

Grace Child Development Center & Academy

Enrollment Information

Dear Parents:

Our primary responsibility is the care and well-being of your child while he or she is with us. Please give us as much background information as possible so that we may provide this care in a meaningful manner. Thank you!

Child's Information

Name _____
(First) (Middle) (Last)

Birthdate _____ Nickname _____

Custody: _____ Sex: Male Female

Both Parents Mother Father Who does the child live with? _____

Other: _____ Who is the child's Legal Guardian? _____

Program: VPK Only After-school Primary hours of care _____ -

Full day Summer Day Camp Enrollment Start Date _____

Parents' Information

Mother's

Name _____ Cell # _____
(First) (Last) Email _____

Address _____
(Street) (City, State) (Zip) (Unit)

Employer _____ Work # _____

Work _____
Address _____ Work _____
Hours _____ -

Father's

Name _____ Cell # _____
(First) (Last) Email _____

Address _____
(Street) (City, State) (Zip) (Unit)

Employer _____ Work # _____

Work _____
Address _____ Work _____
Hours _____ -

Emergency Contacts/Authorized Pickup

Persons to contact in case of emergency when the parent(s) or guardian(s) cannot be reached:

(Name) (Relationship) Phone _____

(Name) (Relationship) Phone _____

(Name) (Relationship) Phone _____

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:

Physician _____ Hospital Preference _____

How did you hear about our school? _____

Child's Name _____

Background Information

Personal History

Type of Birth: Normal Premature, weeks: _____ any complications? _____

Does your child: Crawl? Walk? _____ Has your child begun talking? Yes No

Does your child speak in: Words? Sentences? _____ What Language(s)? _____

Previous school/childcare attended: _____

How would you describe your child's school/childcare experience to date? _____

What are your child's interests? Art Drama Sports Other: _____

School-Age: What elementary school does your child attend? _____

Health & Development

Any health issues? No Yes: _____

Any known allergies? No Yes: _____

Any medications given regularly? No Yes: _____

Any developmental or behavioral concerns? No Yes: _____

Any dvlmt. diagnosis (incl. ABA assesment on IEP)? No Yes: _____

Toilet Habits

Is your child toilet trained? Completely (Able to wipe. Infrequent accidents, incl. naps.) No In process.

Can your child be relied upon to clearly state his or her bathroom needs? Always Sometimes No

Can your child wipe him/herself without assistance? Yes No

How often does your child have accidents? 2+/day 1/day 2+/week 1/week occasionally rarely

Word used for bowel movement? _____ for urination? _____

Sleeping Habits

What time does your child go to bed? _____ Awaken? _____

What is your child's mood on awakening? _____

Does your child nap: No Yes: Time? _____

Eating Habits

Is your child on formula? No Yes: what kind? _____ Milk: what type? _____

Are there any foods that your child is allergic to? No Yes: _____

Does your child drink from a regular cup (NOT sippy)? Yes No Does your child use a spoon? Yes No

Social Relationships

Does your child spend time with both parents? Yes No

If separated, how often does your child see the absent parent? _____

Does the child have siblings? No Yes: Names and ages? _____

How often do you read to your child? _____

By nature, is your child: friendly? aggressive? shy? withdrawn?

How does your child get along with other children? _____

What makes your child angry/upset? _____

Is your child frightened by: Animals? Dark? Storms? Loud noises? Other: _____

How does your child express his or her feelings? _____

Policies & Procedures

- Our center opens at 6:30 AM and closes promptly at 5:30 PM. If you do not pick up your child by closing time, a late fee of \$15 at 5:31 PM, plus \$15 for each additional 15 minutes, will be charged.
- A calendar is available with dates the center will be closed.
- An annual registration fee covering administrative costs and supplies is payable when your child enrolls or re-enrolls, once each year. This registration fee is non-refundable.
- All tuition fees are due by Tuesday for the current week. A late charge will be added if unpaid after Tuesday.
- All returned checks will be charged a fee.
- If your child is present one or more days a week, there will be a charge of full tuition.
- After your child has been enrolled, and with prior notification to the director, if your child is absent from the center for an entire week, half of the regular tuition will be charged to reserve your child's enrollment.
- To comply with the state standards, all registration forms, including child's health records, must be completed before attendance begins. These records will need to be updated yearly.
- If your child needs to take medicine while at school, a sign-in sheet is provided for the listing of medication, dosage, time given, and your authorizing signature. All medicines must be clearly labeled with the child's first and last name. These medicines must have signatures daily.
- Naptime is required and provided for all Infant – Pre-School children.
- For your child's safety, please see that your child is left with a staff member before you depart. Please wait at the gate at both drop-off and pick-up.
- We cannot care for sick children at school, as we do not have special staff or facilities to do so safely. If a child becomes sick while with us, they must be picked up within 1 hour.
- If your child is scheduled to be picked up by our school bus from a public school, but will not need our services, please notify us at least 1 hour before our scheduled pick up time .
- Children are not allowed to bring toys or food to school.
- Tennis shoes must be worn every day.
- At Grace Child Development Center, every effort is made to provide a happy learning experience. Positive reinforcement encourages appropriate behavior in children. When necessary, supervised isolation from the group may be used as a form of discipline.
- Please bring a change of clothing clearly labeled with the child's name. These should be left at the center in case of an accident.
- Nutritious breakfast, lunch, and snacks are served daily. The menus will be posted weekly for your reference.
- Parent Handbook will be sent in Brightwheel and must be reviewed upon enrollment and annually thereafter.

I have read and agree to the policies and procedures of Grace Child Development Center.

Parent/Guardian Signature _____ Date _____

I hereby grant permission for the staff of this facility to have access to my child's records.

Parent/Guardian Signature _____ Date _____

- Section 2.8 of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.
- Sections 7.1 and 7.2 of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).

I have received the above items, and the information on this enrollment form is complete and accurate.

Parent/Guardian Signature _____ Date _____

Child's Name _____

Permission Forms

Photo/Video Release

I hereby grant permission for Grace Child Development Center to create, release, and/or reproduce my child's picture, artwork, and/or creative writing for Grace Child Development Center Website and/or Facebook Page without any remuneration or repercussion to Grace Child Development Center.

Parent/Guardian Signature _____ Date _____

Water Activities

I hereby grant my permission for my child to participate in water activities planned by Grace Child Development Center. I understand that my child will be continuously supervised by at least two adults, and safety rules will be enforced.

Parent/Guardian Signature _____ Date _____

Field Trips

I hereby grant my permission for my child to be transported by Grace Child Development Center on field trips.

Parent/Guardian Signature _____ Date _____

School Transportation

I hereby grant my permission for my child to be transported by Grace Child Development Center to and/or from

- Buelah Elementary School Longleaf Elementary School

Parent/Guardian Signature _____ Date _____

Food Activities

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as classroom cooking projects, gardening, school wide celebrations, and birthdays.

I hereby grant my permission for my child to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

___ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

___ My child DOES NOT have a food allergy or dietary restriction. He or she may NOT participate in activities.

___ My child **DOES** have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

___ My child **DOES** have a food allergy or dietary restriction. He or she may NOT participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature _____ Date _____

Child's Name _____

Accident/Incident Reports

In order to communicate with parents about accidents and incidents, Grace Child Development Center will have parents sign a written form for any and all accidents and incidents.

An Accident Report will explain any accident that may happen while your child is playing, working, or eating. Examples of this would be scraping a knee on the sandbox, pinching a finger in a toy, etc.

An Incident Report will explain an incident in which your child did something they were not supposed to do. Examples of this could include pushing a friend, saying unkind words, being disrespectful to teachers and friends, etc.

Grace Child Development Center will notify you in writing of any Accident or Incident Report. These reports will need to be signed within 24 hours of the accident/incident.

Parent/Guardian Signature _____ Date _____

Emergency Evacuation

Grace Child Development Center practices Emergency Preparedness drills once a month, Fire Drills, Inclement Weather, Lockdown, and Shelter-in-Place. These are drills that do not require evacuating. If there is a need to evacuate, Grace Child Development Center will transport your child to Little Inspirations Learning Academy located at 9318 Pensacola Blvd. Grace Administration will have parent/guardian contact information for each child and will contact you if an evacuation situation were to arise.

I give permission for my child to be transported by Grace Child Development Center to Little Inspirations Learning Academy located at 9318 Pensacola Blvd. during an evacuation.

Parent/Guardian Signature _____ Date _____

Infant/Toddler Permissions

Child's Name _____

I hereby grant my permission for Grace Child Development Center to use the following as needed:

- Diaper Cream Vaseline Orajel

Parent/Guardian Signature _____ Date _____