

Buoys and Gulls Preschool Registration

Lower United Methodist Church

120 Lower Church Road

Hartfield, VA 23071

8:30-11:30 or 8:30-5:00

To register your child, please complete the following:

Name of child _____ DOB _____

Name of parent/guardian 1. _____ 2. _____

Phone numbers (home) 1. _____ 2. _____

(work) 1. _____ 2. _____

(cell) 1. _____ 2. _____

Address _____ city _____ zip _____

Email address _____

If you would like to receive a text message in the event of a school closing or delay and updates via text, please list the number here _____ . The message will be sent from a Verizon phone and standard text messages would apply if you have a different carrier.

Please list the names, phone numbers and complete addresses of anyone other than the listed parents/guardians above who has permission to pick up your child from school.

1. _____ phone _____

Address _____

2. _____ . phone _____

Address _____

3. _____ phone _____

Address _____

(If you have additional people that are allowed to pick up your child, please list them on the back of this form)

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of the child enrolled, must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school hours.

Please check the program that you would like to enroll your child in below:

Tuesday/Thursday
8:30-11:30 (\$220/mo)_____

Mon., Wed., Fri.
8:30-11:30 (\$330)_____

Mon. through Fri.
8:30-11:30(\$500)_____

8:30-5:00(\$360)_____

8:30-5:00(\$540)_____

8:30-5:00(\$720)_____

_____ Check here if you would like to sign up for early drop off. Early drop off is from 7:45 – 8:15 and is \$45 extra each month. **We do require at least 10 students to sign up for early drop off to be able to offer it.**

An annual supply/registration fee is due with the completed registration to enroll your student.

The fees are as follows: Short Day fees: 2 day (\$50), 3 day (\$75) and 5 day (\$125)
FULL Day Fees: 2 day (\$70), 3 day (\$95) and 5 day (\$145)

PLEASE MAKE ALL CHECKS PAYABLE TO LOWER UNITED METHODIST CHURCH or LUMC.

List any special needs that your child has that would require special accommodations :

_____ Does your child have an

IEP or a 504 Plan _____ Does your child receive services through RISP?

_____ Please attach a copy of your child's IEP, 504 or reports for speech/language therapy and or reports deemed helpful for learning from RISP.

Please list any known allergies that your child has and action to be taken in the case of exposure to allergens. _____

Please list your child's physician's name and phone number

List all previous schools or daycare centers that your child attended _____

In the event that neither parents nor guardians can be reached in the case of an emergency, please list 2 alternative emergency contacts

1. _____ address _____

Phone _____

2. _____ address _____

Phone _____

Please list your medical insurance group and policy number
_____ and company _____

Please list your current employer and address (both parents/guardians) 1. _____
_____ 2. _____

Waivers and agreements
(please initial each section and sign the bottom)

- **I _____ authorize all medical and surgical treatment, x-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment.**** THIS WAIVER APPLIES IN THE EVENT THAT NEITHER PARENT/GUARDIAN CAN BE REACHED IN THE CASE OF AN EMERGENCY.*****
- _____ I give permission for my child _____ to be photographed in conjunction with any media coverage or promotional materials related to his/her interaction with Buoy and Gulls Preschool and Lower United Methodist Church.
- _____ Buoy and Gulls preschool agrees to notify parents or guardians if their child becomes ill and the parents and/or guardians agree to pick up the child from preschool as soon as possible if so requested by the teacher.
- _____ I agree to notify Buoy and Gulls Preschool within 24 hours or the next business day after the child or any member of the household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
- _____ I agree to hold harmless Lower United Methodist Church, its employees and volunteers and assume all risks associated but not limited to exposure to COVID-19. I understand that LUMC and its employees and volunteers will do their best to limit exposure to disease causing organisms such as, but not limited to COVID-19. I also agree to disclose if anyone in my family (same household) or anyone who I have come into direct contact with has tested positive for COVID-19. I will be expected to quarantine my student for the recommended number of days as directed by the local Health Department.
- _____ I have read and understand the policies and procedures in the handbook.

----- date _____
Signature

To complete the process of enrollment we must have a copy of the child's birth certificate or passport and a VA School Entrance Form.

Please go to the Buoys and Gulls Preschool page on Facebook to find reminders, notices and pictures of the classrooms.

(Office use only) Identification verification

Date of notification to local law enforcement agency (when required proof of identification not provided)

DATE _____

Section 63.2-1809 of the code of Virginia states that the proof of identity, if not reproduced or retained by the child day program shall be destroyed upon the conclusion of the requisite period of retention. The procedure for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by, (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

032-05-252/11/06/05)

Date entered care _____ date left care _____

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