: _____

Address: _____

Relationship to Child: _____

Phone Numbers: _____
(Indicate home, work, cell number, etc.)

2. Name: _____

Address: _____

Relationship to Child: _____

Phone Numbers: _____
(Indicate home, work, cell number, etc.)

3. Name: _____

Address: _____

Relationship to Child: _____

Phone Numbers: _____
(Indicate home, work, cell number, etc.)

4. Name: _____

Address: _____

Relationship to Child: _____

Phone Numbers: _____
(Indicate home, work, cell number, etc.)

*Parent(s)/ Guardian(s) Signatures: _____

Today's Date: _____

*Both signatures required, otherwise other parent/guardian needs to be listed as authorized pick up individual.

PERMISSION FORM

1. I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities of the preschool.
2. I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks. Prior notification of these walks will be given to parents. I understand that health and safety precautions are taken in compliance with DCF's standards for licensure.
3. I hereby understand that all fieldtrip transportation must be handled by parent, legal guardian, or assigned representative by a parent or legal guardian. The school will NOT assume responsibility for anything that occurs before or after the arrival of the students at the fieldtrip. Fieldtrip permission slips will be sent home prior to any such fieldtrip. I understand that health and safety precautions are taken in compliance with DCF's standards for licensure.
4. I hereby grant permission for my child to be included in pictures/ videos associated with this program, including the CMP website and Facebook page.
5. I hereby grant my permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical and dental care if warranted. These steps may include, but are not limited to the following:
 - a. Contact appropriate medical responder;
 - b. Attempt to contact a parent or guardian;
 - c. Attempt to contact you through any persons listed on your child's information form;
 - d. Have the child taken to an emergency center in the company of a staff member if necessary.
6. Any expenses incurred under Item Number 5, above, will be borne by the child's family.
7. The school will NOT assume responsibility for a child who has NOT been signed in when he/ she arrives for the day.
8. The school will NOT assume responsibility for anything that may occur as a result of false information given at time of enrollment.
9. Injury sustained at school must be reported within 24 hours to the Director or Acting Director.
10. I am aware that children will say a prayer each day, attend Chapel Time once a month and will be taught Christian concepts appropriate for preschool children at the religious holidays.
11. I hereby agree with all the above and grant my permission for the staff to administer emergency first aid.
12. I agree to follow the recommended and mandated mitigations for COVID-19 set forth by the State and D26.

Signature of Parent/ Guardian

Today's Date