

FIRST CONGREGATIONAL PRESCHOOL ADMISSION PACKET



DIRECTOR/TEACHER:

Candy Outman

Email: coutman@casair.net

Facebook: Candy Deal-Outman

Church Website: www.firstccog.org

Church Office Phone: (616)754-3445

Church Email: office@fccogchurch.com

STUDENTS NAME: _____

CHECKLIST:

- ☐ \$60 registration fee. **Make out checks to First Congregational Preschool or FCPS. ***Postdate check for Aug. 1st.***
- ☐ FCPS GUIDELINES.
- ☐ REGISTRATION FORM. **List any allergies your child may have. We are **NOT** a peanut free school.*
- ☐ CONTRACTUAL TUITION AND FUNDRAISER AGREEMENT
- ☐ HEALTH APPRAISAL. **You have 30 days to submit this form. This form must be filled out and **SIGNED** by your PCP!*
- ☐ Shot Record or copy of Opt-out form (from Stanton). **Submit a copy of the waiver to the office.*
- ☐ CHILD INFORMATION RECORD. **Fill out **completely**, to include emergency contact numbers and email addresses.*
- ☐ WRITTEN INFORMATION PACKET DOCUMENTATION
- ☐ PERMISSION TO PHOTOGRAPH. **For posting on school web site and of Facebook.*

***The items listed above must be completed and turned into the school before your child can begin classes.**

If you have any questions, please contact the office. Thank you!

FCPS GUIDELINES

1. REGISTRATION FEE:

- a. **There is a \$60 registration fee due when turning in your packet.** *This fee will help secure your spot in the program and the selected days your child will be attending.

2. TUITION COST:

- a. 4 days is \$360.00 per month
- b. 3 days is \$270.00 per month
- c. 2 days is \$180.00 per month
- d. Families will select the days in which they wish their child to attend (see requirements below), and the rate will be set for the year.

3. PROGRAM AND REQUIREMENTS:

- a. Classes are an All-Day Program. *Drop off is 8:30am and Pick-up is 3:00pm.
- b. We are limited to 30 spots total for our program.
 - i. There are 10 spots for 3-year-olds: Parents are required to pick a minimum of two (2) days.
 - ii. There are 20 spots for our 4- or 5-year-old children: Parents are required to pick a minimum of three (3) days.

4. PRESCHOOL DROP-OFF AND PICK-UP POLICY:

- a. Preschool begins at 8:30 am and ends by 3pm. *There is absolutely no after school child care. The doors are locked and all staff is gone by 3:30.
 - i. Children dropped off before 8:00 am will be charged \$20 per time/per day.
 - ii. Children picked up after 3:15 pm will be charged \$20 per time/per day. *An additional \$5 will be added every five minutes over 3:15.
 - iii. Late charges that accrue from early drop off and/or late pick up must be paid by the end of the week. Failure to pay these fees will result in suspension from the program until the charges are paid in full.

5. PAYMENTS:

- a. **All payments are due the 1st of every month.**
- b. Payments not received by the 10th of the month will be considered late and an additional \$25 late fee will be added to the amount owed. If your account remains unpaid by the 15th, your child will be suspended from class and/or unable to participate in school activities until the payment is made (to include the late fee). Please contact the office if you having difficulties making your tuition payment.
- c. Each family will be given a packet of payment envelopes for each month. We ask that you use these and place them in the gray box that hangs on the wall inside the classroom. We ask parents to pay with check or money order – **NO CASH** – Your child's name must be written on the memo of the check and/or money order – for our payment records.
*Money orders must be filled out by parent/guardian submitting the payment.

6. PAY-IN-FULL (PIF) PROGRAM:

- a. Families that wish to pay in full will receive a 5% discount. *Payment must be received **by Oct. 1st** to receive discount.

7. ASSISTANCE: We do offer a Hardship Assistance Program, for those in financial need (certain rules apply). *Please contact the office for an application or for more information.

As a Christian based private preschool, we do not get state funding for school supplies. Please help our school, by participating in fundraisers and by making sure you turn your tuition payments in on time! Our goal is love, care, and fun while learning! We thank you all for sending your children here! You have taken the first step to ensure your children will stay a step-ahead in this fast-paced world!



REGISTRATION FORM

Student's name: _____ DOB: _____

Age of Child at registration: _____

Child's Shirt Size: ____ 5/6 ____ 7/8 ____ 9/10

Please check which days you would like to enroll your student in:

- All sessions are 8:30 (drop off) to 3:00pm (pick up) **See fees for early drop off/late pickup.*
- 3-year-old children must select a minimum of two (2) days
- 4- & 5-year old's must select a minimum of three (3) days

Monday ____ Tuesday ____ Wednesday ____ Thursday ____

Parent/Guardian's Name(s): _____

Address: _____

City/State/Zip: _____

Home/ Cell Phone: _____

Alternate Phone: _____

Email address: _____

Alternate email address: _____

Does your child have any allergies? ☐ NO ☐ YES _____

Registration Fee: \$60.00 (non-refundable) *Registration Fee is due upon return of this registration packet is non-refundable. This fee will secure your spot and days requested in our program.

FCPS CONTRACTUAL AGREEMENT

Fill out and sign the form below (you will receive a copy for your records).

***This form is to be turned in with your admission packet.**

Name of Child: _____

TUITION:

I/We understand and have read the **TUITION REQUIREMENTS** (as stated in the FCPC GUIDELINES). We understand we are required to pay tuition by the 1st of every month. If payment is not submitted by the 10th of every month, we are subject to a \$25 late fee and understand our child will be unable to attend classes/events until the account is paid and current. We also understand the drop off and pick up policy. *If we wish to change the days in which our child attends, we must give a 30-day notice before a change can be made. We also understand we are obligated to a minimum number of days of attendance, per our child's age.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

FUNDRAISER:

We strive to provide the best preschool experience yet keep the tuition as low as possible; therefore, we require families to contribute or help raise monies through selected fundraising programs. If you choose not to participate in fundraising, you are asked to **pay \$25.00 for EACH fundraiser – PER CHILD**. There are two fundraisers; one in the fall and one in the spring. Each child that participates is asked to sell a minimum amount; otherwise families will be asked to pay the opt-out fee. We have found that fundraisers are enjoyable and help provide supplies and learning based toys for the school year. We may need volunteers to help the committee chairperson with this program, as well. If interested please sign the form below. Keep in mind that we do not receive any state funding for the things the children deserve and enjoy.

I/We have read the *Fundraiser Information Guidelines*. If our family elects not to participate in the fundraisers (spring and fall) we agree to pay the \$50 opt-out fee by October 1st. I/We further understand my child may elect to participate in only one fundraiser (fall or spring) and can elect to opt-out of one (fall or spring); then needing to pay only a \$25 opt-out fee.

I/We agree to:

_____ Pay \$50 in one lump sum by October 1.

_____ Pay \$25 in the fall and/or \$25 in the spring.

_____ Participate in the fundraisers

Parent Signature

Date

Parent Signature

Date

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)		DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI / /
PARENT/GUARDIAN (Last, First, Middle)		HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code) MI / /
		WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	If yes, list medications:
Reason for Medication				
_____/_____/_____ Parent/Guardian Signature Date				Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height			
		Date: ____/____/____	Muscle Imbalance						Weight				
			Other:				<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	Other			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
		Date: ____/____/____	Other:				<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____			
		Date: ____/____/____	Albumin						Date: ____/____/____	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
			Microscopic										
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: ____/____/____

SECTION III - IMMUNIZATIONS			
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*			
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)
	2		
DTaP/DTP/DT/Td	1	4	1
	2	5	2
	3	6	
Tdap	1		Meningococcal (MCV4 / MPSV4)
Haemophilus Influenzae type b (HIB)	1	3	1
	2	4	2
Polio (IPV/OPV)	1	3	OTHER Vaccines
	2	4	Specify Date & Type
Pneumococcal Conjugate (PCV7/PCV13)	1	3	Type of Vaccine(s)
Rotavirus (RV1/RV5)	1	3	1
	2		2
Measles,Mumps, Rubella (MMR)	1	2	3
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:		Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable	
I certify that the immunization dates are true to the best of my knowledge		*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.	
		Parent/Guardian refused immunizations: <input type="checkbox"/>	
_____ Health Professional's Signature		_____ Title	
		_____ Date	

		SECTION IV - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____ child's name
_____ Dentist's Signature
_____ Date

PHYSICIAN'S SIGNATURE			
_____ Examiner's Signature	_____ Date	_____ Examiner's Name (Print or Type)	_____ Degree or License
_____ Number & Street	_____ City	_____ MI	_____ ZIP Code
_____ Telephone			

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Home Phone ()	Parent/Legal Guardian's Name (Optional)		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	()	()			
2.	()	()			
3.	()	()			
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	()	2.	()		
3.	()	4.	()		

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian

Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name
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A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
 - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at www.michigan.gov/michildcare.
- Other _____

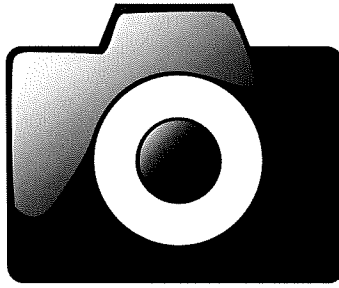
I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single BCAL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.



FCPS PERMISSION TO PHOTOGRAPH

Name of Child: _____

Date: _____

- ☐ I give permission for my child's photograph to be used on projects made in the classroom, public display, marketing material and/or on the FCCoG church website.
- ☐ I do not give permission for my child's photograph to be displayed and/or used for marketing material, or on the FCCoG church website.
- ☐ I give permission for my child's photograph of school activities to be posted on the preschool Facebook page listed above.
- ☐ I do not want photos of my child posted on Facebook.

Parent(s) Name: _____

Signature(s): _____

BENEFITS TO CHOOSING A PRIVATE CHRISTIAN PRESCHOOL

Below are the many benefits as to why choosing a private program may be the best choice for your child!

Over-view of our program:

- We are state licensed
- Children learn about God and pray
- Children learn the importance of being kind and to respect others
- Children work on social, emotional, cognitive, gross & fine motor, and language skills
- Children are hands on, become good team members, and learn to share!
- Children learn through our five senses: smell, taste, see, touch and hear
- We believe that we learn on "our feet" not "on our seat"
- Children go outside to play!
- Children learn many self-help skills and become very independent learners
- We can do fun activities all year (i.e., preschool dance, bike rodeo, and more!)
- We can celebrate all holidays with parties and celebrate each child's birthday!
- We have special visitors come in to see the kids (i.e., cat in the Hat, Leprechaun, chicken, Santa, Easter bunny, and we see a real turkey!)

Our Curriculum:

- Consist of all skills: cutting, gluing, counting, patterns, and learn the difference on sorting and sizes (sort by colors, shapes, and numbers).
- We work on the alphabet and writing our names
- We sing, dance, and do finger plays!
- We laugh, have fun and always want to come back to class to learn more!
- We learn our manners, and we work to share with others
- We get to meet and play with our special grandma's and grandpa's
- We do lots of work and it comes home every school day!
- We even have some projects that children are assigned to do at home with the family!
- We allow children to learn at their own pace
- We encourage and praise milestones and reintroduce areas/skills children struggle with in order to master those skills to prepare them for the world ahead!

Additional attributes of our Preschool Program:

- Our director attends yearly continuing educational courses and have yearly inspections by the State.
- Security system: locked doors during preschool hours, door buzzers and security cameras.
- All personnel working in the preschool are CPR certified (yearly) and background checked by the State of Michigan.
- Only "cleared" personnel are allowed beyond the locked doors during preschool hours (to include church staff).
- Child Safety Card: children are released to only those (family/friends) listed on the emergency cards. *Children are released one at a time to authorized family/friends.
- Sanitizing stations/wash stations are available throughout the classrooms.
- Private restrooms are available in the classrooms.

Our Preschool is private and is tuition-based to help pay for school supplies and learning material, but most of all your child is loved by many people here at School! *You get back what you put in!* If you would like more information, please feel free to contact our Church office (616) 754-3445 or our Preschool Director, Candy Outman (616) 835-1175.



FCPS ACTIVITIES LIST

*Please make sure to stay in constant contact with Ms. Candy on the sign-ups, handouts, and ask if there is anything she may need help with for the activities!

****All events are subject to change – please watch monthly calendars for dates and any changes to the activities.***

October:

- *Trunk or Treat:* Children will "Trunk or Treat" in the school parking lot dressed in Orange & Black. We ask parents to sign up to decorate their cars/trunks and pass out candy.
*Fellowship Hall is used as a backup in case of bad weather.

November:

- *Thanksgiving Feast:* We have a Thanksgiving Feast in Fellowship hall. Sign-up sheets will be provided for parents to sign up for the food that is needed for the dinner. *Pot luck style.

December:

- *Christmas Party:* children have a Christmas party/gift exchange (\$5 max) with juice/cookies. Children will also have an opportunity to see Santa and get a photo with him!

February:

- *Valentine's Day:* Children will have a Valentine Party. This will include popcorn and movie and children can wear PJ's to school. *Children are asked to make a valentine box (parents may help) and will pass out valentines and treats on the day of the party.

March:

- *Leprechaun Day:* Children will have a Leprechaun Party! *Children may wear something green and are asked to make their own Leprechaun traps (parents may help).

April:

- *Easter:* Children are asked to make/decorate an Easter Basket and bring it in for an Easter Egg hunt! They will also have a visit from the Easter Bunny.
- *Bike Rodeo:* Children will be able to bring in their bikes/helmets for a day of bike riding fun! A representative from the Police Department will stop over to teach us about bike safety.

May/June:

- *Graduation:* Children will have a graduation ceremony on a Sunday (date TBA) with dessert/juice.
- *End of the Year Picnic:* All School Picnic at Ms. Candy's house! We will have waterslides and many fun outdoor activities planned! *Lunch service – TBD.