



## PALM VALLEY LUTHERAN COOPERATIVE PRESCHOOL

2500 E. Palm Valley Blvd.  
Round Rock, Tx. 78665  
www.palmvalleypreschool.org

512-388-5054  
abc123@palmvalleypreschool.org

We are so pleased you have made the decision to join our preschool family!

PVLCP was founded in 1982 as *cooperative* preschool program for parents that wanted to be involved in their child's preschool experience. We operate our preschool with the help of many loving parents (and extended family members). We feel that parent involvement helps us to ensure the best possible preschool experience for you and your children.

Your cooperative commitment will be:

- Attend New Parent Orientation
- Help in the classroom on a rotating basis with other parents in the class.
- Provide a nutritious snack for your child's class on a rotating basis with other parents in the class.
- Serve on a parent committee for special events and functions
- Help in the classroom as needed on special days (i.e. Fall Festival, Valentine's Day Parties)
- Provide transportation to and attend school field trips (4yr old students only).

If you have any questions regarding the above commitments please ask them before you enroll your child.

PLEASE NOTE: Pages 1-6 of the Application for Admission must be completed and submitted with the **\$75 non-refundable registration/supply fee** at the time of registration. Make checks payable to PVLCP.

Page 7 needs to be completed by your child's doctor and returned to us prior to the first day of preschool.

Thank you,

Cathy Cummings  
Director

Teacher: \_\_\_\_\_  
(For office use only)

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Child's Name: Last First

APPLICATION FOR ADMISSION  
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Child's Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Age as of September 1<sup>st</sup>: \_\_\_ Years / Months Male Female

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
\*\*\*\*\*

Mother's Information

Father's Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Pager/alternate #: \_\_\_\_\_

Pager/alternate #: \_\_\_\_\_

\*\*\*\*\*

Other people to contact if parents cannot be reached in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ OK to pick up child: Y/N

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ OK to pick up child: Y/N

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ OK to pick up child: Y/N

\*\*\*\*\*

Siblings:

Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Sex \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Sex \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Sex \_\_\_\_\_

\*\*\*\*\*

Church which you normally attend: \_\_\_\_\_

For office use only

Registration / Supply Fee: Date paid \_\_\_\_\_ check amt \_\_\_\_\_ check # \_\_\_\_\_

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Student Information

Child's Name: Last

First

Reason for attending preschool: \_\_\_\_\_

Has your child had any previous preschool experience? \_\_\_\_yes \_\_\_\_no

If yes, where? \_\_\_\_\_ when? \_\_\_\_\_

\*\*\*\*\*

Play

Toys child plays with most: \_\_\_\_\_

Prefers playing inside or outside? \_\_\_\_\_

Does child enjoy art/painting? \_\_\_\_\_ music? \_\_\_\_\_ reading? \_\_\_\_\_

Playmates (age & sex): \_\_\_\_\_

\*\*\*\*\*

Emotions and Behavior

Specials fears or concerns: \_\_\_\_\_

How does your child express positive feelings: \_\_\_\_\_

How does your child express negative feelings: \_\_\_\_\_

What makes your child content (i.e. pacifier, blanket): \_\_\_\_\_

Methods of discipline which are most effective: \_\_\_\_\_

What do you feel are your child's strengths: \_\_\_\_\_

Is your child potty trained? \_\_\_\_yes \_\_\_\_no  
words used to refer to elimination \_\_\_\_\_

Please use the space below to provide any comments that might help your child's teacher. Please remember that you may come to your child's teacher at any time with suggestions or questions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Child's Name: Last

First

Authorization for Emergency Medical Attention

In the event that I, or the individuals previously identified, cannot be reached to make arrangements for emergency attention at the time of illness or accident, I hereby authorize the staff of Palm Valley Lutheran Cooperative Preschool to take my child to:

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

OR Hospital / Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Illnesses, Special Problems or Needs

If my child has any special problems or needs, including allergies, I will share this with the staff of the preschool during the time provided for parent conferences. This conference time will also allow the preschool to share with me any special problems or occurrences that might affect my child, including communicable diseases.

If my child develops any illnesses, special problems or needs, including communicable diseases, during the course of the school year, I will share this information with the preschool staff as soon as the problem arises.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Has your child ever had any serious illness? \_\_\_\_yes \_\_\_\_no

If yes, explain: \_\_\_\_\_

Any allergies? \_\_\_\_yes \_\_\_\_no

If yes, please list: \_\_\_\_\_

Special medical concerns: \_\_\_\_\_

Other Special needs: \_\_\_\_\_

\_\_\_\_\_

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## Cooperative Agreement

I / We, the undersigned, agree to the following commitments to the preschool:

1. Participate in the parent orientation meeting.
2. Serve as Helping Parent in your child's class on a rotating basis with other parents.
3. Provide nutritious snacks for your child's class on a rotating basis with other parents.
4. Serve on one committee during the school year. (see choices below)
5. Provide transportation to and/or attend field trips during the school year (4yr olds only)

Participation in the cooperative preschool program is not discretionary. Failure to carry out this agreement will result in the removal of your child(ren) from the preschool program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### COMMITTEE CHOICES

#### **Photography Committee – Ongoing throughout the school year – Limited to one parent per age-group**

Take digital photos of preschool activities throughout the year. These photos will be used for a slide-show at the end of the school year. Committee members will need to use their own digital camera and will need to be available to take pictures during special events and on some regular preschool days.

#### **Fundraiser Committee – Fall**

Distribute catalogs, collect and tally orders, and distribute the items when they come in.

#### **Fall Festival – October**

Decorate prior to the event and prepare materials for classroom activities. Help each class set up and run activities as the students rotate within their age group. Clean up after event.

#### **Christmas Sing-Along – December**

Prepare and serve refreshments for the sing-along event that all preschool families are invited to attend. After the event the committee will clean up. The sing-along is on a class day morning.

#### **Pajama Day – January – limited to 6 parents**

Prepare / serve food for special Pajama Day lunch. Possibly help with activities. Members may be asked to help prepare activity supplies prior to Pajama Day. Clean up after lunch. Members must be available to be at preschool on Pajama Day 10:00am – 1:30pm.

#### **Texas Day – March**

Help set up and run activities as the students rotate within their age group. Help supervise pony rides. Post food sign-up lists and also collect food donations from area merchants for the hot-dog picnic lunch. This committee is responsible for serving the food and cleaning up afterward.

#### **Easter Egg Hunt**

Collect candy, stuff plastic eggs ahead of time, and then hide the eggs and run the event on the Saturday prior to Easter weekend.

#### **4yr old end of the year program –May - This committee is for two and three-year old parents only.**

Organize the reception following the program. Post sign up sheets to collect cookies. Serve cookies and punch at the ceremony and clean up following the reception.

Please select your first and second choice of committees you wish to serve on. If you don't have a preference, please write "please assign" on the first line. You will be contacted in the first few weeks of preschool regarding your committee assignment.

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Child's Name: Last

First

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Transportation

I understand that during the course of the preschool year, Palm Valley Lutheran Cooperative Preschool may have planned learning experiences away from the school. I also understand that the utmost care will be taken both in the selection of drivers and in the planning of activities. I also understand, however, that Palm Valley Lutheran Cooperative Preschool is not responsible for any accidents that may occur. I hereby give permission for my child to participate in these activities, and release Palm Valley Lutheran Cooperative Preschool from any liabilities.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_
\*\*\*\*\*

Drop-Off / Pick-Up

Please initial by each statement acknowledging that you have read and understand these policies.

\_\_\_\_\_ I understand that school begins at 9:00 a.m. and that I may bring my child to class no earlier than 8:55 a.m.

\_\_\_\_\_ I understand that I, or another designated adult, must walk into the building with my child each day, sign him/her in, and make certain that the teacher knows that he/she is there. Older siblings may not bring a child to class. I understand that I am not to leave my child in the classroom without the teacher present.

\_\_\_\_\_ I understand that I am to pick up my child promptly at 2:00 p.m. There will be an overtime charge of \$5.00 for the first 15 minutes and \$1.00 per minute thereafter. I understand that I am to call the preschool office if I am going to be late picking up my child.

\_\_\_\_\_ I understand that I, or another designated adult, must walk into the building to pick up my child, sign my child out, and inform the teacher that we are leaving. Older siblings may not pick up children from class.

Release of Child

When my child is brought to this facility, he/she will be left with a staff member and released only to the parents or person(s) named below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_
\*\*\*\*\*

Palm Valley Lutheran Cooperative Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Child's Name: Last

First

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Child's Name: Last

First

**PERMISSION TO PARTICIPATE IN EXTRA ACTIVITIES**

My child, \_\_\_\_\_ has permission to participate in the following activities at Palm Valley Lutheran Cooperative Preschool.

\_\_\_\_\_ Pony Rides provided by Kiddie Acres on Texas Day (March). In the event of bad weather, Pony Rides will be scheduled for an alternate date.

\_\_\_\_\_ Water play (sprinklers, water tables, etc.) on Splash Day (May). In the event of bad weather, splash day may be rescheduled for an alternate date.

\_\_\_\_\_ Inflatable moon jump on the last day of preschool (May).

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*\*\* Please fill out this permission slip for *each child* attending PVLCP.

\*\*\*\*\*

**Student Roster**

I give permission for PVLCP to print the following information in the preschool directory (which is handed out to preschool families only).

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's First Name

\_\_\_\_\_  
Child's Last Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

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Child's Name: Last

First

HEALTH STATEMENT

This form MUST be properly and fully completed and on file in the Preschool office before the child may begin attending classes.

\_\_\_\_\_ has been examined by a licensed physician within the past year, or has been examined in a clinic or health program. The child is physically able to take part in the preschool program.

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Address of Physician: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

IMMUNIZATIONS

A signed copy of immunization records may replace the form below.

Vaccine	Dates Given						
Hepatitis B							
Rotavirus							
Diphtheria, Tetanus, Pertussis							
Haemophilus Influenza type B							
Pneumococcal							
Inactivated Poliovirus							
Measles, Mumps, Rubella							
Varicella							
Hepatitis A							
Meningococcal							
Influenza							

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_