HEALTH CERTIFICATE
2026-2027

Please Mail to
COVENANT PRESBYTERIAN CHURCH PRESCHOOL
1000 East Morehead Street
Charlotte, NC 28204-2888
Phone: (704) 333-8658
Or Return to Family

CHILD'S NAME _____ DOB_____

PARENTS' NAMES_____

ADDRESS _____

HOME PHONE _____ CELL PHONE(S) _____

EMAIL ADDRESS _____

GENERAL CONDITION OF CHILD'S HEALTH: _____

Is there any existing condition(s) that would prevent this child from participating in normal activities?

Are this child's immunizations and screenings **up to date** for his/her age? If no, please explain. **Also attach a copy of the child's immunizations records**.

Please explain any known allergies.

Please explain any significant information which would further contribute to a better understanding of this child and any special needs.

DATE OF EXAM _____

SIGNATURE OF PHYSICIAN _____

ADDRESS _____
PO BOX OR STREET NUMBER CITY, STATE ZIP

TELEPHONE _____

EMERGENCY INFORMATION
COVENANT PRESBYTERIAN PRESCHOOL

Child's Name: _____ Birthdate_____

Mother_____ Home#_____ Work#_____

Father_____ Home#_____ Work#_____

Cell Phone-Mother_____ Father_____

In the case of illness or injury, it is our policy to try to contact either parent first. If we cannot reach you, we must have the name and phone number of someone other than a parent who is authorized to have access to health information about your child and who would be willing to pick your child up if s/he becomes ill or is injured at school.

EMERGENCY CONTACT #1

Name: _____ Relationship: _____

Phone: _____ Cell:_____

EMERGENCY CONTACT #2

Name: _____ Relationship: _____

Phone: _____ Cell: _____

1st Choice Doctor: _____ Phone: _____

2nd Choice Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preferences: _____

Health Insurance Carrier:_____ Policy Number:_____

Group Number:_____

In the event of an emergency evacuation I authorize

_____

Name

to pick up my child.

Phone: _____ Mobile: _____

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Covenant Presbyterian Preschool

1000 East Morehead Street
Charlotte, NC 28204

PERMISSION TO OBTAIN EMERGENCY MEDICAL CARE

I, the undersigned, give permission to Covenant Presbyterian Preschool Staff (Director or Designated Staff) to act in my behalf in emergency situations when I cannot be reached to obtain medical treatment for _____.

(Child's Name)

_____

Signature of Parent/Guardian

_____

Date

Please know that in the event of an emergency that we would:

1. Attempt to locate you and those persons you have indicated on your child's information sheet.
2. Contact your child's doctor/clinic.
3. Take steps appropriate to obtain medical attention for your child.
4. Continue every effort to reach you.

CONSENT FOR NON-PRESCRIPTION MEDICATIONS

Child's name_____

I hereby give Covenant Presbyterian Preschool Staff permission to apply any of the following external preparations that are checked, in accordance with directions for use on the appropriate container:

_____Soap
_____Baby Wipes
_____Non-prescription ointments (such as Desitin, Vaseline)
_____Antibiotic First Aid ointment
_____Antiseptic Cleanser
_____Insect Repellant Spray
_____Sunscreen
_____Other – please specify_____

Signed,
Child's parent or guardian_____

Date_____

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Photo and Video Release Form 2026-2027

I give my permission to Covenant Presbyterian Preschool to use photographs or videos of my child/children representing the program. I understand that photographs may be taken by preschool staff, professional photographers, other early childhood professionals, news media, or other parents.

Signed_____

Name of child/children_____

_____

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We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

800.338.3884 • procaresoftware.com

Covenant Presbyterian Preschool
1000 East Morehead Street
Charlotte, NC 28204

Family and Social History

Name of Child _____ Nickname _____ DOB ___/___/____
Gender – M ___ or F ___

Home Address _____ Telephone _____

Mother's Name _____ Occupation _____

Mobile: _____

Business Address _____ Telephone _____

Father's Name _____ Occupation _____

Mobile: _____

Business Address _____ Telephone _____

Marital Status of Parents:

Married _____ Separated _____ Divorced _____ Step Parent _____

Children's visiting arrangements _____

If child is adopted Age of adoption _____
Does child know he/she is adopted? _____

Child was full gestation _____ or _____ months.

Brothers and Sisters of Child:

Name:_____ Age _____
Name: _____ Age _____
Name: _____ Age _____

Other members of household: (include relationships and ages)

_____

What is your child's home language? _____

How would you describe your family's race?_____

Church affiliation _____

If both parents are away from home during the day, please state arrangements for child's care when child is not at school. _____

_____

Who has cared for child other than parents? _____

_____

Has child had group play experience? _____ Where? _____

What contacts does child have with other children? _____

Does child have imaginary playmates? _____

When and with whom does child watch TV? _____

_____

Favorite programs _____

What activities does the family enjoy together? _____

_____

Dominant play interests:

Favorite activity with mother _____
Favorite activity with father _____
Favorite activity alone _____
Favorite activity (indoor or out) _____
Live pet(s) in the home _____

General Health Habits:

Eating

Appetite _____ Between meal snacks _____

Any food allergies or definite food dislikes _____

_____

Rest/Sleep

Child's usual bedtime _____ Time of Waking _____

Afternoon nap _____ Length of time _____

Any problems connected with sleep _____

_____

Elimination

Any problems with toileting _____

Emotional Development

Any special fears? _____

Jealousy? _____

Dependence on an object or person? _____

Nervous habits (nail biting, stuttering) _____

What methods of discipline are used in your home? _____

_____

What is the child's usual reaction? _____

Does your child have a tendency to run away, hide or seek a private space?_____

_____

Is child allergic? _____ If so, how does it usually manifest itself?

Asthma _____ Hay Fever _____ Hives _____ Other_____

List the contagious diseases your child has had _____

List any diagnosed medical condition and medication or special needs: _____

_____

List any diagnosed special needs. Does your child have an IEP? _____

_____

List any serious accidents your child has had_____

_____

List any operations your child has had _____

_____

Child's reaction to the experience(s) _____

_____

As a parent, what do you think are your child's strengths? _____

_____

_____

_____

Are there any areas of life in which you feel your child needs special help or encouragement?

_____

_____

_____

As parents, what are your hopes and expectations for your child's coming year at Covenant?

_____

_____

_____