



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information:

Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD

(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, a copy of the children's center discipline and expulsion policies.

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack Dinner

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

(Child's Full Name)

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

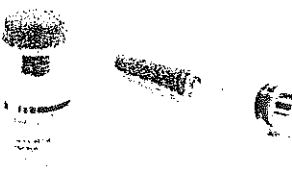


What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

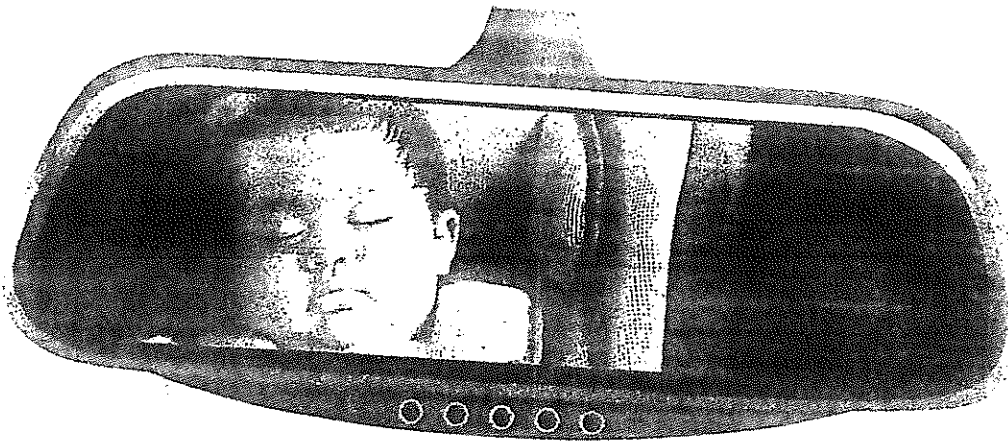
- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>



FACTS ABOUT HEATSTROKE:

It only takes a car 10 minutes to heat up 20 degrees and become deadly.

Even with a window cracked, the temperature inside a vehicle can cause heatstroke.

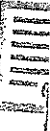
The body temperature of a child increases 3 to 5 times faster than an adult's body.



PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session a new law was passed that requires child care facilities, family day care homes and large family care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

Discipline Policy

Policy Statement

Praise and positive reinforcement are effective methods of behavior management for children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, Prince of Peace Preschool uses a positive approach to discipline, and practices the following discipline and behavior management techniques.

We Do

- Communicate to children using positive statements.
- Communicate with children on their level.
- Talk with children in a calm quiet manner.
- Explain unacceptable behavior to children.
- Praise and encourage the children.
- Reason with and set limits for the children
- Apply rules consistently.
- Model appropriate behavior.
- Set up the classroom environment to prevent problems.
- Provide alternatives and redirect children to acceptable activity.
- Give children opportunities to make choices and solve problems.
- Help children talk out problems and think of solutions.
- Listen to children and respect the children's needs, desires, and feelings.
- Provide appropriate words to help solve conflicts.
- Use storybooks and discussion to work through common conflicts.

We Do Not

- Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping).
- Use any strategy that hurts, shames, or belittles a child.
- Use any strategy that threatens, intimidates, or forces a child.
- Use food as a form of reward or punishment.
- Use or withhold physical activity as a punishment.
- Shame or punish a child if a bathroom accident occurs.
- Embarrass any child in front of others.
- Compare children.

- Place children in a locked and/or dark room
- Leave any child alone, unattended or without supervision.
- Allow discipline of a child by other children.
- Criticize, make fun of, or otherwise belittle a child's parent, families, or ethnic groups.

Conferences will be scheduled with parent if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate child care services for that particular child.

Note: If, at any point, there is an indication/suspicion that a child may have special needs, Prince of Peace will inform the child's family and make contact with the Early Learning Coalition for assessment and assistance.

Parent Signature _____

Child's Name _____

Prince of Peace

Nutritional Policy

Prince of Peace chooses not to provide meals. We will provide a morning and afternoon snack only. All snacks will include two food groups. If and when drinks are provided, it will be either 2% milk, or 100% juice. We encourage the children to drink water throughout the day. Parents provide a daily water container for their child.

In the event that a child's parent fails to provide a nutritious lunch for their child, Prince of Peace staff/teachers will provide supplemental food items to complete the child's meal.

PLEASE research the following website for a better understanding of the nutritional needs of preschool aged children.

<http://www.choosemyplate.gov>

Please sign and date below that you understand our nutritional policy.

Child _____

Parent Signature _____

Date _____



CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE
(To be completed by parent or guardian)

Date _____

Child's Full Name _____

Date of Birth _____ Race _____ Sex _____

Name of Parent or Guardian completing form _____

Please answer the questions on this form. We feel this information will help us be more effective in working with your child.

<u>Childhood Disease Child has had</u>	<u>Date</u>
Chicken Pox	_____
Measles	3 Day (Rubella) _____
	10 Day (Rubella) _____
Scarlet Fever	_____
Rheumatic Fever	_____
Mumps	_____
Strep Throat	_____

Is your child taking over-the-counter or prescribed medication regularly at home? Yes No

If yes, what? _____

Is your child taking vitamins regularly at home? Yes No

If yes, what? _____

List any known allergies to food or environment _____

Describe the allergic reaction _____

Does your child complain of feeling ill often? Yes No

Have you ever suspected your child of having seizures? Yes No

Describe your child's appetite _____

Does your child dislike any foods? Yes No If so, what? _____

What does your child usually eat for breakfast before arriving at the center? _____

How easily does your child fall asleep? _____

What is the usual bedtime? _____ Wake up time? _____

What is the usual naptime? _____ Wake up time? _____

Is the child completely toilet trained? Yes No

Does the child remain dry all night? Yes No

When did the child begin to walk alone? _____

Are other adults (not family) able to understand the child's speech? _____

Does your child have a regular playmate? Yes No Same Age Yes No

Older Yes No Younger Yes No

What is your child's favorite toy or activity at home? _____

Does your child have temper tantrums? Yes No

Does your child bite his nails? Yes No Twist his hair? Yes No

If you could describe your child in one word, what would it be? _____

Please list your child's strong points, such as happy, curious, loving, etc. _____

Is there anything else, medical or otherwise, that we need to know about your child? _____

Permission for Photographs

I give permission for my child _____ to be photographed by Prince of Peace Preschool and/or Prince of Peace Church for the sole purpose of use in children's portfolios or to be used at the discretion of Prince of Peace Preschool.(gifts, bulletin boards, art projects)

Parent Signature _____

I hereby do not give my permission for my child _____ to be photographed in any capacity by Prince of Peace Preschool.

Parent signature _____

Prince of Peace Facebook Page

Please take a moment to let us know your preferences regarding our use of photos of your child for our school website and Facebook page.

WE will never reference your child by name or provide any specific information regarding your child.

____ YES, I grant permission to use photos of my child on Prince of Peace's website, Facebook page, and church bulletin.

-OR-

____ NO, Please do NOT use any photos of my child on the website or our Facebook page.

Parent/Guardian's Signature: _____

Date: _____

School Supply "WISH" List

- Change of clothes in a large Zip-loc bag
- 2 boxes of Kleenex
- 2 rolls of paper towels
- 2 packs of baby wipes
- 2 containers of Clorox wipes
- 2 bottles of hand soap
- 1 box of Band Aids
- 1 box of gallon size Zip-loc bags
- A 4 pack of Elmer's glue sticks
- 2 bottles Elmer's glue

Additional wishes:

- Washable markers
- Dry erase markers
- Crayola water colors
- Colored pencils

VPK students are NOT required to provide any additional supplies. We only ask parents to provide what they can. You DO NOT have to provide everything on the list!

We appreciate anything that you are able to do.

THANK YOU!

Ms. Kelly

