

Voorheesville  
Community Preschool



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

Our teachers are Jennifer Samson & Tara Hepp.  
Email: [JenDevoss@me.com](mailto:JenDevoss@me.com); Tara: [MLT95@Verizon.net](mailto:MLT95@Verizon.net)  
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 is limited to 14 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), \$45 non-refundable registration fee, and the first month's tuition (refundable until July 15, 2021) is due to hold a slot for the 2021-2022 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 is payable by check or money order only.

**No cash will be accepted.**

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



## *Enrollment Agreement for 2021-2022*

I wish to enroll \_\_\_\_\_ (the “Child”) in the Voorheesville Community Preschool of the First United Methodist Church of Voorheesville (the “school”) for the 2021-2022 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 is due to the Registrar of the School **on or before the first day of each month**, from October 2021 through May 2022. **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, money order or Paypal.**
8. To reserve a spot in class, a non-refundable registration fee of \$45 plus the September 2021 tuition payment shall be submitted along with this agreement. The tuition payment is **refundable until July 15, 2021**. Thereafter, the deposit will be forfeited if the child is taken out of the program. **All payments must be made with a check, money order or Paypal.**
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.

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

3 year old class, T/Th, morning or afternoon:

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: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

#### Parent/Legal Guardian #1

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

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

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

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

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

*Cell Phone*

*Work Phone*

#### Parent/Legal Guardian #2

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

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

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

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

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

*Cell 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!**

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## *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:*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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**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?  Yes  No      Hearing Impairment?  Yes  No  
Heart Disease?  Yes  No      Visual Impairment?  Yes  No  
Allergies?  Yes  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>*

\*\*\*\*\*

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

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***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 \_\_\_\_\_

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## *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 requires that at least one member of a student's family (or family friend/caregiver) participate in classroom activities and/or assist with preschool related upkeep and/or functions or pay an opt out fee of \$150.**

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

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

Name of Person to Participate/Assist in Preschool functions: \_\_\_\_\_

The preschool has several options for parents/guardians to help out in addition to being parent helper in the classroom. We currently have openings for parents who would like to be part of our fundraising committee, and we are in need of a parent/guardian to organize our book orders through Scholastic Books.

If you would be able to help out in either of these very important jobs, please let us know by indicating below with the name of the designated parent/guardian.

\_\_\_\_\_ is interested in working on:  
(Name)

Fundraising Committee

Book orders

\_\_\_\_\_  
(Email address)