

2020-2021

PILGRIM COMMUNITY PRESCHOOL

A MINISTRY OF PILGRIM
LUTHERAN CHURCH



1430 N. Lake Drive
Lexington SC 29072
(803) 957-7889

E-mail: directorofpcp@gmail.com
Facebook: Pilgrim Community Preschool

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

(Please Print)

APPLICATION FOR ADMISSION

Date of Birth _____/_____/20____ Age as of Sept. 1, 2020_____

Child's first Name: _____

Last name: _____ Boy ___ Girl ___

Name used at home: _____

STATEMENT OF FEES

Registration Fees:

Toddlers (2 Day): \$175.00 plus \$20.00 Supply Fee

Toddlers (4 Day), Two's, Three's and Four's / 4 Days per week: \$235.00 plus \$40.00 Supply Fee

- Registration and Supply Fees are due at time of registration.
- ALL Fees are NON-REFUNDABLE and may NOT be used in place of tuition.

Monthly Tuition:

Toddlers (2 Day): \$175.00 / month

Toddlers (4 Day), Two's, Three's, and Four's / 4 Days: \$235.00 / month

- Tuition is due by the 1st of each month. There are 9 monthly tuition payments, September - May.
- If a particular class does not fill up, we reserve the right to cancel the class and offer you another option. If another class does not fit your schedule, we will reimburse you the registration and supply fees that were paid. We will notify you of any changes by JULY 1st.
- Preschool hours: Monday-Thursday 9:00-1:00 pm

Fun Fridays:

Cost: \$30 / Fun Friday

Fun Friday Hours: 9:00-1:00 pm

- Registration forms are sent out a week before the start of a new month.
- Fee is due at the time of registration and is NONREFUNDABLE and ONLY interchangeable within the month registered if one is missed.
- Fun Friday registration will be cut off on Wednesdays of each week so that we can staff with the appropriate teacher/student ratios.

FOR OFFICE USE ONLY

Registration Date: _____

Amount Paid: _____ Method of Payment: Cash _____ Check # _____

Notes: _____

____ Birth Certificate ____ Immunization Record ____ Pages 1-9 Completed

____ Toddler (2 Day) ____ Toddler (4 Day)

____ Two Year Old (4 Day) ____ Three Year Old (4 Day) ____ Four Year Old (4 Day)

Pilgrim Community Preschool of Pilgrim Lutheran Church

TEACHER INFORMATION FORM

CHILD'S FULL NAME _____

Check one: _____ Boy _____ Girl

Name used at home _____ Birth Date: _____ / _____ / _____

Home phone number _____

Address _____ City _____ Zip code _____

Mother's name _____ email address _____

Mobile phone _____ Work phone _____

Mother's employer _____ Profession _____

Father's name _____ email address _____

Mobile phone _____ Work phone _____

Father's employer _____ Profession _____

Does your child live with both legal parents? _____ If not, please explain _____

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

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

Previous programs attended: _____

Church affiliation: _____

Will your child be picked up on a regular basis by someone other than you or your spouse? This includes a nanny or grandparent. If there is more than one person who will be picking up your child on a regular basis, please attach a written note providing their name, relationship to your child and a contact number.

Name _____ Relationship _____

Phone _____

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

_____ I have a unique talent/skill that I would like to share (please explain below).

MEDICAL EMERGENCY INSTRUCTIONS & CONTACTS

Doctor _____ Address _____ Phone _____

If not Lexington Medical Center, preferred hospital? _____

We have medical insurance coverage with _____ (company).

I, _____, hereby grant Pilgrim Community Preschool Staff the right to act on my behalf in case emergency medical treatment is necessary including calling 911 for emergency transportation and treatment for my child, and securing the safety and well-being of my child until such time I can be located. I will be responsible for all expenses incurred. 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: _____

Witness: _____ Date: _____

Medical Information:

	YES	NO
1. Does child have allergies? If so, please specify _____		
2. Is emergency treatment needed for insect bites? If so, please explain what type of bite _____		
3. Does your child have seizures or ever had a seizure? If so, please explain _____		
4. Does your child have unusual fears or anxiety? If so, please explain _____		
5. Does your child have asthma?		
6. Does your child have chronic strep infections?		
7. Does your child suffer from chronic ear infections?		
8. Does your child have ear tubes?		
9. Does your child suffer from acid reflux?		
10. Does your child have potty issues? Including frequent upset stomach or constipation _____		
10. Does your child have chronic nosebleeds?		
11. Does your child experience frequent skin rashes like eczema?		
12. Is your child potty trained?		
13. Can your child manage clothes & bathroom needs?		

MEDICAL EMERGENCY INSTRUCTIONS & CONTACTS

Medical Remarks:

Please list any other health information that would be important for your child's teacher to know. If you would like, please include food allergies and/or specific medical problems along with daily medications.

If your child receives any special services from the school district, please explain below. Please include what type of service they are receiving and where.

List any other information you would like to share with the classroom teacher.

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 _____

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.)

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, hives, or mouth sores that cannot be identified or have not been treated by a doctor
- 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. If your child begins to get sick at school and you are contacted to come get them, your child is not allowed to return to school for a least a full 24 hours. This is for the health and well-being of your child, as well as, for all our other little Pilgrims. 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 without the aid of medication
- 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: _____

****A copy of this form is provided in the Parent Handbook.**

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 two incidents, 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: _____

**A copy of this form is provided in the Parent Handbook.

BITING POLICY

Biting may occur among toddlers and occasionally even among preschoolers in even the very best early childhood education programs. When biting happens, it is frustrating and stressful for the child, parents, and teachers. However, it is a natural phase of development, and not something to blame on the child, parents, or teachers. Children bite for a variety of reasons:

- *simple sensory exploration
- *out of feelings of fear, frustration, or panic
- *a desire for attention
- *desire for a toy or other item

Repeated biting is a pattern of learned behavior that can be challenging to extinguish, because it does achieve the desired result quickly: attention, the desired item, or relief from stressful situations.

PCP deems biting as an example of unacceptable behavior. For the safety of the other children, biting falls under separate policies and procedures, which are listed below.

1st offense- The child is removed from the situation and is placed in a time-out. Time out is a way for the child to calm down and reflect. The length of time out equals the child's age. For example a 2 year old will sit for two minutes. Special attention will be given to the child who was bitten.

Incident reports will be written for both the biter and the bitee, which will need to be signed by the parents. A copy will be given to the parents and an additional copy will be placed in both the biter and bitees' files in the office.

2nd offense- The child will go to the director's office to have a talk with the director. The director will document by filling out a form to be sent home and signed by the parent. The returned copy will be kept on file in the office.

3rd offense- Parents will be called in for a meeting to discuss the behavior and work with the director and teachers to come up with a solution.

Reoccurring offenses- Parents are asked to come in for additional conferences and help. Child might be asked to leave for the day.

If the family is unwilling to address the situation, the child will be asked to leave the school.

Parent Signature: _____ Date: _____

**A copy of this form is provided in the Parent Handbook.

PARENT PLEDGE

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.

I am aware of the following:

Pilgrim Community Preschool, hereafter referred to as PCP, is a Christian school and is a ministry of Pilgrim Lutheran Church.

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 choose 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. If there is failure to give notice, your child's file will be brought to the preschool board's attention and further action will be voted on; this including any future re-mittance into the preschool.

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. Our three year olds are expected to enter the three's program already potty trained and/or in the process of being potty trained. This includes going to the restroom more often than using a pull-up, discouraging the use of diapers at this point, and setting a date of being fully potty trained.

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 and or provide medical waivers in the event of a medical concern.

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 first. If concerns or issues are not addressed in a responsible time frame, I will then contact 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 5th of the month. I understand that if payment is not made by the 30th of the month, the student's spot may be forfeited.

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

Parent's Signature _____ Date _____

****A copy of this form is provided in the Parent Handbook.**

MEDIA CONSENT FORM



In an effort to better inform you, we use certain medias throughout the year; including but not limited to Facebook and our preschool website. We also use these medias to showcase some of the wonderful activities your child will participate in at PCP. This will also be a way for us to share more of the wonderful quotes from our little Pilgrims.

Our intentions are to update these medias weekly. We will do our best to include photos of each class within the year. In an effort to maintain confidentiality, there will never be a photo of your child with his/her name posted on it. If you would like to have your child participate in these projects, please complete the form below.

Child's Name: _____

___ I give permission for my child to participate.

___ I do not give permission for my child to participate.

Parent Signature: _____

Date: _____