

# EMERGENCY RELEASE

## Harvest Preschool

I, \_\_\_\_\_, hereby give my permission for Harvest Preschool Director, Emmy Sorrells, or in her absence, my child's teacher (s) , \_\_\_\_\_, to seek medical attention, for \_\_\_\_\_ should an emergency arise. In the event that emergency hospital care is required, I prefer that treatment be sought at \_\_\_\_\_. I understand that a conscientious effort will be made to locate me or my spouse, or child's legal guardian before any action will be taken.

Witness \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Emergency # \_\_\_\_\_

Child's Doctor \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone \_\_\_\_\_

*Every effort will be made to reach your child's physician before taking any further action.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Commission Expires

SECTION 2. FORM OF AFFIDAVIT (FOR PARENT/GUARDIAN)

HARVEST PRESCHOOL

State of Alabama

Lee County

Before me, a Notary Public in and for said State and County, appeared \_\_\_\_\_  
\_\_\_\_\_ and is known to me, after being duly sworn or affirmed says as  
follows:

That affiant is the parent or legal guardian of the minor child/children \_\_\_\_\_  
\_\_\_\_\_; that affiant has been notified by Emmy Sorrells, a representative of  
Harvest Preschool, that said church or school has filed notice and is exempt under law from  
regulation by the Department of Human Resources.

\_\_\_\_\_ Parent/Legal Guardian sworn, or affirmed  
to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date my commission expires

# CHILD'S MEDICAL REPORT

## Harvest Preschool

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

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

My child's immunizations are up to date    Yes \_\_\_\_\_    No \_\_\_\_\_

Blue Immunization Record on file        Yes \_\_\_\_\_    No \_\_\_\_\_

History of Allergies, if applicable \_\_\_\_\_

My child is in good physical condition, free of contagious and infectious diseases, and capable of participating in preschool activities, except as noted below \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

# DISCIPLINE POLICY

## Harvest Preschool

All children are expected to follow the rules to ensure a safe learning environment. If a child chooses not to follow the rule, the following consequences will occur.

1. The teacher will handle it within the classroom using loving but firm consequences such as "Time Out".
2. If there are recurring problems, the child will be sent to the director and the parent's will be notified.
3. If the behavior does not improve, or endangers another child, the parents will be called for a conference.
4. A child who continues the disruptive or dangerous behavior after the above steps have been exhausted may be suspended with conditions or dismissed from the preschool program.

I have read and understand the discipline policies for Harvest Preschool.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature



# HARVEST PRESCHOOL

2520 Society Hill Road  
Opelika, Alabama 36804  
745.2247  
Emmy Sorrells, Director

“...growing in wisdom and stature and in favor with God and man...”  
Luke 2:52

Dear Parents,

According to the State of Alabama, Harvest Preschool is required to provide you with the following information. After reviewing the information, please sign the form below and return. This form is needed to file for our exemption of licensure.

1. Harvest Preschool child/staff ratio shall be as follows:

<u>Age</u>	<u>Ratio</u>
8 weeks to 12 months	1 to 4
13 months to 24 months	1 to 6
2 years	1 to 8
3 years	1 to 10
4 years	1 to 12

2. Harvest Preschool staff will have the following minimal qualifications:

Child care workers or teachers who have primary responsibility for the care of children shall be at least 19 years of age and shall have a high school diploma or general education diploma (GED).

3. Harvest Preschool General Guidelines for Discipline:

Please refer to your parent handbook for discipline policy.

4. Type of curriculum utilized: Please refer to your parent handbook for curriculum guidelines.

5. The religious teachings given to children will be that of the Christian faith, and is non denominational in nature. These teachings will be given weekly during the bible story time and chapel time, and may include verse memorization.

6. The type of lunch program available is covered in Harvest Preschool’s parent handbook as Lunch Bunch.

Thank you,

Emmy Sorrells  
Director, Harvest Preschool

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I have read and understand the information provided to me by the Harvest Preschool Director concerning child/staff ratio, staff qualifications, lunch program provided, religious teachings provided, school curriculum and the Harvest Preschool discipline guidelines.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

AUTHORIZED TO PICK UP

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Child's Name

Harvest Preschool

The following people have my permission to pick up my child(ren) at any time:  
Please list name and relationship to child (i.e. sitter, grandparent, aunt, etc.)

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This will remain in effect for the school year 2008-2009 and may only be modified by the parent or guardian at any time.

GET TO KNOW MY CHILD

Harvest Preschool  
2008-2009

Child's Full Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Birthday: \_\_\_\_\_ Siblings (Names & Ages): \_\_\_\_\_

Other special people your child may talk about (names for grandparents, other relatives, etc.):

Pets (type & name): \_\_\_\_\_

Allergies my child has: \_\_\_\_\_

My child fears: \_\_\_\_\_

My child loves: \_\_\_\_\_

My child is (circle answers): Right handed    Left handed                      Potty Trained: Yes    No

Activities we should encourage: \_\_\_\_\_

Our address: \_\_\_\_\_

Mom's Occupation: \_\_\_\_\_ Dad's: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

\_\_\_\_\_ (work) \_\_\_\_\_ (emergency)

Email address: \_\_\_\_\_

Parent's hobbies include (for parent interest groups): \_\_\_\_\_

# PERMISSION TO RELEASE

## Harvest Preschool

I, \_\_\_\_\_, give permission for my child  
(Parent Name)

\_\_\_\_\_ to be released to  
(Child's Name)

\_\_\_\_\_ today only.  
(Authorized Person)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Teacher Signature

This form must be filled out anytime anyone (Authorized Person) other than those listed on the registration form will be picking up your child from Harvest Preschool.