RAINBOW EXPRESS PRESCHOOL

Office Use Only:

VICTORY CHURCH

2870 Middle Road
Winchester, VA 22601
Phone: 540-667-9400 / Fax: 540-667-9604

Class: _____
Days: _____

2023-2024 ENROLLMENT AGREEMENT

Age on 8/30/23_____

Full Name of **Child** _____

Name Child is **Called**_____

Birth Date_____/_____/_____ Male_____ Female_____

Full Name of **Mother**_____

Mailing Address_____Email_____

City _____ ST_____ ZIP_____

Home Phone (___)_____ Business Phone (___)_____ Cell # _____

Place of Business_____

Full Name of **Father**_____

Mailing Address_____Email_____

City _____ ST_____ ZIP_____

Home Phone (___)_____ Business Phone (___)_____ Cell # _____

Place of Business_____

EMERGENCY NAMES AND PHONE NUMBERS:

Child's Physician_____ Phone (_____)_____
Names and Phone Numbers of persons, other than parents, to whom we may release your child:
Please list a local person (Winchester area) and their relationship to the child.

Name_____ Phone (_____)_____

Relationship _____ Cell (_____)_____

Name_____ Phone (_____)_____

Relationship _____ Cell (_____)_____

Name_____ Phone (_____)_____

Relationship _____ Cell (_____)_____

(OVER!)

ENROLLMENT AGREEMENT, PAGE 2

Acceptance of this Enrollment Agreement form and the Registration Fee of $50.00 ($45.00 each for 2 or more children from the same family) assures your child a place in Rainbow Express Preschool (subject to staff and space availability on a first come, first served basis). In return, we expect that you will honor your enrollment for the **ENTIRE SCHOOL YEAR** term and **pay for all days enrolled,** unless you move from the area, or some unusual and extenuating circumstances makes dissolving this agreement the most advantageous arrangement for the child.

I have read the policy statements and the Parent Handbook, and I agree to abide by these policies. I agree to honor this enrollment agreement as described above. In case I do need to remove my child(ren) from the program, I will give at least two (2) weeks notice or pay for that time.

Date____/_____/_____ Signed, _____
(Parent or Legal Guardian)

Monthly Fee: Class age 18 mos.-5yrs: 2 day **$225.00** per Month
4 day **$365.00** per Month

Days Preferred: ____ Monday/Thursday ____ Tuesday/Friday

____ Monday/Tuesday/Thursday/Friday

PLEASE NOTE THAT THE REGISTRATION FEE AND *ALL* FORMS, INCLUDING IMMUNIZATION RECORD (a copy is acceptable) *MUST* ACCOMPANY THIS FORM! PLEASE NOTE THAT WE WILL NEED TO SEE AN *ORIGINAL BIRTH CERTIFICATE*!

(FOR OFFICE USE ONLY)

FORM:	**DATE:**
____ Enrollment Agreement Received	_____/_____/_____
____ Registration Fee Received	_____/_____/_____
____ Emergency Treatment Form Received	_____/_____/_____
____ Family Information Form Received	_____/_____/_____
____ Up-to-Date Immunization Record Received	_____/_____/_____
_____ Birth Certificate State & Number	_____/_____/_____

RAINBOW EXPRESS PRESCHOOL
VICTORY CHURCH

2870 Middle Road
Winchester, VA 22601
Phone: 540-667-9400 / Fax: 540-667-9604

FAMILY INFORMATION FORM

You can help us plan for your child's needs, understand concerns and responses, and support and encourage your child if you provide the following information. The information will remain confidential and be available only to your child's teachers. Please update this form if situations, circumstances, or pertinent information should change.

Full Name of **Child** _____

Name Child is **Called** _____

Birth Date _____/_____/_____ Male_____ Female_____

Full Name of **Mother** _____

Mailing Address _____

City _____ ST_____ ZIP_____

Home Phone (__)_____ Business Phone (___)_____ Cell # _____

Place of Business _____

Full Name of **Father** _____

Mailing Address _____

City _____ ST_____ ZIP_____

Home Phone (__)_____ Business Phone (___)_____ Cell # _____

Place of Business _____

Marital Status of Parents:

____Married, living together ____Separated ____Divorced ____Other

If other than "Married, living together" please describe custody and visitation agreement for the child as well as documentation as needed:

_____

_____

Others in the Household (include names and ages):

Sisters: _____

Brothers: _____

Others (Relationship): _____

(OVER)

Does your child have a pet?

Kind: _____ Name: _____

Kind: _____ Name: _____

Does your child have other opportunities to interact with other children, if yes, where?

_____

What Communicable diseases has your child had? Indicate date or age:

Chicken Pox_____ Scarlet Fever_____

Impetigo_____ Conjunctivitis _____

Does your child have any allergies (Hay fever, Animals, Certain Foods, etc.)? Please Explain:

_____

_____

Does your child have frequent:

Coughs_____ Colds_____ Fever_____ Ear Infections_____

Upset Stomach_____ Convulsions _____ Seizures _____

Is there any physical or emotional condition that we need to know about to properly care for your child? (Explain) _____

_____

Please give any special instructions or additional information you may think would be important for us to have:

_____

_____

_____

_____

RAINBOW EXPRESS PRESCHOOL
VICTORY CHURCH

2870 Middle Road
Winchester, VA 22601
Phone: 540-667-9400 / Fax: 540-667-9604

PERMISSION FOR EMERGENCY TREATMENT

Name of Child _____

In the event of an emergency or accident which requires immediate medical treatment and/or at a time when a parent cannot be located, I give permission for the Director, or any staff member at Victory Church or Rainbow Express Preschool to authorize such treatment. I will not hold Victory Church, or its employees, Pastors, Board, or members, or any medical personnel liable in any way. This is done with the understanding that every reasonable attempt will have been made to contact the parents or legal guardians.

Date _____ Signed, _____
(Parent or Legal Guardian)

Health Insurance Company _____

Policy # _____

Group # _____

Subscriber # _____

Important Medical Information (Allergies to medication, Asthma, Heart Problems, Diabetes, etc.)

_____

_____

RAINBOW EXPRESS PRESCHOOL
VICTORY CHURCH
2870 Middle Road
Winchester, VA 22601
540-667-9400 / Fax: 540-667-9604

VERY IMPORTANT INFORMATION

Dear Parents,

We are excited that you have chosen to have your child attend our preschool. We promise you that we will do our very best to ensure the safety and welfare of your child while he or she is in our care. We look forward to a wonderful school year together.

As many of you already know, we are a "License Exempt" preschool with the Commonwealth of Virginia. We are required to do this by the State, and it is designed to protect your child. There is a requirement of all preschools and childcare centers in the state of Virginia. Section 63.1-196.3 of the Code of Virginia exempts child day centers operated under the auspices of a religious institution from licensure. If a child day center operated under the auspices of a religious institution chooses not to be licensed, certain documentation must be filed annually with the Department of Social Services. In addition the Code of Virginia outlines the additional requirements that exempt child day centers must meet.

In light of all that, please understand that we must ask for certain information from you for continued enrollment, this should be true of any preschool or child day center in Virginia. In the future, this information will be added to our "Enrollment Agreement".

To comply with Section 63.1-196.002 of the Code of Virginia, we are required to ask for **proof of age and identity** (birth certificate), as well as **information regarding previous child care and school attendance.** Please fill out the attached form and return it as soon as possible to the Registration Desk. You are required to return it to us within seven business days of first attendance or we must report you to the local law enforcement agencies. If you would like a copy of the requirement to understand why we must require you to provide all this information, please contact the Preschool Administrator at 667-9400. **If you have already provided this information, you do not need to resubmit it. If you have only provided the birth certificate, you still do need to list the previous childcare and school attendance.**

Thank you for your cooperation with this process. God bless you!

Sincerely,

Rev. Keith Cross
Senior Pastor

RAINBOW EXPRESS PRESCHOOL
VICTORY CHURCH

2870 Middle Road
Winchester, VA 22601
Phone: 540-667-9400 / Fax: 540-667-9604

Name of Child _____

I have received a copy of the handbook of policies including the public dislosure statement and staff position requirements. I have read and understand these policies.

Date _____ Signed, _____
(Parent or Legal Guardian)

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM

Part II - Certification of Immunization

Section I

To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health departm official indicating the dates of administration including month, day, and year of the required vaccines shall be accepta in lieu of recording these dates on this form as long as the record is attached to this form.
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ _____ _____ Date of Birth: _____
Last *First* *Middle* *Mo. Day Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6th grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <60 months of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) ☐ Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicell Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED in accordance with the MINIMUM requirements for attending school, c care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (*Mo., Day, Yr.*):**

RAINBOW EXPRESS PRESCHOOL
VICTORY CHURCH

2870 Middle Road
Winchester, VA 22601
540-667-9400 / Fax: 540-667-9604

Child's Name _____

Address _____

City _____ ST ____ ZIP _____

Proof of age and identity (check one): Birth Certificate _____ Other _____
If other, explain, list document, and enclose with this form. The original will be returned to you.

Previous childcare programs and schools this child has attended:

Name of Program	City	State	Dates

Religiously Exempt Child Day Center
Program Decision to Not Administer Prescription Medications

My program has made the following decision regarding the administration of medications to a child in my program: (Check one)

☐ I (or my staff) **WILL NOT** administer any medications – prescription or non-prescription medication (non-prescription medications include, but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).

☑ I (or my staff) will administer **ONLY** non-prescription medications (non-prescription medications include, but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

Provider's Name (please print):	Facility Name:
Angela Cross	Rainbow Express Preschool
Provider's Signature:	Date:
Angela Cross	23-24 school year
Parent or Guardian Signature:	Date:

Confidentiality Statement

Information about any child in my program is confidential and will not be given to anyone except VDSS' designees or other persons authorized by law unless the child's parent or guardian gives written permission. Information about a child in my program will be given to the local department of social services if the child received a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

Rehabilitation Act of 1973

I understand that if my program receives any federal funding (such as child care subsidy from a local department of social services), I am subject to Section 504 of the Rehabilitation Act of 1973 which is similar to the provisions of the Americans with Disabilities Act. If a child enrolled in my program now or in the future is identified as having a disability covered under the Rehabilitation Act, I will assess the ability of the program to meet the needs of the child. For further information on the Rehabilitation Act seek legal counsel and/or go to the following website: http://www.dol.gov/oasam/regs/statutes/sec504.htm

Provider Statement

I understand that it is my responsibility to follow my *Program's Decision Regarding Medication* plan and all health, infection control, and medication administration regulations applicable to my child day program. The Program Decision Regarding Medication plan will be made available to parents at enrollment, whenever changes are made, and upon request.