



MYERS PARK PRESBYTERIAN CHURCH

**Weekday
School**
HALF-DAY PROGRAM

Student Care Plan

Student Information

MPPC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sibling Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, sibling's name & age:	
First Name:		Last Name:	
Street Address:			
City:	State:	Zip Code:	
Primary Phone:	Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	

Parent Information

Mom:	Mom's Cell Phone #:	Mom's Email Address:
Mom's Employer/Occupation:	Mom's Work Phone #:	
Dad:	Dad's Cell Phone #:	Dad's Email Address:
Dad's Employer/Occupation:	Dad's Work Phone #:	

Emergency Care Information

Pediatrician:	Address:	Phone #:
Dentist:	Address:	Phone #:
Hospital Preference:		

Authorization and Consent for Treatment

I understand that every effort will be made to contact me in the event of an emergency requiring medical treatment for my child. However, if I cannot be reached, I hereby authorize The Weekday School at Myers Park Presbyterian Church to transport my child by ambulance to the hospital named above and secure for my child the necessary medical treatment until my arrival.

Parent/Guardian Signature:

Date:



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Medical History (May be completed by parent or guardian)

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical or allergy action plan shall be attached to the Student Care Plan. The action plan must be completed by the child's parent or health care professional.

Are the child's immunizations up to date? An updated immunization record is required for enrollment.

Yes No – If no, please contact Lora Connor, Half-Day Operations Director.

All students are required to be up to date on the following age level immunizations in accordance with the American Academy of Pediatrics (AAP), Center for Disease Control (CDC), and North Carolina Department of Health & Human Services (NCDHHS) recommendations. Religious exemptions are not accepted.

- DTaP (Diphtheria, Tetanus, Whooping Cough)
- Hep B (Hepatitis B)
- Prevnar (Viral Meningitis, Bacterial Meningitis, Blood Infections) also called PCV13/PCV15
- Polio (IPV)
- Varicella (Chicken Pox)
- MMR (Measles, Mumps, Rubella)
- HIB (Haemophilus Influenza Type B)

Additionally, the following immunizations are recommended but not required, as these illnesses can be very contagious in a preschool setting:

- Influenza
- COVID-19
- RV (Rotavirus)

Does the child have health care needs (allergies, asthma, seizures, etc.) that require specialized health services?

Yes No

If so, is a medical or allergy action plan attached?

Yes No, but I will submit an updated action plan before the first day of school.

List any allergies, the symptoms, and the type of response required for allergic reactions.

List any health care needs or concerns, the symptoms, and types of responses for these health care needs or concerns.

List any particular fears or unique behavior characteristics.

Share any other information that has a direct bearing on assuring safe medical treatment for your child.



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Permissions Form

Photographs

Photos of children during Weekday School events and activities are taken throughout the school year by teachers, parents and church staff. **No name or other identifying information will ever be given out about a child in a photo.** Please indicate whether or not you give permission for the following situations:

- Myers Park Presbyterian Church and/or The Weekday School newsletters, public relations, marketing materials, and websites.
- Student documentation of classroom, playground, or field trip activities to be displayed in class newsletters, private classroom social media websites, and/or in year-end memory books that are shared with other families in your child's class.
- Class & individual photographs taken by professional photographers. This includes fall and spring pictures for purchase.
- Student photographs taken by Weekday School parents during class parties or other school sponsored events.

I give my permission I do not give my permission

On-Campus Field Trips – Applies to all WDS at MPPC classes.

I hereby give permission for my child to accompany his/her class on on-campus field trips. These field trips include, but are not limited to, campus nature walks and campus buggy walks. I understand that some on-campus field trips may not be announced ahead of time on my child's class calendar.

I give my permission I do not give my permission

Screening & Assessment – Applies to Toddlers, 2s, 3s, 4s, & TK classes.

I hereby give permission for the WDS staff at MPPC to access and screen my child using The Creative Curriculum for Preschool GOLD Assessment and share the results during parent-teacher conferences.

I give my permission I do not give my permission



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Emergency Contacts

These individuals may be contacted in an emergency if neither the parent(s) nor guardian(s) can be reached.

Name:	Phone #:	Relationship to Student
Name:	Phone #:	Relationship to Student:
Name:	Phone #:	Relationship to Student:

Authorized Person(s) to Pick Up Student

These individuals are authorized to pick up the student from school in addition to the parent(s) or guardian(s). For regular caregivers or carpools for students in Twos classes and older, additional carpool tags may be requested when school begins.

Name:	Phone #:	Relationship to Student:
Name:	Phone #:	Relationship to Student:
Name:	Phone #:	Relationship to Student:

Required Forms Prior to First Day of School

RETURNING STUDENTS:

1. Children's Medical Report – page 1 completed by parent/guardian
2. Current immunization record – age level immunizations must be up to date
3. Medical or allergy action plan (if applicable)
4. Acquaintance Form

NEW STUDENTS:

1. Children's Medical Report – page 1 completed by parent/guardian and page 2 signed by a physician
2. Current immunization record – age level immunizations must be up to date
3. Medical or allergy action plan (if applicable)
4. Acquaintance Form