



## Teacher Information Sheet *(please complete entire form)*

<b>Family and Social History</b>		
Child's Name:	Preferred Name:	
Date of Birth:		
Mother's (guardian) Name:		
Father's (guardian) Name:		
Are the parents living together? <i>(check one)</i> Yes      No		
If not, what are the custody/living arrangements for the child?		
<b>Siblings:</b>		
Name	Age/D.O.B.	School
Name	Age/D.O.B.	School
Name	Age/D.O.B.	School
Other people living at home/relationship?		
If both parents are away from home during the day, please describe care arrangement for the child when they are NOT in school:		
Has your child had play group experience? <i>(check one)</i> Yes    No    Where?		
Does your child prefer to play: <i>(check one)</i> alone?    with siblings? <div style="display: flex; justify-content: space-around;"> <span>with same-age playmates?</span> <span>with adults?</span> </div>		
Do you have a family pet? <i>(check one)</i> Yes    No    Describe what kind:		
What indoor and/or outdoor activities does your child enjoy?		



<b>Developmental History of Child:</b>
Describe any health issues/allergies:
Does your child dress themselves? ( <i>check one</i> )    Yes    No
Is your child: ( <i>check one</i> )        Right-handed        Left-handed        Unsure
Does your child have any special fears that we should be aware of?
What discipline methods are used at home, and how does your child react?
If you're able, describe your child's personality in THREE words:
Please describe ANY special family circumstances which may influence your child's behavior (recent move, new baby, etc.)
<b>Miscellaneous:</b>
Mother's education/occupation:
Father's education/occupation:
Hobbies/Interests that YOU may want to share with US:

*I welcome the opportunity for my child to attend Sunflowers Christian Preschool with other children, regardless of race, religion, or disability.*

Signed:

Date:



529 Hendrie Boulevard, Royal Oak, Michigan 48067  
preschool@fpcro.org • 248.541.0108 • www.fpcro.org • facebook.com/fpcro



## Family/Student Directory

Shortly following the opening of school, we will be publishing a "Sunflowers Student Directory." This will be an invaluable resource as you schedule play dates and arrange carpools. Using the form below, please indicate the information you wish to have included in the directory.

Child's Name:	D.O.B.:
Parents' Name(s):	
Address:	
Telephone Number:	Cell Phone Number:
Email Address:	



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## Safe Snack List

### Fruits and Vegetables:

- Apples
- Bananas
- Blueberries
- Cantaloupe
- Cherries
- Grapes
- Oranges
- Peaches
- Plums
- Watermelon
- Raspberries
- Strawberries
- Baby Carrots
- Bell Peppers
- Cucumber

### Nut-Free Food Items: *(contain no nuts, peanuts or tree nuts)*

- Wheat Thins
- Triscuits
- Cereals: Shredded Wheat, Apple Jacks, Fruit Loops, Kix, etc.  
*(There are several cereal options, just be sure to check the label.)*
- Gogo Squeeze Applesauce
- Sun Maid Raisins
- Nutri-Grain Cereal Bars
- Pepperidge Farm Goldfish Crackers  
*(cheddar only)*
- Del Monte Fruit Cups
- Kraft String Cheese, Sliced Cheese, Cheese Cubes
- Yoplait Yogurt
- Betty Crocker & Annie's Organic Fruit Snacks
- Cheese Nips
- Teddy Grahams
- Nilla Wafers
- Honey Maid Graham Crackers
- Premium Saltine Crackers
- Cheeze-Its
- Pop Secret, Act II, Jolly Time & Orville Redenbacher Popcorn
- Jell-O Gelatin Cups
- Jell-O, Kraft Handi Snacks, and Hunts Pudding Cups

### Special Occasion Treats:

- Nabisco Oreo Cookies *(original in blue packaging)*
- Keebler Vanilla Wafers
- Hershey Kisses *(plain)*
- Kraft Marshmallows
- Dum Dum Suckers
- Tootsie Rolls



## Our Class Loves to Read

Dear Families,

Encouraging reading is one of the most important things we can do to help your child succeed. It can be tough finding the right books to keep them interested, which is why I am so excited that our class will be participating in Scholastic Reading Club this school year.

With Scholastic Reading Club:

- Every book you buy earns FREE Books for our classroom library
- You can choose from handpicked, grade- and reading-level-specific books for your child
- You'll find the best values on a variety of formats, including eBooks

Each month, your child will bring home Reading Club flyers. Together you can choose from books hand-selected by teachers and experts, and then order online or by returning your order form and payment to me.

Thank you for your support,

- **VISIT [scholastic.com/readingclub](https://www.scholastic.com/readingclub)**
- **ENTER** the one-time Class Activation Code: **TV224**
- **SHOP** from a carefully curated selection of the best books, value packs, and Stora eBooks
- **SUBMIT** your order and earn FREE Books for our classroom
- All book orders will be shipped to our classroom so we can celebrate the joy of reading together!

First Presbyterian Church of Royal Oak  
Sunflowers Christian Preschool

# Electronic Payment ACH Transfer Request Form

Sunflowers Christian Preschool offers automatic withdrawal from your bank account for tuition payments. If you are interested, please fill out this form and return to Kari Peruski, Church Administrator via the Sunflowers Payment Box.

Name:	
Bank Name:	
Bank Routing Number:	
Account Number:	Check One <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Payment Amount	
\$ <input type="text"/> Tuition 3's	
\$ <input type="text"/> Tuition 4's	
\$ <input type="text"/> Other _____	
Withdrawal Date	
Effective (date) _____ and continuing for the duration of the current academic year, I authorize The First Presbyterian Church of Royal Oak Sunflowers Christian Preschool to withdrawal from my bank account the tuition payments as described above.	
Payments will be withdrawn on the 1 <sup>st</sup> of every month. If the 1 <sup>st</sup> falls on a weekend or holiday, the payment will be withdrawn on the following business day.	
I understand I can discontinue this ACH transaction at any time by giving the Church Administrator a written request 10 days prior to a scheduled withdrawal.	
Signature:	Date:

## **First Presbyterian Church of Royal Oak**

### **Photo Opt Out Request**

First Presbyterian Church of Royal Oak (FPCRO) uses photographs, photographic images, names, and audio and video recordings of employees, members and visitors for general publicity in publications, public relations, communications, publicity, and newsletters. Any employees, members and visitors (or the parents or guardians of such persons, if under age 18) who do NOT want to be photographed or recorded, or to have their names, voices, or biographical materials used in connection with any such recording, must complete a Photo Opt Out Release form and return it to Kari Peruski, Church Administrator.

Unless a fully executed Photo Opt Out Release form is on file, your image and/or likeness may at any time be captured by still photography, videography, or other photographic or electronic means. The church reserves the right to use any such image, photograph, video, or the like for any church-related purpose, including but not limited to communicating and/or publicizing on behalf of the church in print publications, on the Internet, or in other media such as signage and/or presentations.

Also, your presence in or around church facilities and/or properties, as well as at off-campus church-sponsored events, constitutes your consent to the capture and/or use of your image and/or voice by FPCRO, and waives any claims or rights, whether in law or in equity.

Employees, members and visitors who do NOT want to be photographed or recorded, and who submit a completed Photo Opt Out Release form, are responsible for removing themselves from the area in which photographing/recording is occurring, or notifying the camera operator of their opt-out status. Failure to do so may result in the employees', members' or visitors' inclusion in a photograph or recording; it will be deemed equivalent to a release, and will allow the church to use that photograph or recording as it chooses.

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I DO NOT want my photographs, photographic images, name, audio or video recordings, or likenesses be used in any church-related purpose, including but not limited to communicating and/or publicizing on behalf of the church in print publications, on the Internet, or in other media such as signage and/or presentations.

I understand that this request will remain in effect for the 2020-2021 fiscal year.

Name:

Parent's/Guardian's Name if opt out for minor:

Signature (Signature of Parent or Guardian if opt out for minor)

Date

## WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name
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A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
  - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
  - The licensing notebook is available to parents during regular business hours.
  - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).
- Other \_\_\_\_\_

I certify that I received all of the above items.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Note:** A single BCAL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.



## CHILD INFORMATION RECORD

### State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Home Phone (     )	Parent/Legal Guardian's Name (Optional)		Home Phone (     )
Home Address (if not child's address)		Cell Phone (     )	Home Address (if not child's address)		Cell Phone (     )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone (     )	Employer Name		Work Phone (     )
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number (     )		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)		
1.	(     )	(     )
2.	(     )	(     )
3.	(     )	(     )
<b>Release of Child Only:</b> List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)		
1.	(     )	2. (     )
3.	(     )	4. (     )

<b>Parent/Legal Guardian Initials:</b>	
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.	

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	