

Oakhurst Child Development Center

508 2nd Ave. South Charleston, WV 25303

304.746.0999 Fax 304.746.9948

Application for Enrollment		
Date of Enrollment:	Date of Withdrawal:	
Child's Name:		
Date of Birth:	Present Age:	Sex: M F
Address:		Phone Number:
City:	State:	Zip:
Mother's Name:		
Address:		Phone Number:
City:	State:	Zip:
Father's Name:		
Address:		Phone Number:
City:	State:	Zip:
Attendance		
Please Indicate the Day(s) and Hour(s) Your Child Will Be Attending:		
<input type="checkbox"/> 5 Days Per Week		
<input type="checkbox"/> After Pre-K		
<input type="checkbox"/> After School		
<input type="checkbox"/> Late Start, Early Dismissal, Faculty Senate Days, Holidays, etc.		
<input type="checkbox"/> If other, Please Explain:		
School Transportation		
Does Your Child Need Transportation? Yes No		
If Yes, what School? Kenna Montrose Richmond Bridgeview		
What Time Does Your Child Need To Be Dropped Off at School?		
What Time Does Your Child Need To Be Picked Up From School?		
How Did You Hear About Us?		
Newspaper Phone Directory Friend Other:		
Names and Ages of Brothers and Sisters:		

Parent Survey



This information sheet is to help me better understand your child. Please be honest and provide details where necessary.

1. Student Name: _____ Date of Birth: _____
2. Name of Parent(s)/Guardian _____
3. Home Address _____
4. Please **star** the best way for you to be contacted if needed:
Home Phone: _____
Mom's Work: _____ Mom's Cell: _____
Dad's Work: _____ Dad's Cell: _____
5. Emergency Contact Person (This information must be on file with the front office)
Contact Person _____ Relationship to student: _____
Phone Number _____
6. Are any languages other than English spoken at home? _____
7. What is the primary way your child will go home each day? _____
*Please send a note if there are going to be any changes in dismissal.
8. Do you have any special concerns about your child (academically, social, medically, etc.)?

9. Please list any foods, stings, etc. that may cause allergic reactions with your child.

10. Please list two goals you would like to set for your child this year.

11. Please tell me, in one million words or less, if there is anything else I should know about your child. Feel free to use the back of this sheet if you need to.

**First Presbyterian Child Development Center
Emergency Contact and Medical Information**

First Day of Attendance _____
 Child's Name (Last, First Middle) _____

 Custodial Parent's/Guardian's Name and Relationship _____

 Home Phone _____ Cell _____
 E-mail _____
 Home Address _____
 City/State/Zip _____
 Social Security _____
 Employer _____
 Work Address _____
 Work Phone _____
 Work Hours _____

Last Day of Attendance _____
 Child's Name (Last, First Middle) _____

 Custodial Parent's/Guardian's Name and Relationship _____

 Home Phone _____ Cell _____
 E-mail _____
 Home Address _____
 City/State/Zip _____
 Social Security _____
 Employer _____
 Work Address _____
 Work Phone _____
 Work Hours _____

**Alternate Emergency and Pickup Contacts – MUST BE LOCAL!
(Persons who will assume responsibility if parent cannot be reached.)**

Primary Contact and Relationship _____

 Home Phone _____ Cell _____
 Home Address _____
 City/State/Zip _____
 Work Phone _____

Secondary Contact and Relationship _____

 Home Phone _____ Cell _____
 Home Address _____
 City/State/Zip _____
 Work Phone _____

Medical Information

Hospital/Clinic Preference _____ Phone Number _____

 Hospital/Clinic Address _____

 Dentist's Name _____ Phone Number _____

 Physician's Name _____ Phone Number _____

 Insurance Company _____ Policy Number _____

Allergies/Special Health Needs (Dr. note must be attached) _____

Please Read, Sign and Date

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/r paramedics for my child and waive my right to informed consent of treatment. I authorize this child care center to transport my child for the purpose of emergency treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. Payment and fees will be assigned by parent/guardian.

Parent/Guardian's Signature _____ Date _____

I give permission to my child to go on field trips and all other activities, walking or transported. I release FPCDC and individuals from liability in case of accident during activities related to FPCDC as long as normal safety procedures have been taken.

Parent/Guardian's Signature _____ Date _____

I have had an opportunity to review the policies of this child care center and a summary of the WV rules for licensing child care centers located in CDC office.

Parent/Guardian's Signature _____ Date _____

I have been informed of the number of pets in the center and their degree of contact with the enrolled children.

Parent/Guardian's Signature _____ Date _____

I understand that I must keep informed the FPCDC if any of the above information changes within 24 hours of change.

Parent/Guardian's Signature _____ Date _____

I understand that payment for child care must be current or child care could be terminated.

Parent/Guardian's Signature _____ Date _____

Direct/Lead Teacher's Signature _____ Date _____

Parent Child Abuse Confidentiality Agreement

First Presbyterian Child Development Center Staff are mandated reporters of child abuse. If a concern arises, the staff reports to the director and the director takes the necessary steps to determine the need to file a report with the Child Protective Services.

Please sign the following form.

As a parent of FPCDC I am aware of the procedure of reporting suspected child abuse. I am aware that all matters regarding children and families are strictly confidential.

Parent

____/____/____
Date

Director(s)

____/____/____
Date

Permission To Photograph

I, _____, give the staff of First Presbyterian Child Development Center of South Charleston my permission to photograph my child _____ for non-commercial use.

Parent's Signature _____

Date _____



Parents,

Our website (OakhurstKidsWV.com) and our Facebook page are continually updated with events and pictures from the center. Please let us know if we have permission to feature your child's picture on these sites!

My child _____

DOES

DOES NOT

Have permission to be shown in photographs/videos on Oakhurst Child
Develop website and/or social media sites.

Signature: _____

Date: _____



Oakhurst Child Development Center and its staff have permission to
apply sunscreen to my child _____.

Please bring in sunscreen for your child for us to use.

Signature: _____

Date: _____

Complaint Procedure

If a parent of the center has a complaint, the complaint needs to be submitted to the director within one week of the complaint. The director will evaluate the complaint and give an answer or resolution within one week. If the employee is not satisfied, the parent may appeal to the Child Care Center Board within five days. The Board will respond within 30 days. The Board Decision is final.

Harassment

Harassment of any type will not be tolerated. If you have a concern about harassment, you are to report it immediately to the Director.

First Presbyterian Child Development Center of South Charleston does not discriminate against race, gender, nationality, or religion, color, or handicap.

(Signature)

(Date)