

Plumas Christian Co-Pilots Preschool

Karla Davis, Director/Teacher

49 South Lindan Ave.

Quincy, CA 95971

530-283-0415

pcs.copilots@hotmail.com

Co-Pilots Enrollment Checklist

Thank you for your interest in Co-Pilots Preschool!

It is a privilege to serve you in the educational needs of your family.

- ___ 1. Complete Admission Packet:
 - ___ Admission Application: New Student
 - ___ PCS Parental Commitment: PCS Statement of Faith
 - ___ New Student Information Sheet
 - ___ Child Pre-Admission Health History – Parent’s Report
 - ___ First Month’s Tuition \$115 or \$175

- ___ 2. Please bring the following (originals please, we will make copies):
 - ___ Certified Birth Certificate
 - ___ Child’s Pre-Admission Health History – Physician’s Report
 - ___ Immunization Records
 - ___ Guardian/Custody documents (if applicable)

- ___ 3. Meeting between Director, two Plumas Christian School Board Members and Family

- ___ 4. Orientation meeting attended
 - ___ Admission Application signed
 - ___ Received copy of Parent/Student Handbook
 - ___ Completed “Consent for Emergency Medical Treatment”
 - ___ Completed “Identification and Emergency Information”
 - ___ Signed Personal and Parental Rights Statements
 - ___ Turned in necessary items: emergency kit, change of clothes

Sessions Attending (please check all that apply):

_____ Fall (September – November)

_____ Winter (December – February)

_____ Spring (March – May)

_____ 2 Days a Week (\$115/month)

_____ 3 Days a Week (\$175/month)

I have received, read, and agree to the Admission Agreement.

Child's Name

Date of Birth

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

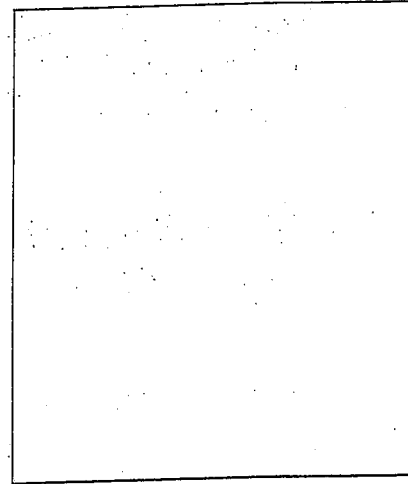
Date

Signature of Director

Date

Plumas Christian School
Co-Pilots' Preschool
49 South Lindan Avenue
Quincy, CA 95971

Please Attach a Current Picture:



Admission Application New Student

Please print or type clearly.

Student Information:

_____/_____/_____ M F
Legal Last Name Legal First and Middle Name Date of Birth Gender

Primary Address City State Zip

Student Email Address: _____ Home Phone: (____) - ____ - ____

Father's Information: Deceased Spouse's Name (if different than mother) _____

_____(____) - ____ - ____
Last Name First and Middle Name Home Phone

Mailing Address City State Zip

Occupation: _____ Employer: _____

Work Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____

Email Address: _____

Mother's Information: Deceased Spouse's Name (if different than mother) _____

_____(____) - ____ - ____
Last Name First and Middle Name Home Phone

Mailing Address City State Zip

Occupation: _____ Employer: _____

Work Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____

Email Address: _____

Marital Status of Parents: Single Married Divorced Separated Remarried
Child Lives With: Both Parents Mother Father Shared Custody Other _____

*Custody/Restraining Orders must be kept in the student file. Please bring original documents to the Director for copies to be made.

PCS Parental Commitment

PCS Statement of Faith

WE BELIEVE in Scriptures of the Old and New Testaments, and these Scriptures alone, as being the verbally inspired Word of God, infallible, and completely inerrant in the original writings, and of supreme and final authority in faith and life.

WE BELIEVE that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.

WE BELIEVE in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of God the father, and in His personal, bodily, and visible return in power and glory.

WE BELIEVE that man was created by God, in the image of God; that he sinned after being tempted by that fallen angel Satan, and thereby incurred not only physical death, but also spiritual death which is separation from, and under the wrath of, a just and holy God. In union with Adam, all human beings are sinners by nature and by choice.

WE BELIEVE that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.

WE BELIEVE in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life. Among other things, this means employees, and anyone serving in any capacity, are to maintain a lifestyle based upon biblical standards of integrity, and moral conduct. Moral misconduct includes, but is not limited to, promiscuity (sexual activity outside of marriage), homosexual /lesbian behavior—or any violation of the unique roles of male and female (Romans 1:21-27; 1 Corinthians 6:9-20). PCS believes that biblical marriage is limited to a covenant relationship between a man and a woman.

WE BELIEVE in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation.

WE BELIEVE in the "spiritual unity of believers in Christ."

I have read and understand the terms set forth in this staff commitment and will adhere to this covenant for the duration of my relationship with Plumas Christian School.

Signature of Father/Legal Guardian

Date

Signature of Mother/Legal Guardian

Date

Note: Must be signed by both parents

Plumas Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship, athletes and other school-administered program.

New Student Information Sheet

Preschool or Prekindergarten Enrollment

(To be completed by Parent/Guardian)

Please note:

Admission is contingent on space availability. A separate application process applies to Kindergarten through Sixth grade admission; attending PCS' Co-Pilot program does not guarantee a space in the Kindergarten through Sixth grade academic program.

Student's Name: _____

How did you hear about our school? _____

Please answer the following questions:

1. Does your child have problems that might affect his/her ability to learn in school?
____ Yes ____ No Please describe: _____

2. Describe your philosophy of child training and discipline. What method(s) of discipline do you utilize with your child?

3. Does your child obey instruction? ____ Yes ____ No

4. What are your child's strengths? _____

5. What are your child's weaknesses? _____

6. Has your child ever received, or is currently receiving any special therapies (e.g. occupational, speech etc.)? _____

7. Please list your child's special interests, skills, or hobbies: _____

8. Please describe the Christian values you view as critical for your child's development and growth. _____

9. Regarding your child, please describe any special needs of which PCS should be aware of. This will enable us to provide the most effective learning and discipleship environment for your child.

10. Is your child potty trained? ____ Yes ____ No

PLUMAS CHRISTIAN SCHOOL

49 S. Lindan Avenue
Quincy, CA 95971
530-283-0415

Email: plumaschristianpilots@gmail.com
Website: plumaschristian.org

Permission to Use Photograph/Video

I grant my permission to Plumas Christian School, its representatives and employees, the right to take photographs of my child/self (circle one) _____ (name of child/self), and/or property. I authorize Plumas Christian School, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Plumas Christian School may use such photographs, and/or video of my child/self with or without my child/self-name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, fundraising, and web content.

I have read and understand the above:

Parent/Guardian Signature: _____

Printed name: _____

Address: _____

Date: _____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE	
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?		
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?		
IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES	DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps		

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR? *	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP? *	WHAT TIME DOES CHILD GO TO BED? *	DOES CHILD SLEEP WELL? *
DOES CHILD SLEEP DURING THE DAY? *	WHEN? *	HOW LONG? *
DIET PATTERN: (What does child usually eat for these meals?)		WHAT ARE USUAL EATING HOURS?
BREAKFAST		BREAKFAST _____
LUNCH		LUNCH _____
DINNER		DINNER _____

ANY FOOD DISLIKES? _____

ANY EATING PROBLEMS? _____

IS CHILD TOILET TRAINED? *	IF YES, AT WHAT STAGE? *	ARE BOWEL MOVEMENTS REGULAR? *	WHAT IS USUAL TIME? *
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT" *		WORD USED FOR URINATION *	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE _____

DATE _____

IDENTIFICATION AND EMERGENCY INFORMATION

CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE					()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE					()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE _____ DATE _____

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION _____ DATE LEFT _____

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A - PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____ born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

Co-Pilots' Preschool : This Child Care Center/School provides a program which extends from 8 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 11:30 a.m./p.m., 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B - PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____
Vision: _____ Insect stings: _____
Developmental: _____ Food: _____
Language/Speech: _____ Asthma: _____
Dental: _____
Other (include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
 Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
 Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____ THIS CARE MAY BE GIVEN UNDER WHATEVER
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
ABOVE:

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing Child Care

Licensing Office Address: 520 Cohasset Road, Suite 170, Chico, CA

Licensing Office Telephone #: 530-895-5033

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Co-Pilots' Preschool
Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
- (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
- (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
- (6) Not to be locked in any room, building, or facility premises by day or night.
- (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

Community Care Licensing Child Care

NAME

520 Cohasset Road, Suite 170

ADDRESS

Chico

CITY

CA

ZIP CODE

95926

AREA CODE/TELEPHONE NUMBER

530-895-5033

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Co-Pilots' Preschool

(PRINT THE ADDRESS OF THE FACILITY)

49 S. Lindan Ave. Quincy, CA 95971

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Of course, the greater question beyond church attendance is where a person might be in relationship with God. Do you know Him through receiving Jesus Christ as your Savior and Lord? (John 1:12). Does at least one parent consider himself/herself to be a Christian? It is our experience that when there is active parental support for the "three-pronged approach" to family life, there is greater opportunity for academic achievement, character growth, and spiritual success for that family's child. That three-pronged approach in a child's life is for him/her to be a part of a spiritually alive home, church, and school!

PASTOR/CHURCH REFERENCE FORM

The completed form may be faxed to Plumas Christian School at 530-283-2933.

Student's name _____ Grade _____

For those with a "church home", please give this form to your pastor:

Name of church: _____

Address and phone number: _____

Name of the Pastor filling out this form:

Family church involvement (please circle one): Regular Part-time Rarely New

Please share any comments you wish to make on the back of this page. ("Great family", "recently moved to area", "active in AWANA, church music", etc.) After completion, please return to PCS.

For those without a "church home":

If not attending a church, please write a short paragraph below (as referenced in the last paragraph of the first page) indicating "where you are" on these matters. Do you foresee any conflict between what your home stands for and the position of Plumas Christian School? (Please use the back of this page if necessary.)

Signed: _____

Thank you!

Co-Pilots' Preschool
**Pastor Recommendation
Form**

To be completed for applicants

NOTE: Parent/Guardian Written Statement may be used in place of Pastor Recommendation

_____ has applied for admission to Co-Pilots' Preschool.

Applicant's full name _____

Grade entering _____

We would welcome any information or comments you have regarding his or her character and spiritual life.

How long has the applicant fellowshipped with your church? _____

Are the parent(s)/guardian(s) members of your church? _____

Is the family active in your church? Yes No

If Yes, please indicate activities: _____

Do you consider the children open to spiritual instruction? Yes No

If No, please explain: _____

Please share any specific concerns or highlights you have on the character of this applicant.

Pastor's Name: _____

Telephone: _____

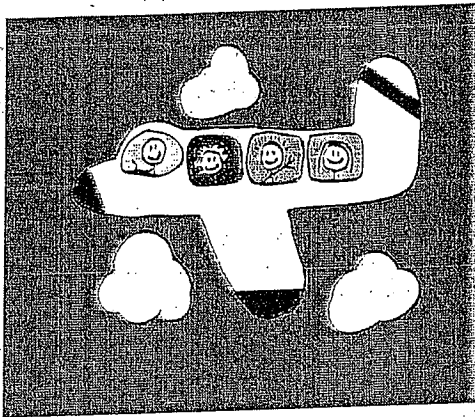
Name of Church: _____

Address: _____

Would you like us to phone you for further information regarding this applicant? Yes No

Please return this form directly to:

Co-Pilots' Preschool
Attn: Karla Davis
49 S. Lindan Avenue
Quincy, CA 95971



Plumas Christian
Co-Pilots' Preschool
Karla Davis, Director/Teacher

Items Needed for Preschool

A change of clothes for your child that includes: underwear, pants, shorts, shirt and socks. Please write your child's name on each article of clothing.

Emergency kit that includes: bottle of water, non-perishable food items, comfort item, a few family photos, socks, underwear, toothbrush and small tube of toothpaste.