

Beaumont Learning Center



Registration Packet 2018-19 Enrollment Checklist

Parents, please check after you have read and filled out the enrollment forms.

- _____ Parent handbook (received, read, and understood) this can be found at www.bpclex.org/
- _____ Classroom Interest Form (returned)
- _____ Student Information (returned)
- _____ Family Information (returned)
- _____ Health Information including signed Medical Treatment Release (returned)
- _____ Registration fee of \$85.00, check payable to *Beaumont Presbyterian Church (BPC)*. Check# _____
- _____ Current Immunization record / Date immunization expires _____
- _____ Copy of Health Insurance card
- _____ Field trip release form (returned)
- _____ Disciplinary Actions Strategy (received and understood)
- _____ Permission to Photograph and Give out Personal Information

Parent signature _____ Date _____

Beaumont Learning Center
Classroom Interest Form

For the 2018-19 school year, my child will be enrolled in the:

___ Two Year Old Class (for children who turn 2 by 8/1/2018)

___ Three Year Old Class (for children who turn 3 by 8/1/2018)

___ Four Year Old Pre-Kindergarten Class 3 days / week (for children who turn 4 by 8/1/2018)

___ Four Year Old Pre-Kindergarten Class 4 days / week (for children who turn 4 by 8/1/2018)

___ Four Year Old Pre-Kindergarten Class 5 days / week (for children who turn 4 by 8/1/2018)

Beaumont Learning Center

Student Information

Name child is called: _____

Full name of child: _____

Birth date: ___/___/___

Child's address: _____

Mother's name: _____

Mother's address: _____

Street

City

Zip

Home phone: _____ Cell Phone: _____

Work phone: _____

E-mail address: _____

Mother's occupation/place of employment: _____

Father's name: _____

Father's address: _____

Street

City

Zip

Home phone: _____ Cell Phone: _____

Work phone: _____

E-mail address: _____

Father's occupation/place of employment: _____

Beaumont Learning Center
Family Information

You can help us plan for your child's needs and concerns if you provide the following information. This information will remain confidential and is used to better support your child.

Child's name: _____

Mother's name: _____

Father's name: _____

Marital status of parents: ___ married ___ living together ___ separated ___ divorced

Important people in your child's life

Siblings (name, age, gender, live with your child or separate), relatives, adults, friends that play an important role in your child's life and that we may frequently hear about in class: _____

What are your child's interests? (Hobbies, favorite toys, favorite play activities, etc.): _____

Does your child have a pet? What is its name? What kind of animal is it?

Have there been births, deaths, or other changes in the family structure which affected your child? _____

How did you explain this event to your child?

Beaumont Learning Center
Family Information (continued)

What do you and you child like to do together?

Does your child have specific fears that may be expressed/aroused in a school setting?

Please, describe your hopes and concerns about your child attending Beaumont Learning Center.

Beaumont Learning Center
Health Information

Child's name: _____

Allergies: _____

Asthma: _____

Medication taken regularly for asthma? _____

Has your child had chicken pox? _____ The chicken pox vaccine? _____

Does your child have frequent (answer yes or no)

Colds? _____ Coughs? _____ Ear infections? _____

Tonsillitis? _____ High fever? _____

Upset stomach? _____ Seizures? _____

Other? _____

Does your child have tubes in his/her ears due to ear infections? _____

If your child has seizures, please alert teachers of the severity and frequency.

How is your child's vision? _____ Hearing? _____

Is your child taking medication on a regular basis? _____

If so, please explain _____

Describe any dietary restrictions (Food Allergies)

Describe your child's eating habits that may affect his or her time spent at the center
(needs several snacks, picky eater, doesn't eat much, etc.)

Beaumont Learning Center
Health Information (continued)

Emergency names and numbers

Friends or relatives (name, relationship, phone number)

Physician (name, address, phone number): _____

Hospital in case of an emergency: _____

Medical Treatment Release

In case of sickness or in the event my child is injured while attending Beaumont Learning Center, I give my permission for any staff member in charge to administer treatment or obtain necessary medical attention. I also agree to use my family health insurance carrier as the primary coverage.

Child's Name

Parent/Guardian signature

Date

Beaumont Learning Center
Dismissal / Pick-up Permissions

Your child's name _____

Persons to whom we may release your child

(Name) _____

(Relationship) _____ (Phone) _____

(Name) _____

(Relationship) _____ (Phone) _____

(Name) _____

(Relationship) _____ (Phone) _____

(Name) _____

(Relationship) _____ (Phone) _____

(Name) _____

(Relationship) _____ (Phone) _____

Neighborhood Walks
Child Photographs and Personal Information

I give permission for my child to be photographed at Beaumont Learning Center and on walking trips for classroom purposes and hall displays.

Parent Signature: _____

Date: _____

I give permission for my child's name, address, e-mail address and phone number to be given to other parents at Beaumont Learning Center for a play list, valentines, birthday invitations, and for church use.

Parent Signature: _____

Date: _____

Throughout the year we take short walks around the immediate neighborhood. (Athenia Drive) These walks might be related to our theme, for collecting items from nature or just for fun!

I give permission for my child, _____, to go on brief walks with Beaumont Learning Center staff on Athenia Drive.

Parent Signature: _____

Date: _____

I give permission for my child, _____, to be photographed in school. These pictures can be placed on the Church website. Only first names may appear with the pictures. No personal information will be given out. These will be pictures of the children doing activities at Beaumont Learning Center.

Parent Signature: _____

Date: _____

Beaumont Learning Center
Disciplinary Actions

Should a child demonstrate dangerous behavior (i.e. behavior that causes physical or mental harm to another student, adult or self) the Beaumont Learning Center will do the following:

- 1) First offense – the teacher will discuss the child’s behavior with the director and they will develop an appropriate solution (the child’s parent(s) will be notified)
- 2) Second offense – the child’s parent(s) will be notified and the behavior discussed with them
- 3) Third offense – the teacher and parent(s) will develop a plan for behavior improvement
- 4) Fourth offense – the child will be dismissed from the program

I have read and understand the above.

Parent signature: _____

Date: _____