Evacuation Plan for Unity Preschool-
*Please fill out and sign form on bottom and return to your child's teacher
*DUE AT VISITATION OR BY SEPTEMBER 1st

We have read the evacuation plan below. We understand and give our

permission to_____Preschool, in the event of an emergency,

to evacuate our child(ren) _____

to G.E. Massey Elementary School, or other designated shelter, either by bus

or staff vehicles for the _____school year.

Date_____   Signature_____

Date_____   Signature_____
*must be signed by both parents
_____

  In the event of an emergency evacuation of the 10 mile area around Duke
Power Plant, Unity Preschool will evacuate to G.E. Massey Elementary
School in Lincolnton. The school is located off HWY 27 on the right hand
side of the road.

Route-We will take the shortest route out of town. Once on our way, we
will not stop until we reach G.E. Massey.

Method of travel- By bus or staff vehicles, in whatever way possible to be
able to make one trip. A bus will be deployed from Lincoln County,
however, to avoid a wait, we may load the children into staff vehicles as
soon as evacuation is in effect, and we will leave the preschool as soon as all
children are loaded. Parents, hearing the evacuation order, proceed to G.E.
Massey, or the designated shelter, to pick up your child.

Parents-Upon hearing the order to evacuate, please proceed to G.E. Massey,
or designated shelter, to pick up your child. (For the safety of all, we will be
unable to either unload your child or stop along the way.)

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UNITY PRESBYTERIAN PRESCHOOL PROGRAM
EMERGENCY INFORMATION

<u>*</u>Please fill out and sign form on bottom and return to your child's teacher
* *DUE AT VISITATION OR BY SEPTEMBER 1st

CHILD'S NAME_____ BIRTH DATE _____

ADDRESS _____

EMAIL ADDRESS_____

HOME PHONE_____

CELL PHONES_____

PARENT/GUARDIAN INFORMATION:
NAME OF MOTHER_____
EMPLOYED_____
WORK PHONE_____
NAME OF FATHER_____
EMPLOYED_____
WORK PHONE_____

CHILD'S MEDICAL INFORMATION:
CHILD'S DOCTOR_____
ADDRESS_____
PHONE_____
HOSPITAL PREFERENCE_____
ALLERGIES_____

IF PARENTS CANNOT BE REACHED, PLEASE CONTACT:
NAME_____PHONE_____RELATION_____
NAME_____PHONE_____RELATION_____
If I, the parent/Guardian cannot be reached, I hereby authorize Unity Preschool to implement and authorize emergency medical care. Child will be transported to closest hospital if emergency personnel determine urgency.

UNITY PRESBYTERIAN PRESCHOOL PROGRAM
CERTIFICATE OF HEALTH

*Please have your child's doctor fill out and sign this form and attach an updated copy of his/ her shot records. Return to your child's teacher.

* *DUE AT VISITATION OR BY SEPTEMBER 1st

CHILD'S NAME_____

BIRTH DATE_____

DATE OF EXAMINATION_____

This child was examined by me on the above date an there were no significant emotional, mental, or physical abnormalities.

Necessary and usual immunizations are current, including D.P.T. series, polio vaccine and measles vaccine. There were no adverse reactions to any medications.

Participation in Preschool activities is permissible. Any exceptions to the above are listed below. Unless indicated below this child has not been tested for the HIV virus.

_____
 Signature of Physician

_____
Address

_____
Telephone

♦ Immunization records must accompany this form and be returned and kept on file at Preschool.

Unity Presbyterian Preschool
Pick-up Permission Form

*Please fill out and sign form on bottom and return to your child's teacher

The following people have permission to pick up my

child_____:
child's name

1.

2.

3.

4.

Everyone listed on this form understands that the preschool staff may ask to see their drivers license to identify themselves before my child is released to them.(Children will only be released to the individuals listed on this form unless specified in writing to the teacher beforehand.)

_____   _____
signature of parent   date

I have read the Parent Handbook and agree to abide by the policies and procedures of Unity Preschool.

I do/ do not (circle one) give permission for our child/youth to be photographed/videotaped and have said image uploaded on our preschool's website with the understanding that in no way such images will include phone numbers, email, or physical addresses. Furthermore, I give permission for these images to be used on the preschool website, facebook (without being tagged), church newsletter, & other promotional printings.

*Please sign and return to your child's teacher
* *DUE AT VISITATION OR BY SEPTEMBER 1st

_____

Signature of Parent   Date