

**ST. PATRICK PRESCHOOL  
APPLICATION FOR ADMISSION**



***"Our Children, Our School"***

**Ages 2 ½ - 5 Years**

**Please return forms to:  
St. Patrick Catholic Church  
221 W. Nelson Street  
P.O. Box 725  
Lexington, VA 24450  
540-463-3533**

Email: [Preschool@stpatricksllexington.com](mailto:Preschool@stpatricksllexington.com)

Web: [www.stpatrickspreschool.com](http://www.stpatrickspreschool.com)

Facebook: [@StPatsPreschoolVA](https://www.facebook.com/StPatsPreschoolVA)

## ST. PATRICK PRESCHOOL

On the first day of school, your child should bring the forms indicated below. Where documents such as birth certificates are requested, please bring the original and we will make a copy to keep in your child's file. Forms should be completed and signed by the parent.

- ✓ Application for enrollment (unless previously submitted)
- ✓ Birth certificate (certified copy)
- ✓ Baptismal certificate (if applicable)
- ✓ Prior program enrollment documentation (if applicable)
- ✓ Current physical
- ✓ Immunization record
- ✓ Emergency Treatment Authorization
- ✓ Medication Policy
- ✓ Picture Policy and Permission

## ST. PATRICK PRESCHOOL AGREEMENT

This Agreement is between St. Patrick Preschool and the family of \_\_\_\_\_  
(student's name) beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

My child will attend the following class: (Please circle age group AND number of days/week)

2 ½ year old

3 year old

4 year old

5 year old

Two days/week = \$140/month

Four days/week = \$230/month

Three days/week = \$193/month

Five days/week = \$285/month

The monthly cost is \$\_\_\_\_\_ payable on the 1<sup>st</sup> of each month or make arrangements with the St. Patrick Church Office Manager.

I understand this contract may be amended at any time. A meeting will be held between the St. Patrick Preschool Director and the family to document changes. I understand and agree to the above statements.

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

St. Patrick Preschool Director \_\_\_\_\_ Date \_\_\_\_\_

## ST. PATRICK PRESCHOOL

§ 63.2-1809. Regulated child day programs to require proof of child identity and age; report to law-enforcement agencies

The 1998 Virginia General Assembly passed legislation to help identify missing children enrolled in child/day care settings. In order to comply with this law, please provide the following information within 7 days of initial attendance along with proof of your child's identity and age (certified copy of a birth certificate or other reliable proof of the child's identity and age).

Name of Student \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Parental Release:

I hereby give my permission for the above information to be released to St. Patrick Preschool.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by parent/guardian before admittance

Last First Middle

Street City State ZIP

Student's Doctor \_\_\_\_\_ Office # \_\_\_\_\_

Date of last tetanus shot

Medical Insurance Company

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\_\_\_\_\_

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## **MEDICATION POLICY**

The St. Patrick staff will not administer over-the-counter medication to students.

The St. Patrick staff will administer prescription medication if the scheduled time for a specific medication falls during preschool hours. Whenever possible, medication should be given to the student prior to or after preschool hours. Written authorization from the student's physician and parents is required before medication may be administered. (See next page)

If the physician and parents request medication be given during preschool hours, the following rules apply:

- Medications shall be labeled with the student's name, name of medication, dosage amount and times to be given.
- Medications shall be in the original container with the prescription label and directions attached.
- When needed, medications will be refrigerated. Medications must be stored separately from food.
- Medications will be stored in a locked place which is inaccessible to students.
- A medication record of administration will be maintained and signed and initialed by two staff members to assure proper administration.
- The record of medication administration shall include the following:
  - Name of child receiving medication
  - Date, Medication, Dose and Time administered
  - Signature of staff member distributing medication and initials of witness
  - Description of any adverse reaction
  - Description of any medication or administration error
- Parents shall be informed immediately of any adverse reaction to medication or any error in administration.
- Medication shall be returned to parent/guardian as soon as the medication is no longer being administered.

## **PHOTO RELEASE FORM**

As parent/guardian of \_\_\_\_\_ (student's name),

I \_\_\_\_\_ DO or \_\_\_\_\_ DO NOT (check one) consent to St. Patrick Preschool the use of my child's photographs and media for any legal use, including but not limited to publicity, copyright purposes, illustrations, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_