



## Child Information, Photo Release, and Volunteer Form

Name to be used in the classroom on labels and for them to recognize and write:

First: \_\_\_\_\_

Last: \_\_\_\_\_

Email and phone # to be used by teachers, **please print clearly**:

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

I give permission for the school to take pictures of my child and agree that the pictures may be used for school or church related purpose.

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

I give permission for the teacher to include my child's name and contact information in a class list to be shared with the class.

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

Are you able to volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to be on the substitute teacher list? Yes \_\_\_\_ No \_\_\_\_

Are you interested in joining the Teacher Appreciation Committee? Yes \_\_\_\_\_ No \_\_\_\_\_



## St. Andrew's UMC Preschool

### Physician's Statement

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

School Year: \_\_\_\_\_

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This child was examined by me on the above date and there were no emotional, mental or physical abnormalities that would restrict participation in the activities of St. Andrew's Preschool.

Necessary and usual immunizations are current, including Hep B, Hib, OPV, MMR and the DtaP/ DIP vaccines. There were no adverse reactions to any of the vaccines. This child should be able to participate in all preschool activities. Any exceptions to the above are noted below.

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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date Signed

Please complete and return this form to the preschool office.

St. Andrew's UMC Preschool  
1901 Archdale Dr.  
Charlotte, NC 28210  
704-553-7896

preschool@standrewsumc.com  
www.standrewspreschool.com



## GETTING TO KNOW YOUR CHILD

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Are there any siblings at home? Name and age: \_\_\_\_\_

\_\_\_\_\_

What does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite books? \_\_\_\_\_

\_\_\_\_\_

Does your child have a pet(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Names/Types: \_\_\_\_\_

Is your child potty-trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child taking any medication regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Does your child have any known allergies such as animals, foods, environmental? \_\_\_\_\_

\_\_\_\_\_

Is there anything your child does not enjoy? \_\_\_\_\_

Is there any other useful information that would help us understand your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 2026-2027 CALENDAR

Aug 31–Sept 4	Teacher Workdays
September 3	Meet the Teacher
September 7	Labor Day
September 8–11	First Week of School/Dismissal at 12PM
November 2–3	Fall Break—No School
November 11	School Closed/Veterans Day
November 25–27	School Closed/Thanksgiving
Dec 21–Jan 1	School Closed/Winter Break
January 4	Return to School
January 18	School Closed/MLK Jr. Day
January 28-29	Registration (2027-2028)
February 15	School Closed/Presidents' Day
March 26-April 2	School Closed/Spring Break
May 28	Last Day of School/4's Graduation