

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 2022-23**

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 2022-23**

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:**

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**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?** \_\_\_\_\_

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

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

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**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.**

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**How does your child react?** \_\_\_\_\_

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**What is the best way to deal with difficult situations?** \_\_\_\_\_

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**What do you recommend we do?** \_\_\_\_\_

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# **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?**