

Voorheesville
Community Preschool



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

Our teachers are Jennifer Samson & Tara Hepp.
Email: JenDevoss@me.com; Tara: MLT95@Verizon.net
Registrar: Carolyn Barrett, 518-765-2895, Email: 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

- 4 year old program (child must turn 4 by Dec. 1st)
 - 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 is 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), \$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.
- 4-year-old tuition is \$135 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 thirty-five dollars (\$135)** for 4 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 \$40 plus the September 2020 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 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 1st**.
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

4 year old class, MWF, 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

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

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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



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.

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 _____



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)