

**First Assembly of God  
Preschool & Nursery  
Student Application**

3540 Central Avenue, Hot Springs, AR 71913  
501-624-3564

[www.hotspringsfirstag.com](http://www.hotspringsfirstag.com)

**Personal Information**

**Expected Start Date** \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

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

Mother/Guardian \_\_\_\_\_ SS # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Hours \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent's Email(s)** \_\_\_\_\_

Father/Guardian \_\_\_\_\_ SS # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Hours \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

Legal Custody Belongs to \_\_\_\_\_

If legal custody is someone other than biological parents, is child adopted? \_\_\_\_\_

**In cases of divorce, separation, or adoption, we must have a copy of court papers decreeing who has custody, and pick-up rights to the child, before we can deny one parent access to the child. (If a parent who does not have legal access to the child comes on the premises, we will call the police, as we cannot enforce the law.)**

Name and address of last preschool attended \_\_\_\_\_

Other preschools attended \_\_\_\_\_

Expected Daily Arrival Time \_\_\_\_\_ Expected Daily Departure Time \_\_\_\_\_

Church currently attending \_\_\_\_\_

**OFFICE USE ONLY**

Date Enrolled \_\_\_\_\_ Amount Paid \_\_\_\_\_ Class/Age \_\_\_\_\_

Withdrawn \_\_\_\_\_ Notes \_\_\_\_\_

**Emergency Contact Information**

Child's Name \_\_\_\_\_

Person to call if parents or guardian cannot be reached: **(Photo I.D. required)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*Besides the person above, list all other persons who are authorized to pick up your child:*

**(Please be sure they are aware that they must show photo I.D. when picking up your child.)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**OUT OF STATE/AREA CONTACT PERSON for Emergencies** (Natural disasters, etc.) Minimum Licensing Requirement 1201.2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Child's Developmental Needs**

List all Physical or Emotional Problems \_\_\_\_\_

Check any area in which your child has problems:

\_\_\_\_ Allergies – List all \_\_\_\_\_

\_\_\_\_ Temper Tantrums      \_\_\_\_ Diabetes      \_\_\_\_ Frequent Colds

\_\_\_\_ Biting      \_\_\_\_ Sun Sensitivity      \_\_\_\_ Seizures

\_\_\_\_ Fainting Spells      \_\_\_\_ Bed Wetting (Must have pull-ups for naptime)

If your child is 18 months or older, check any area in which your child requires help:

\_\_\_\_ Dressing/Undressing      \_\_\_\_ Toileting      \_\_\_\_ Washing Hands      \_\_\_\_ Eating

Is Child Toilet Trained? \_\_\_\_ Yes      \_\_\_\_ No      Words used in toileting \_\_\_\_\_

Names and ages of Siblings:

\_\_\_\_\_

**Medical Information**

Child's Name \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

List Any Known Allergies to Medication \_\_\_\_\_

Medications currently taking \_\_\_\_\_

Other Special Needs or Instructions \_\_\_\_\_

**Acetaminophen/Sunscreen**

I hereby \_\_\_\_\_ give / \_\_\_\_\_ do NOT give the Director of the Child Care Facility, or her representative permission to give my child, \_\_\_\_\_, acetaminophen if needed. I understand that I will be notified that the medication has been administered.

I \_\_\_\_\_ give / \_\_\_\_\_ do NOT give permission for sunscreen lotions to be applied to my child, as needed. Minimum Licensing Requirement: DCCECE/Child Care Licensing Unit: 1101.16.

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

**Disease History**

List the dates of each:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ German Measles \_\_\_\_\_

Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Contracted Tuberculosis \_\_\_\_\_ Yes / \_\_\_\_\_ No Frequent Ear Infection \_\_\_\_\_ Yes / \_\_\_\_\_ No

Frequent Throat Infection \_\_\_\_\_ Yes / \_\_\_\_\_ No Defective Heart \_\_\_\_\_ Yes / \_\_\_\_\_ No

Allergies \_\_\_\_\_ Yes / \_\_\_\_\_ No (If yes, list on lines below.) Diabetic \_\_\_\_\_ Yes / \_\_\_\_\_ No

Other Conditions or Comments \_\_\_\_\_

**Consent for Medical Care**

We, parents or legal guardians of \_\_\_\_\_, do hereby give consent to the Director of First Assembly of God Nursery and Preschool, or her appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when we, the parents, cannot be reached. Consent is also give for the Director or her representative to transport said child for emergency medical treatment, if we cannot be reached. We fully understand that we and/or our insurance carrier, are totally responsible for all incurred expenses, and do not hold First Assembly of God Church, the Nursery and Preschool, or anyone associated with said organizations, responsible for any expense or liability whatsoever.

\_\_\_\_\_  
Mother or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father or Legal Guardian

\_\_\_\_\_  
Date

## Behavior Guidance

Child's Name \_\_\_\_\_

The aim of the discipline policy here at 1<sup>st</sup> A/G Preschool is to build character and self-esteem and to help children learn to make right choices. By setting limits, we help children feel secure and learn proper boundaries. We will use positive reinforcement, modeling, and time-out as means of discipline. The teachers and staff at the preschool will consistently look for and praise good behavior. When discipline needs to be used, the following guidelines will be followed.

- Step 1: The teacher gives a verbal warning and redirects the child.
- Step 2: The child is removed from the situation and sits in time-out. (One minute times the age of the child) This step is repeated until the child has had three time outs for the day.
- Step 3: The Director comes and talks with the child, giving him/her a verbal warning and positive suggestions.
- Step 4: The parent will be called and asked to come up to the preschool and try to resolve the problem.
- Step 5: If misbehavior continues, the parents will be called and asked to Pick up the child for the remainder of the day and the following day. Parents must arrive to pick up the child within one hour of being called. After staying out for one whole day, the child may return to the facility. However, if misbehavior continues, and it is determined by the teacher and Director and/or Pastor, that the child cannot conform to the rules, we reserve the right to dismiss the child from the program on a permanent basis.

## Physical Pain/Biting

An accident/incident report will be written up when one child bites or physically hurts another child. Parents will see and sign the report, as proof that the parent was informed of the situation, as mandated by the state. After a child has bitten or physically hurt someone twice in one day, (once, if it is severe – at the discretion of the Director or her Assistant), the parents of the child will be called and asked to pick up the child for the remainder of the day and the next day. The second time a parent has to be called to pick up a child, for this action, a conference will be necessary to discuss corrective measures. If inappropriate behavior continues, after the conference, we will have no choice but to dismiss the child from our facility.

*I have read the above policies and will abide by the stipulations therein. Should I be called and asked to pick up my child from preschool, I will come or send someone on my pick-up list promptly, within the hour. If I fail to have my child picked up within an hour of the call, I understand that my child may be dismissed from the preschool that day. I understand that if my child is dismissed from the preschool, at any time, no refund will be given for the week.*

\_\_\_\_\_  
Mother/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Date

# MULTIPLE VERIFICATION CONSENT FORM

Child's Name \_\_\_\_\_

## ***Interviewing Children***

This is a statement of verification that I have been informed that Child Care Licensing Agents, Investigators, or Law Enforcement may possibly interview my child. This is in accordance with the Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 200.3.

## ***Kindergarten Readiness Skills***

This is to acknowledge that I have received the Kindergarten Readiness Skills Calendar for my child, if applicable, in accordance with the Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 200.4.

## ***Release for Media Recordings***

I understand and agree that my child may be photographed or videoed, and his/her image may be used for, but not limited to: displays, distributions, publications, brochures, newsletters, newspapers, videos and digital images such as those on the First Assembly of God Web Site and social media pages of the church, the Preschool, and/or the Staff.

\_\_\_\_\_ Deny permission to use my child's image under any circumstance. I understand that by choosing this option, the staff cannot take photos of my child during special occasions, to pass on to me. I further understand that my child will NOT be able to participate in preschool programs that will be recorded for parents to purchase.

\_\_\_\_\_ Grant unrestricted permission to use my child's image in print, video, and digital & social media, I agree that these images may be used by First Assembly of God for a variety of purposes and that these images may be used without notifying me further. I understand and agree that neither my child, nor I, will receive compensation for such use of my child's image.

## ***Contractual Agreement***

I hereby make application to enroll my child in 1<sup>st</sup> A/G Nursery and Preschool. I have received a copy of the Parent Handbook and agree to abide by the rules and policies stated therein. ***I agree to make tuition payments in advance on Monday mornings, each week.*** I understand that for each day my payment is late, a \$5.00 per day, per child, late fee will be added to my balance. If payment is not made by Wednesday of the second week, my child cannot return until payment and late fees have been paid. If payment has not been made by Friday of that week, I understand that my child will be dropped from the roll and will not be allowed to return. If I wish to re-enroll, provided there is an opening, I must pay back payments plus late fees, as well as a new registration fee. ***I further understand that I am paying weekly, based on a yearly fee, and therefore must pay, even if the center is closed or if my child does not attend due to vacations, sickness, holidays, etc. I understand that I am paying for my child's position, and not the time he/she spends at the facility.*** After my child has been attending the nursery/preschool for six consecutive months, I understand that we will earn two weeks vacation time per year, for which we will not be required to pay. I agree to give two weeks written notice to my child's teacher or to the Director before we take any vacation time. I further agree to give a written notice two weeks prior of my intent to remove my child from the nursery or preschool, so staff adjustments can be made if necessary.

We, the undersigned, do agree to all the statements above. (Both parents/guardians must sign.)

\_\_\_\_\_  
Mother or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father or Legal Guardian

\_\_\_\_\_  
Date

Note: ***A non-refundable \$50.00 registration fee, a \$75.00 book/supply fee, and your child's immunization record must accompany this application.*** We reserve the right to refuse admission or re-admission to any student for any reason, including, but not limited to, students we feel would be detrimental to the program, those whom we feel will not profit by the program, any student whose parent has left the church under negative circumstances, or anyone whose financial account is not kept current.