

First Place Academy

1121 Main Street
Van Buren AR 72956
474-1296 353-0329
bpetty@firstvb.com

Enrollment 2024-2025

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 1st)

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

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

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

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

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

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

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: _____
Physician's Name: _____
Hospital Preference: _____

Date: _____
Phone #: _____

First Place Academy Transportation Policy

Arrival Procedure: Parents will park and bring their child into the building where you will use Brightwheel to sign your child in. A teacher will then take your child back to their classroom.

I will give information regarding the Brightwheel app during Open House in August.

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 1st 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 through the Brightwheel App. If someone comes to pick up your child and does not have the child's individualized code, we will ask to see a driver's license & will check the approved transportation list. 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 # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

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
