

**PCOM Preschool 2024-2025
Registration Form**
Please Circle Family Status
Church Member
Current Family
Previously Enrolled
New Family

Child's First, Middle and Last Name

DOB _____ Gender M/F

Nick Name _____

Please circle the session choice:

3-year-old T/TH , MWF, M-F

4/5-year-old MWF

4/5-year-old M-F TK

Teacher Request _____

Allergies and Special Needs- Yes or No (circle one)

Life Threatening Yes or No. EPI _____ Benadryl _____

Nebulizer/Inhaler ____ (medical paperwork 6/9/24).

Please list _____

Home Address _____ City _____ Zip _____

Primary Phone: _____ Primary Email _____

Parent's Name: _____ Parent's Name: _____

Primary Cell _____ Secondary cell _____

Parent Occupation _____ Parent occupation _____

In case of serious illness/accident and I cannot be reached, I give legal consent for PCOM Preschool to: (check all the apply) _____ Call Doctor _____ Phone: _____

Dr. Name _____

_____ Call 911 and release paramedics to preform necessary treatment.

_____ I authorize all necessary treatment deemed advisable.

Insurance Carrier: _____ Policy# _____

Policy Holder Full Name (please print) _____

Parent or Legal Guardian's Signature _____

Do we have your permission to print your child's name, child's gender, address, phone number and email on a class list to be distributed to other classmates YES _____ NO _____? Do we have your permission to photograph and video your child YES _____ NO _____? All photographs and videos will be used for internal use only, on display in our school or sent home with your child as a project or gift. Please describe any limitations... _____

PCOM Preschool Financial Registration Form

1. School Hours: 8:45-11:30am
2. School Year: September 3, 2024, to May 28, 2025
3. Registration Fee: \$200.00 per child, per year and must be paid through Brightwheel. Registration Fee covers administration costs related to your application and is non-refundable.
4. Enrollment Fee:
 - \$365.00 for 2 days/week
 - \$465.00 for 3 days/week
 - \$650.00 for 5 days/week
 - Due July 1, 2024, for the 2024- 2025 school year. If it is not paid by July 3, 2024, at midnight, you forfeit your child's spot for the school year. The enrollment fee is refundable until July 3, 2024, at 4pm. A written notice must be sent to vanessa.renich@mypcom.com. **After July 3, 2024, at 4:01pm the enrollment fee is non-refundable for any reason.**
5. Required Forms and Fees: Completion of the Registration Form and payment of both the Registration Fee and Enrollment Fee reserves your child's spot in the Preschool program in the order the Registration Form and fees are received. LIC 701 Physician's Report and proof of all state required immunizations must be received no later than August 1, 2024.
6. Tuition: Monthly tuition is due on the first day of each month and it late after the 5th. A \$15.00 late fee will be invoiced to your child's account. If tuition payment is not received by the 10th of the month, your child will be disenrolled and withdrawn from PCOM Preschool.
7. Tuition Payment Plans: We offer 3 flexible monthly payment plans for your choice: 9-, 10-, and 11-month equal payments. ACH payments are free. Credit card payments will have a 3% convenience fee added to them. Any payment returned for NSF will be assessed a \$15 fee. Please circle your preferred payment plan below. If one is not circle you will automatically pay 9 payments (September – May).

	<u>9 Payments (Sept-May)</u>	<u>10 Payments (Aug-May)</u>	<u>11 Payments (July-May)</u>
2 DAYS	\$365 .00	\$328.50	\$298.64
3 DAYS	\$465 .00	\$418.50	\$380.45
5 DAYS (TK)	\$650 .00	\$585.00	\$531.82

THE PRESBYTERIAN CHURCH OF THE MASTER PRESCHOOL BY LAWS

ARTICLE I NAME

- A. The name of this organization shall be "The Presbyterian Church of the Master Preschool", henceforth referred to as the Preschool.

ARTICLE II PURPOSE AND PHILOSOPHY

- A. The purpose of the Preschool shall be to help each child grow spiritually, emotionally, socially, intellectually and physically through Christian nurture and enriched experiences as a supplement to the home environment. The Preschool is a ministry of PCOM's Children's Ministries and therefore shares mutual goals, functions, and purpose in raising children in Christ.
- B. The Preschool shall be a non-profit organization.
- C. Employees of the Preschool shall be required to have a professed belief that Jesus Christ is the Son of God and their personal Savior. A written statement confirming this shall be submitted at the time of application and included in the employee's personnel file.
- D. The philosophy under which the Preschool shall operate is the belief that:
1. We believe each child is God's unique creation and should know the joy of feeling valuable and loved.
 2. We honor each child's development in cultivating new skills at their own pace.
 3. We celebrate each child's freedom while giving them healthy boundaries and teaching them to respect the rights of others.
 4. We celebrate God's world by teaching each child to discover and enjoy God's good creation.
 5. We count on our staff and teachers to nurture each child in their life and faith, and to teach them the love of Jesus Christ.

I have read and understand the PURPOSE AND PHILOSOPHY of Presbyterian Church of the Master Preschool.

Signature of parent/ guardian _____ Date _____

On Campus Enrichment Field Trip Permission Form

My child _____ may attend and participate in the following:

<i>Date</i>	2024-2025 School Year	<i>Time</i>	8:45am- 11:30am
<i>Location</i>	Room 103, The Sanctuary, The Commons, Youth Room and or the Courtyard		
<i>Enrichment Activity</i>	Chapel, Lizard Wizard, Captain Carl, Petting Zoo, Year End Concert, Christmas Concert, Chancy and Bruce, Photos Sessions, and free play.		
<i>Transportation</i>	walking		
<i>Notes</i>	We will remain on campus at all times.		

I give my permission for my child _____ to participate and attend the above enrichment activities during the 2024-2025 school year. I understand my child will remain on campus and the locations list above are where these activities will take place.

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

PCOM Preschool Authorized Pick Up List, Emergency list, and Consent for Medical Treatment

Child's Name _____ Teacher _____ Session _____

The following are people are authorized to take my child _____ from the facility:

Name	Relationship	Phone Number

Emergency Information

Child's Name _____ DOB _____ Sex _____

Dr. Name _____ Dr. Phone Number _____

Dentist Name _____ Dentist Phone Number _____

Medical Plan and Number _____

Mother's Full Name _____ Primary Contact Number _____

Father's Full Name _____ Primary Contact Number _____

As the parent or authorized Representative, I hereby give consent to Presbyterian Church of the Master Preschool to obtain all emergency medical or dental care prescribed by a duly licensed physician, surgeon (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for _____. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of the child named above. If it is not possible to reach the parent or the doctor named below to receive instructions for the child's care, consent is given to the physician or dentist called for or to whom the child is taken for treatment, to administer drugs and or medicine, and to perform such surgical procedure as the existing emergency requires for relief of pain or to preserve the life and health of the child. I will be responsible for all expenses incurred by such an illness or injury.

Date _____ Signature of Parent _____

Print Parent's Name _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

State of California, Community Care Licensing

ADDRESS

750 The City Drive, Suite 250

CITY

Orange, CA

ZIP CODE

92668

AREA CODE/TELEPHONE NUMBER

714-703-2800

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Presbyterian Church of the Master Preschool

(PRINT THE ADDRESS OF THE FACILITY)

26051 Marguerite Parkway M.V. CA. 92692

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

**PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.



(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTap/ DT/d (DIPHTHERIA, TETANUS AND [CELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).

___ Communicable TB disease not present.

I have _____ have not _____ reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

PCOM PRESCHOOL
GETTING TO KNOW YOUR CHILD

Page 1 of 2

Child's Name _____ Nickname _____

Date of Birth (mo/day/year) _____ Gender _____ Home Phone _____ Cell _____

Primary Email Address _____

Mother's Name and Occupation _____

Father's Name and Occupation _____

Current marital status of child's parents _____

Others living in the home	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If another person shares in caring for your child on a regular basis, please indicate the name, relationship and days and hours they are responsible for the care of your child _____

Development History

Was your child premature? _____

Were there any difficulties during birth? _____

Are there any difficulties with hearing or eyesight? _____

Any speech delays or difficulties? _____

Allergies, (food, drugs, medication, other)? _____

Is there any condition requiring special attention at our school? _____

If so, please explain _____

At what age did your child walk alone _____ begin to talk _____ toilet train _____

Does your child have frequent colds _____ how many/how often _____

Sleep Pattern: get up time _____ nap time _____ bedtime _____

Is your child right _____ or left _____ handed?

How do you discipline your child at home? _____

Is your child able to separate easily from you? _____

PCOM PRESCHOOL EARLY DROP & LUNCH BUNCH SIGN UP FORM

CHILD'S NAME _____ ALLERGIES Y OR N (PLEASE CIRCLE)

TEACHER _____ ROOM # _____

DATE INITIALLY SIGNED UP FOR ED/LB _____

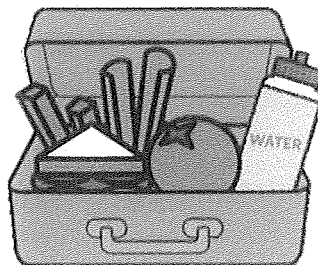
I UNDERSTAND THE PURCHASE OF 8 PUNCHES (\$80.00) FOR ACH AND (\$82.00) FOR CREDIT CARD FOR EARLY DROP AND LUNCH BUNCH CAN BE USED FROM THE BEGINNING OF SCHOOL September 3, 2024, UNTIL May 23, 2025. EARLY DROP AND LUNCH BUNCH ARE \$10.00 PER USE, PER SESSION, PER DAY. THERE IS NO REFUND, NO TRANSFERING AND NO ROLL OVER OF ANY KIND WITH ANY PURCHASE OF EARLY DROP AND LUNCH BUNCH DURING THE 2024-2025 SCHOOL YEAR. FROM MAY 1, 2025, YOU MAY PURCHASE THE EXACT REMAINING AMOUNT OF PUNCHES YOU WILL NEED TO FINISH OUT THE SCHOOL YEAR AT \$10.00 PER USE PLUS FEES IF CREDIT CARD IS USED TO PURCHASE.

IF YOU WOULD LIKE TO BE ENROLLED IN AUTO REPLENISH, PLEASE CHECK THE BOX BELOW. WHAT THIS MEANS IS, WHEN YOU GET DOWN TO TWO PUNCHES WE WILL AUTOMATICALLY BILL YOU FOR ANOTHER BLOCK OF 8 AT \$80.00 FOR ACH AND \$82.00 FOR CREDIT CARD. YOU WILL NOT BE EMAILED FOR AUTHORIZATION.

IF YOU WOULD LIKE TO BE NOTIFIED BY EMAIL WHEN THE ACCOUNT HAS TWO REMAINING PUNCHES PLEASE CHECK THIS BOX.

YOU WILL BE NOTIFIED AND ASKED IF YOU WOULD LIKE TO PURCHASE ANOTHER BLOCK OF 8 PUNCHES AT \$80.00 FOR ACH AND \$82.00 FOR CREDIT CARD.

PARENT'S SIGNATURE _____ DATE _____



PCOM PRESCHOOL SCHOOL SUPPLY LIST

1. ELMER'S GLUE STICKS 4 (WHITE OR DISAPPEARING PURPLE)
2. CRAYOLA JUMBO WASHABLE MARKERS 1-8 PACK
3. CRAYOLA WATERCOLORS 2- 8 COUNT
4. CRAYOLA BLUNT TIP SCISSORS 1 PAIR
5. 1 BACKPACK OR TOTE BAG (minimum height of 16 inches) Lunch box needs to fit inside backpack
6. 1-12 pack of dry eraser markers. Chisel tip, thick marker.
7. FULL CHANGE OF CLOTHES (INCLUDING SOCKS AND SHOES PLACED IN A ZIPLOC BAG) LABEL ALL ITEMS WITH CHILD FIRST AND LAST NAME.

Please place all supplies in a zip lock baggie with your child's full name on the front of the bag on the first day of school.

A backpack or tote bag needs to come to school every day with a full set of change of clothes including socks and shoes. We will send it home every day. Please look through it, as we will send home notes, paperwork and art work.

Please see the earthquake kits list. Please bring your filled gallon size Ziploc bag full of earthquake supplies on the first day of school.



EARTHQUAKE SURVIVAL KIT

Dear Parents,

Due to the possibility of "the big quake" here in California, it is always wise to be prepared. Our school has a plan should a disaster occur during the school day. In order to facilitate this plan for the classroom preparation, we are asking your cooperation. Please review the items listed below:

1. The director and staff will be responsible for all children until a parent or authorized person arrives. Students will be signed out only to the person(s) whose name(s) appear on the regular emergency form on file in the office. Be sure you keep the information in your child's records up to date by sending a note or email to the Preschool Office staff or personally stopping in the office whenever a change is made.
2. If a disaster should occur. Please DO NOT CALL THE SCHOOL. We will need to keep the phone lines open for emergency use.
3. Information may be obtained from radio – KEZY (95.9 FM or 1190 AM)
4. Maintain a calm appearance and positive attitude in the presence of the children.
5. If the school is evacuated, a sign posted on the school grounds will inform community members of the evacuation center.
6. In the event that telephone service is interrupted with California, we have made arrangements with Westminster Presbyterian Church in Eugene, Oregon, to be our out of state phone contact. The phone number is 541-343-3140.

Should such a disaster occur, there would be a possibility that your child would need to remain at school through the dinner hour or, possibly even overnight. It would be necessary therefore, to have food and drink to sustain him/her during this time.

We are requesting that you provide the selected items listed below for each of your children. Please enclose them in a one-gallon Ziploc storage bag with the child's name and room number on the outside, written in permanent marking pen. Bags will be stored in classrooms, along with an adequate supply of water provided by our school.

ITEMS SUGGESTED FOR THE PERSONAL SURVIVAL KIT ARE:

1. 2 – 8 OZ CANNED JUICES WITH POP TOPS (I.E. APPLY JUICE) CARDBOARD IS NOT ACCEPTABLE
2. 2 – 4 ½ OZ CANS DICED FRUIT WITH POP TOPS OR DRIED FRUIT PACKAGES
3. 2 – 3 OZ CANS OF CHICKEN OR VIENNA SAUSAGE WITH POP TOPS OR OTHER MEAT. NO TUNA
4. 2 CHEESE-AND-CRACKER PACKAGES
5. NO FISH OF ANY KIND (INCLUDING SHELLFISH AND TUNA BECAUSE OF CHILDREN'S ALLERGIES
6. NO PEANUT OR PEANUT BUTTER, NO TREE NUTS, HARD BOILED EGG, HUMMUS, SESAME OR SESAME SEEDS BECAUSE OF ALLERGIES) NO FOOD MADE IN A FACILITY THAT ALSO PROCESSES NUTS.
7. 2 PLASTIC SPOONS OR FORKS, WRAPPED IN NAPKINS.
8. 2 INDIVIDUALLY WRAPPED MOIST TOWELETES
9. 1 SMALL FLASHLIGHT WITH BATTERIES WRAPPED SEPARATELY
10. 1 SMALL MYLAR BLANKET – AVAILABLE AT SPORTING GOODS STORES

PLEASE BRING YOUR CHILD'S SURVIVAL KIT TO THE CLASSROOM.



Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2-3 Months	1 Polio 1 DTaP 1 Hep B 1 Hib
4-5 Months	2 Polio 2 DTaP 2 Hep B 2 Hib
6-14 Months	2 Polio 3 DTaP 2 Hep B 2 Hib
15-17 Months	3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)
18 Months-5 Years	3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)

* One Hib dose must be given on or after the 1st birthday regardless of previous doses. Required only for children younger than 5 years old.

DTaP = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

Varicella = chickenpox vaccine

Hib = Haemophilus influenzae, type B vaccine

MMR = measles, mumps, and rubella vaccine