



Student Info Packet Checklist

- **Health and Safety Form**
- **Photo Directory/Carpool
Release**
- **Notarized Parent Affidavit**
(Complete one per family.
Meagan Weed can notarize)
- **Current Immunization Record**
- **All About Me Form**
- **Parent Pledge**



Shades Crest Early Learning Academy Affidavit of Parent/Guardian

State of Alabama
Jefferson County

Before me, a Notary Public in and for State and County, appeared:

PARENT/LEGAL GUARDIAN

Who, being known to me, after being duly sworn or affirmed, says as follows: The affiant is the parent or legal guardian of the minor child(ren) listed below:

The affiant has been notified by a representative of Shades Crest Early Learning Academy (preschool ministry) that the said preschool ministry program has filed notice under law from regulation by the Department of Human Resources of Alabama.

Signed:

PARENT/LEGAL GUARDIAN

Sworn, or affirmed to and subscribed before me
this _____ day of _____ 20_____.

Notary Public

Commission Expiration

Carpool Policy

Few reminders about carpool...

We do **NOT** have morning carpool. All children will be walked in to their classroom in the mornings.

For carpool in the afternoon, please pull around to the right side of the church underneath the covered carpool portico. (See map)

Carpool Is from 1:00-1:10pm.

Please have your carpool sign displayed where our staff can see your name.

PLEASE DO NOT PLACE YOUR CARPOOL CARD IN THE BOTTOM CORNER OF YOUR WINDSHIELD*

Staff will place child in the car. Staff are not allowed to buckle your children into their carseat. Please pull up to the front parking lot to secure your child in his/her carseat.

These rules are to ensure the safety of your children and our staff members. Your cooperation is greatly appreciated.

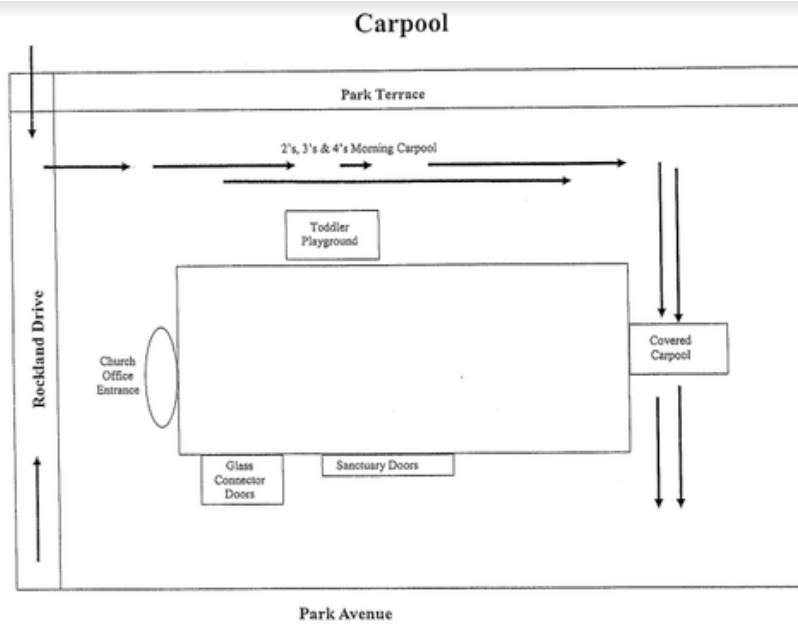




Photo and Carpool Release

Name of child: _____ Class: _____

Photo/Privacy Release:

I hereby give Shades Crest Early Learning Academy my permission to publish/use photographs, video and/or audio tapes or my child registered within the program. I understand that said publications may be used on the website, In media publications church and non-church related. I waive any right to Inspect and/or approve the finished product. I understand that a picture will never be labeled with a child's name.

PARENT/LEGAL GUARDIAN SIGNATURE and DATE

Carpool Release:

I acknowledge that my child(ren) in the 2K, 3K, or 4K class will participate in carpool. I have read, understand and will utilize the procedures set forth by the school. If I have children in a younger than 2K class, I acknowledge that I will come inside to pick that child up before driving through carpool to pick up the older sibling. I also accept responsibility for sharing this information with any other family member or person who will be utilizing carpool to transport my child.

PARENT/LEGAL GUARDIAN SIGNATURE and DATE



ALL ABOUT ME

Me:

I go by: _____ My birthday is: _____

Medical Needs (allergies, etc.)

Potty Training (routine, working on, need help with...)

These are a few of my favorite things (list colors, characters, sports, music, etc..)

Brag on me:

My frustrations/this upsets me:

Helpful hints/concerns:

My Family:

Parent Names: _____

Anyone else who may pick up/drop off: _____

Best phone: _____ Best email: _____

Text messages (for occasional reminders/contact) **Y/N** Cell # _____

Siblings (names/ages) _____

*use the back If you need extra space.

**Please bring some pictures for our family wall. You may want to bring copies as these will be glued or taped. (Family, baby, Individual)



Shades Crest ELA Health and Wellness Policy

At Shades Crest ELA, we regard snack and lunch times as an Important part of the children's day. Eating represents a social time for children and adults and helps children to learn about healthy eating. To help us comply with government Initiatives, Health Department policies and for the general well being of the children, we adhere to the following guidelines:

- Please LABEL ALL SNACKS/FOOD/BOTTLES/LUNCH BOXES with your child's name
- Please eat breakfast before you arrive at school. All children ages 3 months-4K are expected to arrive having eaten breakfast or had their first bottle of the day. Our AM Extended Care Program Is **not** designed to provide breakfast. To protect our children with food allergies and provide quality oversight of our children, we ask that you refrain from sending your child In with breakfast food. Our Infant Teachers will work with families' feeding schedules.
- Bottles for Infants will be provided by the parents and be ready to use. Staff will NOT make up formula or breastmilk bottles. Infants will be fed upright and bottles will not be propped.
- All children In Toddler classes should be drinking from a cup. Once emptied with beverage from home, they will be refilled with water throughout the day. There Is no refrigeration In the classroom. Please pack cups and lunches with Ice packs.
- For morning snack time, we ask parents to provide healthy and nutritious food which meet the children's Individual dietary needs. The ELA will provide snack for Extended Care. This will be a nut free snack, varied daily.
- For lunch, children are expected to bring a balanced packed lunch with them. All food needs to be ready to eat. We do NOT warm up or cook food. We do not refrigerate lunch, so please Include an Ice pack to keep lunches fresh. Avoid Including any kind of sweets and carbonated beverages. *Parents will be advised If their children are not eating well. Withholding food will not be used as a form of punishment.*
- We ask that parents advise Shades Crest ELA of their children's dietary needs - Including allergies. *To ensure continuity of care, we display current Information about Individual children's dietary needs so that all staff and volunteers are fully Informed about them. *We take care not to provide foods containing nuts or nut products and are especially vigilant where we have a child who has a known food or nut allergy. In order to protect children with food allergies, we discourage children from sharing or swapping food with one another.
- Children and staff will sit while eating or drinking to promote good eating habits and great manners!
- We have fresh drinking water available for children throughout the day.
- Children will play outside daily. If there Is Inclement weather, children will play In the Family Life Center. Movement will be offered weekly as an Intentional enrichment to encourage a healthy and active lifestyle as well as support the gross motor milestones of preschoolers.
- Birthdays and Special Occasions: Please discuss any food you are planning to bring Into the school with the teacher or the office, so we may protect and plan for those children with allergies.

Thank you for your support of these practices for the health and safety of our ELA students!



ELA Parent Pledge

The Shades Crest Early Learning Academy (ELA) is committed to providing a safe and nurturing learning environment for your child. It is our ultimate vision to provide a welcoming, healthy, loving, and Christ-like community for your family. To uphold these ideals, we ask that you assist us by making the following pledge:

I commit to follow all ELA policies and procedures as set forth in the Parent Handbook. Specifically, but not limited to the following:

- ___ I commit to follow Health Policies (Immunization, Illness, Medications, Allergies, Lice, Rash)
- ___ I commit to follow Arrival/Dismissal Procedures (Carpool, Extended Care, Drop Off/Pick Up Times)
- ___ I commit to support Shades Crest ELA in the way that I communicate.
- ___ I will take any questions or suggestions to the responsible person first, and then proceed to the next person in line.

- Teacher
 - ELA Director (Meagan Weed)
- Ministerial Liaison (Ashley Woodard)

Parent/Guardian Signature: _____

Date: _____

Child's Name: _____

Class: _____



Health and Safety Form

Child's Information

Child's Name: _____ Name Called: _____

DOB: _____ Age as of Sept 1: _____ Sex: _____

Address _____ City _____ ZIP: _____

Home Phone: _____

Family Church Affiliation: _____

Family Pets: _____

Siblings (ages): _____

Previous School Experience: _____

Parent/Guardian Information

Mother's Name: _____

Father's Name: _____

Mother's Cell: _____

Father's Cell: _____

Mother's Work: _____

Father's Work: _____

Mother's Email: _____

Father's Email: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Health Information

List any Health Issues, Developmental Delays or Special Needs: _____

Has your child had any contagious diseases, serious accidents, or operations we should know about?

Does your child have Allergies? Please list Allergy, Symptoms, Treatment.
If your child has severe allergies that require medical attention or medication for treatment Please provide us with an Allergy Action Plan from your physician.

Health Information

List all Medications that your child takes on a daily basis:

Is there any physical reason your child may not participate in normal school activities including outdoor play?

Name of Child's Physician _____ Phone _____

I give my permission for my child, _____ to be taken to the nearest emergency room for treatment should there be an emergency situation in which we are unable to reach either parent. **Parent Initials** _____

Health Insurance Carrier: _____ Policy # _____ Phone: _____

Safe People List

Please list people (other than Parent/Guardians) that we may call in the event parents can not be contacted. Please indicate the level of information that they are privileged to regarding your child.

***Emergency Contacts are privileged to all information.

Emergency Contact

Name: _____ Pick up only

Relationship: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact

Name: _____ Pick up only

Relationship: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact

Name: _____ Pick up only

Relationship: _____

Home Phone: _____ Cell Phone: _____

Additional Safe People Forms are available by request in the Weekday Office

Is there any other information that would help us in serving you and your family better?

**Parent/Guardian
Signature** _____

Date _____

For office use:

Class: _____ Teacher: _____