

Child's Name: _____

CSA Address Release

Purpose:

Many parents request the addresses of classmates to invite them to birthday parties held outside the CSA and First Baptist Church environment. This form gives us permission to include your child on the class list given to parents for this purpose. Your address will not be given for any other purpose. Please feel free to opt out of this if you want to!

_____ I do _____ I do not (please check one) give CSA to give my address out to other parents of CSA.

Church Affiliation:

Church you regularly attend: _____

I would like information about: (check any that you are interested in)

_____ Preschool ministries at FBC _____ School of Fine Arts Program
_____ Sunday School _____ Worship

Facebook Permission (Please check by your choice)

_____ I give Church Street Academy Preschool permission to put my child's picture on the CSA Facebook Page.

_____ I do not give Church Street Academy Preschool permission to put my child's picture on the CSA Facebook Page.

Church Street Academy Preschool Security Acknowledgment:

I understand that my child _____ will be under video surveillance while attending CSA Preschool. The surveillance is for internal monitoring only and will not be released to anyone unless requested by authorized authorities.

I also understand that two access fobs will be issued per family. A \$5 fee will be charged for any lost key fobs. Family access fobs may only be shared with persons listed on emergency cards.

Date

Parent signature

**Church Street Academy Preschool
Child's Health Record
First Baptist Church
FAX: 256-353-0469**

TO BE COMPLETED BY PARENT/GUARDIAN:

Name of Child: _____

Date of Birth: _____ Home Phone: _____

Name of Physican: _____

Does the child have any evidence of disabilities that would require special care? (please explain)

Hearing loss or difficulties? _____

Vision difficulties? _____

Speech difficulties? _____

Movement Difficulties? _____

Severe Allergies? _____

Other (please explain) _____

TO BE COMPLETED BY PHYSICAN:

Are all immunizations up to date? _____ Yes _____ No

If no, indicate reason: _____

Is the child free from communicable disease? _____ Yes _____ No

List any prescription medications taken regularly by the child.

Other remarks regarding physical condition _____

This information is correct as of _____ (date).

Signature of the Physician: _____

Address: _____

Phone number: _____

******PLEASE NOTE: STATE BLUE CARD IS REQUIRED BY OUR PROGRAM!!**

Affidavit

**State of Alabama
Morgan County**

Before me, a Notary Public in and for said County, in said State, personally

appeared _____
(Parent's Name)

who is known to me, after being duly sworn or affirmed, says as follows:

The affiant is the parent or legal guardian of the minor child/children

(Child's Name)

that affiant has been notified by the **First Baptist Church of Decatur;
Church Street Academy Preschool** that said church has filed notice and is
exempt under the law from regulation by the Department of Human Resources.

Parent or Legal Guardian

Sworn or affirmed and subscribed before me this the _____ day of

_____, 20_____.

Notary Public

My commission expires:_____

CSA PRESCHOOL EMERGENCY CARD 2024-25

Child's Name _____ Birth Date _____

Parent's Names _____ Home Phone _____

Full Address _____

Daytime Phone: Mom _____ Dad _____

Email Addresses: Mom _____ Dad _____

Child's Doctor _____ Phone _____

Allergies or Special Needs _____

Persons other than parents authorized to pick up child:

Name _____ Phone _____

Name _____ Phone _____

I give permission for my child to be taken to the emergency room of _____

Hospital for treatment in the event of an emergency and I cannot be reached.

(Parent's Signature)

Please list any additional information on back of card.

CSA PRESCHOOL EMERGENCY CARD 2024-25

Child's Name _____ Birth Date _____

Parent's Names _____ Home Phone _____

Full Address _____

Daytime Phone: Mom _____ Dad _____

Email Addresses: Mom _____ Dad _____

Child's Doctor _____ Phone _____

Allergies or Special Needs _____

Persons other than parents authorized to pick up child:

Name _____ Phone _____

Name _____ Phone _____

I give permission for my child to be taken to the emergency room of _____

Hospital for treatment in the event of an emergency and I cannot be reached.

(Parent's Signature)

Please list any additional information on back of card.

Information Sheet for Babies

Baby's Name: _____ **Date of Birth:** _____

Parent's Name: _____

Address: _____ **Phone:** _____

Please give us a brief description of your baby's daily schedule:

Takes a pacifier? yes ____ **no** ____ **If so when?** _____

Breastfed _____ **or Bottle** _____ **Do you warm bottle? yes** ____ **no** ____

Do you hold the baby when the baby takes the bottle? yes ____ **no** ____

Do you care if the baby plays on the floor? yes ____ **no** ____

How do you get your baby to sleep? _____

Does baby sleep on stomach _____ **back** _____ **or side** _____?

Do you use any special items when diaper changing? _____

Does your baby have any allergies or special medical problems we should know about?

Please tell us anything else that you would feel would help us care for your baby more effectively.

Information Sheet for Toddlers through Pre-K

Child's Name: _____

Name used at home: _____ **Date of Birth** _____

Parent's Names: _____

Address: _____

Is this child oldest _____ **youngest** _____ **middle** _____ **only** _____

Brother's Names: _____

Sister's Names: _____

Does your child play with children from other families? _____

Does your child usually get their way with other children? _____

If not how do they react? _____

How do you handle this? _____

If they refuse to eat, how do you handle this? _____

Does your child take a nap? _____

If there is a problem at naptime, how is it handled? _____

Does your child wet the bed at naptime? _____

Does your child use special words to go to the restroom? If so, please list:

When going to the restroom can your child manage their clothes? _____

Does your child go willingly? ____ Or will we need to watch for signs ____?

Does your child have any allergies or special medical problems we should know about?

Please continue on the other side....

Please tell us briefly how you discipline your child. Is your child physically removed from the problem, sent to room, made to sit in time out, verbally punished, etc.

How does your child react? _____

What is the best way to deal with difficult situations? _____

What do you recommend we do? _____

Introduce Your Child

Child's Name: _____

I'd like to know your child through your eyes. The more we know about your child the better I can tailor lesson plans that will be fun, interesting and educational to him or her. Please complete the following.

List 5 words that best describe your child.

What motivates your child?

What upsets your child?

What are things that your child enjoys doing?