

Jacob's Learning Ladder Class List

The preschool does not provide a class directory. To assist parents with carpooling, party invitations, etc each child will receive a class list. If you want your child included on this list please complete the following form.

Please fill out the information as you want it to appear on the class list.
Leave blank any information you **DO NOT** want included.

Child's name _____ Birth date _____
Name child prefers in class _____
Mother's name _____ Father's name _____
Address _____ Zip _____
Phone _____
Please sign the appropriate choice:

YES – I want my child included on the class list. Please include the above information.
Signature _____ Date _____

I DO NOT want any information on my child included on the class list.
Signature _____ Date _____

PARENT PARTICIPATION

The preschool welcomes parent participation. Indeed, some activities are NOT POSSIBLE without our parents. Please indicate areas in which you would be willing to participate:

_____ Special Program Parent Volunteer (morning)
_____ Thanksgiving Feast _____ Christmas Program
_____ Bike Day _____ Promotion Program

_____ Provide treats for one or more special program or project your child's teacher has planned for the year; be sure to check specifics on parents' bulletin board for your child's classroom.

_____ Field Trip Driver (You must be able to provide and use one seatbelt per child. No children may ride in the front seat of a vehicle. The transportation policy is formulated by the Kansas State Department of Health and must be abided by. We cannot go on field trips without parent drivers.) Sign up for specific field trips on parents' bulletin board inside/outside classroom.

_____ Special talent, art, ability, or occupational skill to share (list below).

_____ Provide treats on your child's birthday (sign up on parents' bulletin board inside/outside classroom).

_____ Help with Scholastic Book Fair: Children's Wish Lists

Parent's Signature _____ Date _____

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Today's Date _____

JACOB'S LEARNING LADDER

Grace Presbyterian Church
5002 E. Douglas, Wichita, Kansas 67208
618-4189

It is necessary that this form remain on file for every child in our center. No child will be allowed to leave the center without parental permission given.

I give my permission for my child to go on any field trip that is to be taken this year.

YES _____

NO _____

I understand that field trips are taken only after notification is given to parents via newsletter and/or monthly calendar.

YES _____

NO _____

I give my permission for my child to accompany his/her class and teacher on nature walks around the block, walking on sidewalks.

YES _____

NO _____

I give my permission for my child to have photos and videos taken for use in the classrooms.

YES _____

NO _____

I give my permission for my child to have photos and videos taken for publicity purposes.

YES _____

NO _____

Child's Name _____

Parent's Signature _____

Date _____

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