

# First Place Academy

1121 Main Street  
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## Enrollment 2022-2023

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Please check the class you wish your child to be enrolled:  
(Must be of age by August 1<sup>st</sup>)

### 2.5-Year-Old Class/30 Months (**Must Be Toilet Trained**)

- Tuesday/Thursday Classes 8:00-12:00  
 Tuesday/Thursday Stay & Play Program 7:20-4:00

### 3-Year-Old Classes (**Must Be Toilet Trained**)

- Tuesday/Thursday Classes 8:00-12:00  
 Tuesday/Thursday Stay & Play Program 7:20-4:00  
 Monday-Friday 8:00-12:00  
 Monday-Friday Classes: Full-Time 7:20-4:00

### 4 & 5-Year-Old Classes (Pre-Kindergarten)

- Monday/Wednesday/Friday 8:00-12:00  
 Monday/Wednesday/Friday Stay & Play Program 7:20-4:00  
 Monday-Friday Classes 8:00-12:00  
 Monday-Friday Classes: Full-Time 7:20-4:00

Optional: (This can be used as needed if not Full-Time or Enrolled in a Stay & Play Program)

- Lunch Bunch 12:00-2:30       Stay & Play 12:00-4:00

Do You Attend Church? \_\_\_\_\_ If So, Where? \_\_\_\_\_

#### Office Use Only

\_\_\_\_\_ \$100 Enrollment Fee (Non-Refundable)  
\_\_\_\_\_ Copy of Immunization  
\_\_\_\_\_ Acceptance Date

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last) (Preferred Name)

Circle: Male /Female Present Age: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child Lives With: [ ] Both Parents [ ] Mother [ ] Father [ ] Guardian \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business: \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business: \_\_\_\_\_ Phone # \_\_\_\_\_

**Mother's Preferred Contact #** \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Father's Preferred Contact #** \_\_\_\_\_ E-Mail: \_\_\_\_\_

2 Responsible Adults to call if parents cannot be reached in case of emergency:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Has your child had any other preschool experience? \_\_\_\_\_ If so, where? \_\_\_\_\_

Have you ever had a child or other family member enrolled in our program? (who) \_\_\_\_\_

What year will your child begin kindergarten? \_\_\_\_\_

Where will your child go to kindergarten? \_\_\_\_\_

Child's Special Interests/Activities: \_\_\_\_\_

What are your expectations of this program? \_\_\_\_\_

\_\_\_\_\_

Other members of the family and ages: \_\_\_\_\_

Do you or a family member have a business, talent, or special resource that you would like to share with the classes as a special enrichment? (explain)

\_\_\_\_\_  
\_\_\_\_\_

Has your child acquired:

- \_\_\_\_ Measles
- \_\_\_\_ Mumps
- \_\_\_\_ German Measles
- \_\_\_\_ Chicken Pox
- \_\_\_\_ TB
- \_\_\_\_ Whooping Cough
- \_\_\_\_ Meningitis

Has your child experienced:

- |                                 |                           |
|---------------------------------|---------------------------|
| ____ Frequent Throat Infections | ____ Allergies            |
| ____ Ear Infections             | ____ Food Allergies       |
| ____ Defective Heart            | ____ Sun Sensitivity      |
| ____ Seizures                   | ____ Asthma               |
| ____ High Fevers                | ____ Short Attention Span |
| ____ Diabetes                   | ____ Biting               |
| ____ Fainting Spells            | ____ Hitting              |
| ____ Nose Bleeds                | ____ Temper Tantrums      |

Other: \_\_\_\_\_

Is your child toilet trained? **(Required)** \_\_\_\_\_

Were there any medical events surrounding the pregnancy or birth of your child that would be beneficial for us to know about? (Example: premature birth): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any concerns about your child's developmental milestones being age appropriate? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Medical Release Form**

I/We \_\_\_\_\_ father, mother, guardian of \_\_\_\_\_  
do hereby request and give consent to the Director of this facility, or his/her duly appointed

representatives, for said child to receive such medical treatment as may be deemed necessary and expedient by a duly licensed health care provider in case of an emergency when the parents cannot be reached. Consent is also given to the Director or his/her duly appointed representatives to transport said child for emergency medical treatment if the parents cannot be reached, including emergency transportation. 911 will be called if deemed necessary.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

## **First Place Academy Transportation Policy**

**Arrival Procedure:** Parents will park and bring their child into the building where child will be screened (temperature taken). **ONLY** if this is still a requirement due to the Covid-19 pandemic. A teacher will then take your child back to their classroom.

I will give updated information regarding procedures at Open House in August of 2022. Guidelines may change. We will keep you informed as we receive any new information.

**Departure Procedure:** When you come to pick up your child, pull through the alley way. The teacher will bring your child out to your car and you will exit your vehicle to buckle your child in safely. Please pull through the drive as soon as your child is safely boarded and buckled in. Departure is not a good time to visit with the teachers. If you need to discuss a matter with a teacher, please contact the office and schedule a time.

On the 1<sup>st</sup> day of school, we ask that you adhere to the arrival and departure method. This sets a precedent for the entire school year. Our system has proved to help with separation anxiety. If your child is reluctant to go to the classroom, we ask that you let the teachers take your child. They are professionals and are almost always able to redirect the child's attention. If your child remains upset, we will call you.

If someone other than you are to pick up your child, please notify the school by phone or signed note and leave a number where we can return your call. If someone comes to pick up your child that we do not recognize, we reserve the right to ask for a driver's license. Our children's safety comes first!! WE WILL NOT RELEASE A CHILD TO ANYONE NOT AUTHORIZED TO PICK UP THE CHILD. Parents will be called to pick up their own child if proper procedure has not been followed.

At open house, each family will receive a set of car tags with your child's name printed on them. You will put these in your dash where the staff can easily see when driving through the pickup line. This is a big help especially the first couple of weeks while the teachers are learning to recognize the cars. It is also a secondary form of security. **ANYONE that picks up your child will need a sign in their car.**

### **Transportation Release Form**

I \_\_\_\_\_ authorize the following people to provide transportation to/from First Place Academy for my child: \_\_\_\_\_.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

## First Place Academy Discipline Policy Form

Jesus taught us that we should deal with people and children in a loving and compassionate way while setting firm expectations of appropriate behavior. Children need love and limits to realize that they are responsible for their own behavior. Having limits gives the child a sense of security over his/her strong emotions. They know an adult will take responsibility for stopping inappropriate behavior if they are unable to do so for themselves. We teach our children to love and respect God, themselves, others, and to respect property. We also stress the importance of **OBEDIENCE**. To “**OBEY**” simply means “*to do exactly what I am told when I am told to do it with a happy heart attitude.*” Parents are encouraged to reinforce this meaning at home. This is introduced the first week of school along with our rules. Consequences and rewards are implemented throughout our program. We enforce these guidelines in a positive way and are consistent, firm, and fair. When a child misbehaves, the following occurs...

- We state what is expected of him/her in a positive way
- Redirect him/her into another less frustrating activity (play dough, outdoor play...)
- Have the child sit in time out and think about his/her actions
- Change the environment

Our teachers are wonderful about sending home notes if we have a concern or a situation has occurred. A conference with the parents will be scheduled if a discipline problem persists. We believe that much can be accomplished if we, the school and the parents, work together to help the child learn and grow. However; if inappropriate behavior continues, and/or our attempts to confer and bridge cooperation with the parents are unsuccessful, we maintain the authority to dismiss the student.

\*\*\*Biting is more of a 2-year-old behavior. If a child bites, they will be put in time out and parents will be notified. If it happens a second time, parents will be called to come pick up their child for the remainder of that day.

### Required Signature and Date

**PHYSICAL PUNISHMENT IS ABSOLUTELY NOT USED IN THE PROGRAM** I have read and understand the discipline policy of First Place Academy. I give my permission for the school to use the methods stated in policy. I understand that as a private school, First Place Academy reserves the right to dismiss a student if deemed necessary by the Director.

X

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