

Prince of Peace Christian School
4000 Midway Road, Carrollton, Texas 75007
972-447-9887
972-447-0877 FAX

School Year 2007-2008
Student's Name _____
Grade _____

EMERGENCY CONTACT (Please furnish two names other than parents.)

Contact #1 _____
Last _____ First _____
Employer _____

Address _____

Telephone _____

Contact #2 _____

Employer _____

Address _____

Telephone _____

AUTHORIZATIONS

I. Standard practice in an emergency is to transport child to the nearest hospital. We use Plano Presbyterian Hospital unless you specify otherwise. We keep notarized Plano Presbyterian Authorization Forms on file for emergencies.

II. These persons are allowed to pick up my child at Prince of Peace Christian School.

Name _____ Driver's License/SS# _____

Name _____ Driver's License/SS# _____

Name _____ Driver's License/SS# _____

_____ Note: If your child's normal transportation is unavailable, please call the school office with the social security or driver's license # of the person who will be picking up your child. This is required when the school and/or child may not know the individual providing transport.

III. _____ has my permission to take over-the-counter medications, as indicated below, to be administered per label directions.

___ Children's Tylenol ___ Extra Strength Tylenol ___ Ibuprofen ___ Neosporin ___ Aleve
___ non-drowsy cold/allergy medication ___ upset stomach relief ___ anti-itch cream

IV. I, _____, give permission for my child, _____ in _____ class/grade, to be photographed for editorial, promotional, and audiovisual presentations by Prince of Peace Christian School. I consent to the reproduction and the use of these photographs.

Parent Signature _____ **Date** _____

Parent Driver's License # _____

Parent Signature _____ **Date** _____

Parent Driver's License # _____

This form must be completed before the student begins his/her second year at Prince of Peace Christian School.

New students starting school at POPCS are covered by the statement on the Emergency Contact Form which states that the student is healthy and able to attend school.

Only one Physician's Statement of Health is required during the course of the student's tenure at Prince of Peace.

To the Physician: Please complete and return the following statement to Prince of Peace Christian School. The statement may be returned by mail or faxed.

Prince of Peace Christian School
4000 Midway Road
Carrollton, Texas 75007
972-447-9887, ext. 462 (School Nurse)
fax: 972-447-0877

PHYSICIAN'S STATEMENT OF HEALTH

Student's Name _____
Address _____

Street	City	State	Zip
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Birthdate _____ Last physical exam date _____
(Must be within one year of starting date)

Does the student have any chronic conditions?

Does the student require any special care for special conditions such as allergy, special diet, restriction on physical activity, specified medications, etc.?

Is the student free of infection and contagious disease?

Date _____ Physician's Signature _____
Address _____

Telephone Number _____

**Prince of Peace Christian School
Student Health Information
2007-2008**

Your child's health history is important to help us assess him/her in case of sudden illness or injury. The information you record on this form will become a part of your child's school health record and may be shared within the school to the school staff. Please complete the following information and return it to the school nurse.

Student's name _____ Date of Birth _____

Grade _____ Teacher/Advisor _____

Please circle Yes or No

- | | | | | | |
|-----|----|---|-----|----|--|
| Yes | No | Allergies to Medications | Yes | No | Hyperactive behavior or |
| Yes | No | Other Allergies | | | Attention Deficit Disorder |
| Yes | No | Reaction to insect bites or stings | Yes | No | Emotional problems |
| Yes | No | Asthma or lung problems | Yes | No | Vision or eye problems |
| Yes | No | Seizures or neurological problems | Yes | No | Hearing or ear problems |
| Yes | No | Fainting | Yes | No | Speech or language processing problems |
| Yes | No | Headaches | Yes | No | Severe injuries |
| Yes | No | Blood pressure problems | Yes | No | Operations or other hospitalizations |
| Yes | No | Diabetes | Yes | No | Bone or muscle problems |
| Yes | No | Tuberculosis: Positive skin test or
active disease | | | (including back problems) |
| Yes | No | Frequent stomachaches | Yes | No | Blood Disorders |
| Yes | No | Heart problems | Yes | No | Chronic dental problems |
| | | | Yes | No | Kidney or bladder problems |
| | | | Yes | No | Other problems not specified |

If you answered "yes" to any of the above, please specify the problem, symptoms, cause if known, age of onset, and treatment. If your child needs treatment for the condition(s) at school, please specify on this form. You will be responsible for bringing medication to school for use by your child.

Does your child take any medications routinely? Yes No

Name of Medication	Dosage	How Often?	To be taken at school?
			Yes No _____
			Yes No _____

Can your child participate in Physical Education classes? Yes No
If not, please specify the reason

Parent signature _____ Date _____

Teacher _____

Field Trip Release Form
2007-2008
(Please return to your child's teacher.)

This form will be used during the school year to provide emergency information for drivers and volunteers accompanying Prince of Peace Christian School students.

Student Name _____

Parent/Guardian _____

Emergency Number _____

Emergency Contact (Please furnish two names other than parents)

Contact #1 _____ Phone _____

Contact #2 _____ Phone _____

Authorization

In the event that I/we cannot be reached to make arrangements for emergency medical attention, I/we authorize Prince of Peace Christian School to take my child to:

Doctor _____ Phone _____

Standard practice in an emergency is to transport child to nearest hospital.

My child has permission to take over-the-counter pain reliever (Acetaminophen / Ibuprofen) as needed for pain, to be administered by an adult teacher/chaperone. Yes No

Medical Information

If your child needs any medication or has any condition that a volunteer needs to be aware of, please list below. (i.e. Allergies, asthma, etc.)

Authorized Signature:

Parent/Guardian Signature

Date

Prince of Peace Christian School
Grandparents' Day
Thursday, Nov. 15 and Friday, Nov. 16, 2007

Please note: Grandparents' Day will include students in Preschool - 8th grades.

IMPORTANT! Students' grandparents or friends will receive invitations in the mail. In order to be sure that every grandparent (or special friend) receives an invitation to this special day, please fill out the form and return to the school office. Only one form per family is necessary. Please give complete addresses, especially apartment numbers and zip codes. *Please re-submit names even if you have given the information in previous years.*

Even if grandparents live far away and cannot attend, they will be invited to send a greeting in the form of a card or letter to their grandchild, in care of the school. If the student is unable to invite a grandparent, we suggest inviting a close friend or other relative to share this special day with the student.

Grandparents' Day is planned as a day to let Grandparents know that they are special to us, "to show off" our school and students, and to allow the grandparents and students the joyful experience of sharing time together. Their names will be added to the Development Mailing lists for future Eagle's View newsletters. This information is also used to inform grandparents when their grandchildren are named Top POP.

Student(s) _____ Grade _____

 Please print legibly and give full names and addresses.

Grandparents Name: _____

Grandfather Address: _____

Grandmother City: _____ State: _____ Zip _____

Special Friend

Grandparents Name: _____

Grandfather Address: _____

Grandmother City: _____ State: _____ Zip _____

Special Friend

Grandparents Name: _____

Grandfather Address: _____

Grandmother City: _____ State: _____ Zip _____

Special Friend

Dear Prince of Peace Christian School Parents:

We are pleased to again be serving Prince of Peace Christian School for the 2007-2008 school year. Below is information to help this make the new school year successful.

1. All children will have a lunch account and will be provided a lunch card at the beginning of the year. **If you do not want your child to charge items, please let us know and we will make your account "cash only". Otherwise, you are responsible for your child's purchases.** If you have a negative balance from last year, your child will not be allowed to **charge** any item until your child's lunch account is made current. Your child may use **cash** if you desire (except for Pre-orders). **There will be no credit extended. You must have a positive balance at all times.**
2. We use a declining balance system for the students to purchase lunch and snacks, and drinks – much like a debit card. This means that parents should deposit \$50.00 per child into the child's or family's account or supply us with a credit card authorization form. Any positive or negative balances from previous years will be carried over into this year's account. **Again, if you have a negative balance, your child will not be allowed to purchase until the account is made current.**

This year we will be notifying parents of low balances in either of two ways. We can email a low balance notice or print a weekly low balance notice that is then handed to your child by the school staff. Please let us know which method you prefer. We can use the email address supplied by the school or the address you provide when you enter www.kidsemeals.com. **We will default to the email notice unless you tell us otherwise**

3. Positive balances can be easily maintained in three different ways:
 - a. Allow us to charge your credit card for your child's purchases (2007-2008 form enclosed). When your child's account balance drops below \$15.00, we will charge your card \$50.00 per child. A detailed printout of all charges is available at your request. Our credit card processor requires that a new Authorization Form be completed each year. Last years forms have been destroyed. Written authorization is required; **we are unable to take credit card information over the phone. There is an annual \$10.00 per child transaction fee that will be billed to your child's/family's account.**
 - b. Write a check made out to Signature Services for \$50.00 per child listing the child or children's names, grade, and teacher on the check. Drop the check into a Signature Services box in the school office. Cash or checks can be accepted at the time of the sale.
 - c. Go online and deposit money into your child's or family's lunch account. Our web address is www.kidsemeals.com. You may use last year's lunch account numbers or wait to receive a notice soon after school starts.
4. **ONLY CD WILL PRE-ORDER.** A pre-order form is enclosed for the month of August. Money is due upon our receipt of the pre-order. In case of an absence the charge is not refundable unless we are given 48 hours notice. You may use www.kidsemeals.com, fax, mail, or drop orders in our collection box in the school office. **All Pre-order meals have a small beverage included in the price (1/2 pint 2% milk – 4oz. fruit juice – 4oz. small bottled water).**

5. Pricing:

- | | |
|--|--|
| • Hot Lunch – 3 years old thru 3 rd grade - Entrée, vegetables, dessert, 4 oz. 100% juice or ½ pt. 2% milk, water | \$3.75 |
| • Hot Lunch – 4 th thru 12 th grades - Entrée, vegetables, dessert (drink extra) | \$4.00 |
| • Sack Lunch – Sandwich on light wheat, chips, fruit, cookie, 4 oz. 100% juice or ½ pt. 2% Milk, water | \$3.75 |
| • Deli Sandwich – Larger sandwich on croissant or Kaiser roll with all the trimmings
Tuna, Roast Beef, Pastrami, Ham | \$3.75 |
| • Baked Potato Bar | \$2.25 |
| • Snacks
chips, crackers, nuts, popcorn, fruit rollups | \$.85 |
| • 2% Milk (1/2 pt.) – 100% Fruit Juice (4oz.) - Small Bottled Water | • \$.85 |
| | • Salad Bar \$2.25 |
| | • Salad and Baked Potato Combination \$4.00 |
| | • Wraps & Specialty Sandwiches (varies daily) \$3.75 |
| | • Pasta Bar \$2.75 |
| | • 100% Juice – 12oz. – Large Bottled Water \$1.25 |
| | • Gatorade – Iced Tea |

6. Other housekeeping issues:

- Please note that all children are given a meal card at the beginning of the school year at no charge. If this card needs to be replaced for any reason there will be a replacement fee of \$1.00 each time the student requests a new meal card. In an attempt to prevent erroneous charges on your child's/family's account It is also mandatory that each child present his/her meal card when going through the lunch line, if the child does not have the lunch card the child will not be allowed to purchase on account, if this occurs he/she may purchase using cash. However, we will not let any child go hungry we will offer the child something to eat. (Meal offered may vary due to availability)
- Returned checks will result in a \$15.00 charge to the family account. A notification letter will be mailed.
- When a credit card is denied for any reason, a notice will be mailed plus a phone call to the family. If no response is made within 7 days, the account will revert to a cash account.

Account Inquiries: 214-466-2064

FAX: (214) 353-4952

E-mail – kidsmeals@signatureservices.com



Prince of Peace Christian School – 2007-2008
Credit Card Authorization Form

If you would like to use our credit card system for the 2007-2008 school year, please complete the form below and return it to our office. **There is an annual \$10.00 per child transaction fee that will be billed to your child’s/family’s account.** Thank you.

I authorize Signature Services Corporation to charge the credit card listed below \$50.00 per child each time my child’s/Family’s meal account balance falls below \$15.00.

Cardholder Name (PRINT) _____ **Cardholder Signature** _____

Type of card: _____ **Card #:** _____

Expiration Date: _____ **Phone #:** _____

3-Digit Security Code: _____ **Billing Zip Code:** _____

Email: _____

Please Print Name and Grade of Child or Children in Family:

Student: _____	Student: _____
Grade: _____	Grade: _____
Teacher: _____	Teacher: _____
Student: _____	Student: _____
Grade: _____	Grade: _____
Teacher: _____	Teacher: _____

WE ACCEPT: VISA, MASTERCARD, AMERICAN EXPRESS & DISCOVER CARD

Please return to fax number 214-353-4952 or to the school office.

Sheila Faulkner – Gymnastics Director & Instructor

- ❖ *B.S. Ed. Cum Laude Memphis State University*
- ❖ *MSU Women's Gymnastics Team*
- ❖ *Won First Place in State Competition on the Uneven Parallel Bars*
- ❖ *Won Third Place in Regional Competition on the Uneven Parallel Bars*
- ❖ *Competed in Nationals – Qualifying Competition in 1974*
- ❖ *Certified Fitness Specialist, Dr. Kenneth Cooper Institute of Aerobics Research*
- ❖ *CPR, First Aid, and USGF Safety Certified*
- ❖ *Developed and directed preschool and elementary gymnastics program for Central Arkansas Christian Schools, Sherwood Christian Academy, Berean Christian Academy, and Elizabeth Mitchell Children's Center.*
- ❖ *Former Owner and Director of Conway Gymnastics Center, Conway, Arkansas – USGF State Championship Team*
- ❖ *Former Owner and Director of Sheila's Preschool Gymnastics & Fitness, Little Rock, Arkansas*
- ❖ *Director of Gymnastics Program at Prince of Peace Christian School for 12 years*
- ❖ *Director of Gymnastics Program at Dallas Christian School for 13 years*

FREE GYMNASTICS T-SHIRT!

TRIAL GYMNASTICS CLASS!!

*Don't let your child miss this opportunity!
Sign up today!!!*

PRINCE OF PEACE CHRISTIAN SCHOOL