

St. Matthew Community Preschool, Inc.
HELP US TO GET TO KNOW YOUR CHILD

Child's Name _____ Age _____ Birthdate _____

Who does the child live with? Parents, shared custody, grandparents, etc. _____

Name & ages of all children in the home _____

Organized group experience of your child _____

How do you handle discipline with your child _____

What fears or anxieties (dogs, dark, storms, etc.) does your child have _____

Does your child find it easy to share with others _____

At what age did your child walk _____ Is your child right or left handed _____

Does your child nap _____ What kind of pets do you have & their names _____

Have there been any unsettling changes at home recently (new baby, a death, move, divorce,
illnesses etc.) _____

Does your child have any allergies or health problems _____

Are there activities which should be avoided due to these conditions _____

Is child under on any medications _____ For what _____

Is your child potty trained _____

Additional Comments _____

***Please bring this form to your child's Open House

Field Trip and Transportation Policy

St. Matthew Community Preschool will not be offering any field trip or transportation while children are in our care. Teachers are not allowed to transport any child in their personal vehicle during preschool hours unless parents are notified and give consent.

Parent signature

Date

St. Matthew Community Preschool, Inc.
Behavior and Discipline Plans

Dear Parents,

Your child's preschool experience is very important to us. In order to create and maintain a positive learning environment for all families, we will follow the behavior and discipline plan below.

Please read and discuss the rules with your child. Then you as parents or guardian need to sign the form and return to St. Matthew Community Preschool. The upper portion is for you to keep for future reference.

RULES OF EACH CLASSROOM:

1. Follow directions at the time they are given.
2. No running in the classroom
3. Keep hands, feet & objects to self.
4. Use inside voices
5. Be respectful of others.

CONSEQUENCES:

1. Remove child from activity (group play, rugtime, snack, playground, etc.).
2. Time Out on a chair
3. If above consequences fail the parent may be called by the teacher to come and take child home for the day.

TEACHER WILL CONTACT PARENTS IF PROBLEM PERSISTS.

Thank you for your cooperation!

The Behavior and Discipline plans of St. Matthew Community Preschool, Inc. have been read and approved by the parent or guardian of

Child's name

Parent or Guardians signature

Date signed

BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

PARENT AGREEMENT

I, _____ (Parent's name) will
provide food for _____ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

(Parent's Signature): _____

(Date): _____



PARENT'S NOTICE

State Form 49444 (R2 / 5-17)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility

Address of facility (*number and street, city, state, and ZIP code*)

County

Childs Name _____

Teachers Name or Classroom _____

Parent/Guardian Signature Page

**Please sign and return to the office*

I, _____ have read and I agree to comply with **ALL** rules and regulations as documented in the St. Matthew Community Preschool Parent Handbook. Please sign below and return tonight, in your child's backpack or to the preschool office.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____



**HEALTH CARE PROGRAM FOR CHILD CARE CENTERS
CHILD CARE CENTER HEALTH RECORD**

State Form 49969 (R4 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

Name of child (<i>last, first</i>)	Date of birth (<i>month, day, year</i>)	Date of admission (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)		
Child lives with (<i>relationship</i>)	Name	Telephone number ()

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	-----
		Handicapping conditions:	-----
Screenings	Result / Date (<i>month, day, year</i>)	Other:	-----
TB Risk / Symptom			-----
Developmental Screen			-----
Lead			-----

PHYSICAL EXAMINATION	
Date of exam (<i>month, day, year</i>)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:
Note any unusual findings:	

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (<i>including sports</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:	

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	

