

Voorheesville  
Community Preschool



**Voorheesville Community Preschool**  
68 Maple Ave, Voorheesville, NY, 12186

Our teachers are Trina Yakel, Jennifer Samson & Amber Neidrauer.  
Preschool phone: 518-765-3265; Email: [KCYakel@aol.com](mailto:KCYakel@aol.com)  
Registrar: Carolyn Barrett, 518-765-2895, Email: [Office@fumcv.org](mailto:Office@fumcv.org)  
Mail completed forms to Carolyn Barrett, Registrar,  
c/o FUMCV, 68 Maple Ave, Voorheesville, NY, 12186

### **Philosophy**

Preschool is the beginning of your child's educational experience. Many of their attitudes toward themselves, other people, and school in general, may be formed at this time. Our school plays an important role in making these attitudes positive ones. It offers children their earliest opportunity, outside the home, to interact with a group of peers and thus to develop basic attitudes that will help them to adjust to living within the structure of our society. Preschool is shared by both parent and child. Each has a different role. By sharing this common experience with your child a closer relationship and a greater understanding of each other can be fostered.

### **Facilities**

Located at First United Methodist Church of Voorheesville, 68 Maple Avenue, Voorheesville, NY 12186.

- Sunny, well equipped classroom
- Kitchen facilities
- Gym equipment/large indoor gym area
- Playground

### **General Information**

- 3 year old program (child must turn 3 by Dec. 1<sup>st</sup>)
  - 2 day program runs T/Th
  - Morning session available from 9:00 - 11:30 am
  - Afternoon session may be available (depending on enrollment) from 12:15-2:45 pm
  - Class size limited to 14 children
- 4 year old program (child must turn 4 by Dec. 1<sup>st</sup>)
  - 3 day program runs MWF
  - Morning session available from 9:00 - 11:30 am
  - Afternoon session may be available (depending on enrollment) from 12:15-2:45 pm
  - Class size limited to 16 children
- The school year runs from September – May.
- Parent helper days strongly encouraged but not mandatory.
- Certified Teacher/Director and Aide in the classroom at all times. Parent helpers (1 per day) are encouraged to sign up and help out in classroom as well.
- Teacher/Director makes final decisions regarding the curriculum, program, and policies, with the direction of the church's staff parish committee.
- The Preschool Advisory Committee is a group of volunteer parents who provide support for and assist the Teacher in running the Preschool. However, the PAC is not a policy making body and cannot overrule the Teacher/Director. The PAC meets about once a month, usually on the first Monday of the month.
- Family member(s) help with fundraising, playground cleanup day, and committees.
- Enrichment through cooperative playtime, story time, arts and crafts, special programs, and guest speakers.
- Emphasis on development of fine and gross motor skills, listening skills, cooperative play, following directions, and having fun.
- Children should be toilet trained or working on it.

### **Registration**

- Registration forms (except medical form), \$40 non-refundable registration fee, and the first month's tuition (refundable until July 15, 2019) is due to hold a slot for the 2019-2020 school year.
- Open registration begins in February or March during our Open House(s). The registrar will accept registration materials with priority to church members and current/alumni families. A lottery may be held as needed.
- 3-year-old tuition is \$100 per month, and 4-year-old tuition is \$130 per month.

**Tuition is due the first of each month (October to May).**



***Enrollment Agreement for 2019-2020***

I wish to enroll \_\_\_\_\_ (the “Child”) in the Voorheesville Community Preschool of the First United Methodist Church of Voorheesville (the “school”) for the 2019-2020 school year. I understand that the School is staffed at all times by a N.Y.S. Certified Teacher who is responsible for the program. I also understand that the school is a cooperative, functioning only with the active participation of the parents/guardians (the “family”) of all of the students. Through my execution of this instrument, I agree to and understand the following:

1. At least one parent or legal guardian of the Child will be in attendance at all regularly scheduled parent meetings and conferences (typically one parent meeting per year and one parent-teacher conference)
2. The School does not provide transportation. The family will be responsible for transporting the child to and from school.
3. Parents/other caregivers may serve as a “parent helpers” on any day the parent volunteers. Parent helper days are highly encouraged but not required.
4. The family will cooperate in maintaining high health standards for the School by immediately notifying the teacher of any communicable disease or illness contacted by the Child.
5. One adult member of the family will serve as an active member on a standing committee of the School.
6. One adult member will assist in the annual set up or clean up of the school.
7. Monthly tuition of **one-hundred (\$100)** for 3 year olds and **one hundred thirty dollars (\$130)** for 4 year olds is due to the Treasurer of the School **on or before the first day of each month**, from October 2019 through May 2020. **A five-day grace period is allowed, but a \$10.00 late fee will be imposed** if payment is received after that time. Late fees are due with the monthly payment. As the School operates on a limited budget, failure to make timely payments may result in discontinued enrollment. All payments must be made with a check or money order.
8. To reserve a spot in class, a non-refundable registration fee of \$40 plus the September 2019 tuition payment shall be submitted along with this agreement. The tuition payment is **refundable until July 15, 2019**. Thereafter, the deposit will be forfeited if the child is taken out of the program. All payments must be made with a check or money order.
9. In order to program and plan for next year, **fees and packets should be turned in as soon as possible, ideally by May 1<sup>st</sup>**.
10. The family will participate in the Preschool’s Silent Auction, held in November, by obtaining or purchasing/making three donations to the auction.
11. The Teacher/Director makes final decisions regarding the curriculum, program, and policies. Questions or concerns are to be directed to the Teacher.
12. The Preschool Advisory Committee helps the teacher run the school, but does not set policy and cannot overrule the Teacher/Director.

*(over please)*

13. If a situation arises in which the Family must withdraw the Child from the School during the school year, a 30 day written notice must be given. The Family is responsible to pay tuition due for the 30 day period, unless otherwise decided by the Preschool Advisory Committee.

I understand that the School has the right to discontinue enrollment of any student if it is deemed to be in the best interests of the majority of the students enrolled. Circumstances permitting, such action will not be taken without consultation with the Teacher, the family, and any outside consultant deemed necessary by the school.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

How did you hear about our preschool? \_\_\_\_\_

Are you a member of The First United Methodist Church of Voorheesville?  Yes  No

Has any sibling of the child attended the preschool?  Yes  No

I would like to enroll my child in the (circle one):  3yr old program  
Tues. and Thur.  4 yr old program  
Mon/Weds/Fri

Morning or afternoon class:  AM  
9:00-11:30 am  PM  
12:15-2:45 pm



**Personal Form**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

*Please circle the name above (full or nickname) that your child would like to use at Preschool.*

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Parent/Legal Guardian #1**

**Marital Status:** \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**Parent/Legal Guardian #2**

**Marital Status:** \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

*Cell Phone*

*Home Phone*

*Work Phone*

**Names and Birth Dates of Siblings:**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

List names and dates of previous school experiences: \_\_\_\_\_

Is your child toilet trained?  Yes  No

Does your child take a nap?  Yes  No If yes, when? \_\_\_\_\_

Does your child have any allergies:  Yes  No If yes, list: \_\_\_\_\_

**All Parents please note: It is extremely important that we be made aware of any and all allergies (food and non-food) that any child may have. Our activities and snacks may be impacted by allergies, even ones which may not immediately seem relevant as you send your child to preschool.**

**If your child has ANY allergy (mild or severe), PLEASE inform us!**

*(over please)*

Does your child have a prescription for Epinephrine (e.g., Epi-Pen)?  Yes  No

***If yes, and if this medication must be at school with your child,  
you must complete the medication permission and record form.***

List any sensitive emotional areas the teacher should be made aware of: \_\_\_\_\_

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List any physical restrictions or other problems the teacher should be made aware of, such as speech, coordination, listening, shyness or aggressiveness:

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Has your child had experiences playing with other children?  Yes  No

Briefly describe: \_\_\_\_\_

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Voorheesville  
Community Preschool



*Voorheesville Community Preschool*  
68 Maple Avenue, Voorheesville, NY 12186

***Medication Authorization Form***

I, \_\_\_\_\_, the parent/guardian of  
\_\_\_\_\_, a student currently enrolled and in attendance at  
the Voorheesville Community Preschool of the First United Methodist Church, Voorheesville,  
New York, expressly authorize the Voorheesville Community Preschool, its employees and/or  
agents, specifically the Teacher and Assistant Teacher, to administer or attempt to administer to  
my child lawfully prescribed medication listed below in the event of a medical emergency.

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Medical Form**



This form must be filled out and signed by your child's physician and returned to the Voorheesville Community Preschool as soon as possible.  
**Parents: Please only fill out the top portion and leave the rest for the doctor's office to complete. Thank you.** Mail form to Carolyn Barrett, Registrar, c/o FUMCV, 68 Maple Ave. Voorheesville, NY 12186

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_

**Immunizations and Dates:**

HepB: \_\_\_\_\_  
DTap: \_\_\_\_\_  
Hib: \_\_\_\_\_  
IPV: \_\_\_\_\_  
MMR: \_\_\_\_\_  
Varicella: \_\_\_\_\_  
PCV: \_\_\_\_\_

Does your child have:

Seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing Impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visual Impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If yes, does this child have a prescription for epinephrine?  Yes  No

Is there contraindication to vigorous physical activity?  Yes  No

Is this child now taking any prescription drugs?  Yes  No

If yes, please list: \_\_\_\_\_

Does your child require administration of any medication while in school?  Yes  No

*If yes, please provide instructions with this form.*

Please list any other medical information pertinent to this child's participation in a preschool program.  
\_\_\_\_\_  
\_\_\_\_\_

*I have examined the above named child and have found him/her to be free of contagious disease and well, except as noted above.*

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date



**Parent/Guardian Verification of Immunization**

*New York State Public Health Law Section 2164 states that all children in public, private, or parochial day/nursery/child care/school must be immunized against polio, mumps, measles, diphtheria, rubella, varicella (chicken pox), Haemophilus influenzae type B (Hib), pertussis, tetanus, and hepatitis B, and pneumococcal disease (pneumococcal vaccination is required for all children born on or after 1/1/08). Immunizations must be completed as are appropriate for the child's age.*

**Chart of the required immunizations:**

IMMUNIZATION	# DOSES
Diphtheria (DTP or DTaP)	3 doses minimum
Polio	3 IPV
Measles, Mumps, Rubella	1 dose
Hepatitis B	3 doses
Haemophilus Influenzae Type b	3 doses or 1 dose administered on or after 15 months of age
Varicella (chicken pox)	1 dose
Pneumococcal Conjugate Vaccine (PCV) (required if born on or after 1/1/08)	4 doses

*Taken from: New York State Education Department. (June 2004 Revised Edition). Health Services for Prekindergarten Programs Resource Manual, and <http://www.health.state.ny.us/publications/2370.pdf>*

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I, \_\_\_\_\_, by signing below, verify that  
*(Print Parent/Guardian's Name)*

\_\_\_\_\_ has had all immunizations required by New  
*(Print Child's Name)*

**York State Public Health Law 2164 that are appropriate for his/her age.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





***Emergency Transportation Form***

In the event of an emergency, I, \_\_\_\_\_

the undersigned parent or legal guardian of \_\_\_\_\_, hereby grant permission to the Voorheesville Community Preschool of the First United Methodist Church of Voorheesville, NY to transport the aforementioned child by ambulance to an appropriate hospital or emergency treatment center to receive necessary treatment. I understand that I will be notified of any medical emergency as soon as possible.

Listed below are any foods, medications, insect bites, etc. to which the aforementioned child is subject to allergic reaction. I understand that neither the school's teacher nor teacher's aide is permitted to administer injectable medications of any kind.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date



### Emergency Information Form

Please list who the teacher should contact in the event  
of an emergency **in order of preference**  
starting with the parents (include yourself).

**Emergency Contact Name:**

**Phone Numbers:**

1. \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

2. \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

3. \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

4. \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

5. \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

6. \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Is your child allergic to any medications?  Yes  No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_



**Release Form**

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Please list the people your child may be released to after school. Name all possibilities. More names can be added later.

**Name:**

**Relationship:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, parent or legal guardian of  
\_\_\_\_\_, grant permission for the Voorheesville Community Preschool  
at the First United Methodist Church of Voorheesville, NY to, in my absence, release the aforementioned  
child to the care of the individuals listed above.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**



***Multiple Permission Form***

**Activities:** I give permission for my child to use all of the play equipment and participate in all of the activities at the Voorheesville Community Preschool.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Antiseptic:** I give permission for first aid certified staff members to use antiseptic as a part of the first aid process if necessary (will not be used for minor injuries).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Walking trips and field trips:** I give permission to VCP staff to accompany my child on supervised walking trips. When the School plans to take my child on a field trip to a specific location outside the school, I will be notified and asked to sign a detailed permission slip.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Photographs and video:** I give the VCP permission to take photographs/video of my child and to use them in classroom displays, classroom or school portfolios or promotional events or materials.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Observations/Educational research:** I give permission to VCP to allow observation of my child by school visitors, Early Childhood Professionals, and/or college students.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Email, Address & Phone number:** I give permission for VCP to release to enrolled parents and staff only, **my email address, home address and phone numbers**, for parent communication, parent references or for use in organizing birthday parties, play groups, etc. Please cross out any items you do not wish to share, and make notation if you only wish to allow work phone #, etc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Four year old Field Trips:** I give my permission for my child, \_\_\_\_\_, to participate in riding the fire truck in October and the school bus to the elementary school in the spring. I understand I will be notified of the dates when they are scheduled.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



## *Parent Committee Selection Form*

The Community Preschool is a cooperative venture. The quality program presented at the School and the minimal cost to families are direct results of the active participation of those families. **The School mandates that at least one member of a student's family (or family friend/caregiver) serve on a standing committee** or pay the \$150 opt out. Attached is a basic description of duties for each committee. Please read the descriptions carefully, and then indicate your top 3 choices in order of preference. Every attempt will be made to place you with your top choice, but it is not always possible to accommodate everyone's first choice.

Child's Name: \_\_\_\_\_

Class registered for:             3 year olds             4 year olds  
    AM Class             PM Class

Name of Parent/Caregiver to Serve on Committee: \_\_\_\_\_

The Preschool Advisory Committee (PAC) provides support for the teacher in running the preschool program. However, it is not a policy setting body and cannot overrule the teacher in the administration of the school. The P.A.C. meets once per month, usually on the first Monday of the month.

Are you interested in serving on the PAC?     Yes     No

**Please indicate your top choices (1, 2 and 3) OR indicate that you are planning to opt out.\***

**PAC positions are listed on the left and alternative support positions are listed on the right.**

You may have choices in either or both of the two columns below, but please rank only three choices total.

### *Preschool Advisory Committee (PAC)*

- Treasurer (2-person job)
- Secretary
- Fundraising Chairperson
- Publicity Chairperson
- Special Programs Chairperson  
(class parties, graduation, Santa, etc.)

I am unable to participate on a committee and will discuss with the teacher.\*  
(The case will be reviewed with the Teacher/Church.)

### *Committee Members (support for committee chair)*

- Housekeeping (wash toys, help cutting out paper shapes, laminating, etc.)
- Book Orders (placing Scholastic book orders every other month, & distributing)
- Publicity support (hanging flyers)
- Fundraising support
- Hosting Facebook page, online media
- Special Programs support

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## *Community Preschool Advisory Committee (P.A.C.)\* Members and Individual Committees*

### PRESCHOOL ADVISORY COMMITTEE POSITION DESCRIPTIONS

**Chair:** Oversees that all committees are running smoothly  
Presides over all advisory committee and parent meetings  
Communicates with the church liaison  
Schedules events on the church calendar as necessary  
Works with the teacher in an advisory capacity  
Works with the treasurer concerning budget and tuition  
Handles calls from parents regarding operation of the preschool

**Treasurer:** Collects monthly tuition checks from the tuition box  
Records and deposits income from all sources  
Submits monthly checks for salaries, expenses, and usage fee  
Directly pays all other expenses  
Assists teacher in maintaining operational budget  
Submits monthly financial statement to the P.A.C.  
Collects all delinquent tuition, fees, etc.  
Prepares yearly budget with church liaison, chairperson, and teacher  
Maintains checking account/signs checks

**Secretary:** Keeps minutes of all meetings, then distributes to P.A.C. members  
Maintains current copies of bylaws, P.A.C. policies and amendments  
Makes copies as needed by the teacher and P.A.C.  
Types and distributes letters/correspondences to parents as needed  
Maintains and distributes monthly calendar  
Maintains/prepares parent packs for August Parent Meeting

**Committee Chair People (one for each committee listed except Prep Work):**  
Delegates responsibilities to committee members.  
Serves on the Preschool Advisory Committee by attending monthly meetings.

### COMMITTEE DESCRIPTIONS

**[Each has one committee chairperson (except for Prep Work) and 1+ members.]**

#### **Parent Participation/Publicity:**

Maintains phone tree/initiates per the teacher's direction  
Sets up parent helper calendar (including birthdays and ½ birthdays)  
Advertises for fundraisers, registration, open house, etc.  
Writes monthly Churchmouse submission  
Maintains Facebook page  
Posts sign up lists for parties, including setup and cleanup

#### **Special Programs:**

Coordinates in-house special programs with the teacher, graduation, parties, Santa visit  
Distributes and collects permission slips if needed  
Writes follow up thank you notes  
Makes name buttons for programs if needed

#### **Housekeeping:**

Washes and disinfects toys monthly  
Helps prepare materials for class  
Purchases supplies as directed by the teacher or P.A.C.

#### **Fundraising:**

Plans and implements fundraising activities throughout the year  
Distributes fundraiser items

**\*PLEASE NOTE:** The purpose of the P.A.C. is to provide support of the teacher for all the many details in running a preschool program. It is not a policy-setting body and cannot overrule the teacher/director.