

Little Angels Enrollment Folder Checklist

Child's Name _____

Enrollment Date _____

	Received	Notice Sent
Enrollment Form		
Birth Certificate		
Immunization (blue form)		
Health Exam (yellow form)		
Meal Application		
Medical Consent		
Parental Agreement		
Discipline Statement		
Field Trip Form		
Photograph Release		
Sunscreen / Insect Release		
Know Your Child's Daycare		
Open Door Policy		

Withdrawal Date _____

Program _____

Tuition _____

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth: _____ Grade: _____ Age: _____

Address:

Street/Apt Number City Zip Code

As the parent(s) (or legal guardian) of: _____, I/we hereby consent to my/our child/youth to participate in activities with his/her class or group, including off-campus field trips, all of which carry a certain degree of risk, for the calendar year ____ (or school year ____). In consideration for my/our child/youth being allowed to participate in activities and field trips, I/we assume responsibility for the ordinary and reasonable risks associated with the activities and field trips and hereby agree to release and hold the Church, its employees and volunteers harmless from and all claims arising from my/our child/youth's participation.

Please indicate and restrictions on your child/youth's activities:

_____ I represent that my/our child/youth is physically fit and had the necessary skills to safely participate in these activities.

_____ I represent that my/our child/youth has restrictions on the following particular activities:

_____ I also understand and give consent for my child/youth to travel to and from these events in transportation provided by volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my/our child/youth. If the Church cannot reach me/us, then I/we authorize the Church to seek and procure medical treatment for my/our child/youth, from a medical doctor or other health-care professional, and I/we give my/our permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I/we will pay for any medical expenses so incurred.

I/we will notify the Church if I/we feel there are any health considerations that would prevent my/our child/youth's participation in any particular activities listed above.

My/our child/youth had the following allergies or other health considerations:

Insurance Company: _____ Policy/ Group # _____

Signature of Parent or Guardian: _____ Telephone No: _____

Date: _____

Signature of Parent or Guardian: _____ Telephone No: _____

Date: _____

Parental Agreement with FUMC Children's Center

1. The FUMC offers a preschool and after school program for children ages 2-12. Our calendar year runs from August through July to accommodate schools. A summer program is offered for school aged children as well.
2. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or staff. The people authorized to pick up my child will be asked to show identification, if they are unknown to a Little Angels staff member, before my child will be allowed to leave. My child must be signed in and out daily. Full names are required, no initials.
3. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; dosage; time of day medication is to be given. All medicine will be in the original container with my child's name clearly marked.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, and people authorized to pick up my child.
5. The facility agrees to keep me informed of any incidents including: illnesses, allergies, and injuries, adverse reactions to medications, or behavior problems, which may include my child. If my child becomes ill at the center and I am called, I will have my child picked up immediately.
6. I **DO/DO NOT (circle)** wish for the staff to give my child Children's Tylenol. (parent must supply)
7. The facility agrees to inform me prior to any field trips. A year round consent or non-consent form will be kept in each child's file.
8. I have received a copy, read it, and understand the Little Angels CEC Handbook. I agree to abide by the policies and procedures set by the School Board.
9. I agree to abide by the payment arrangements as indicated in the Little Angels Handbook.

I understand that monthly tuition payments are due on the first business day of the month. Payments received after the 5th will be assessed a \$25.00 late fee. Payments made after the 15th of the month will be assessed a \$40 late fee. I also understand that I will be charged a \$25 fee for checks returned because of insufficient funds.

10. I am aware that the Center has the right to disenroll my child(ren) if I fall one month behind on my tuition payments.

11. I am aware that the center opens at 7:00 a.m. and closes at 6.00 p.m.

Signed: _____
(Parent or Guardian)

Date: _____

DISCIPLINE STATEMENT
FOR
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

Date: _____

Dear Parents:

We are required to give you written notification of our policies regarding discipline. They are as follows:

Children shall not be subjected to discipline which is severe, humiliating, or frightening.

Discipline shall not be associated with food, rest, or toileting.

Spanking or any other form of physical punishment at no time will be administered, even at the request of the parents.

Unruly or unsafe behavior will be pointed out to the child and the consequences (Time Out) explained.

If a child persists in unruly or unsafe behavior, he will have to leave the group and sit to the side by himself for a period of time. Length of time-out will be determined by the caregiver.

If a child cannot be controlled through these means, his/her parents will be called and the child will be picked up.

Children under 1 year will not be disciplined.

Our staff has had training and experience in appropriate behavior for various levels of development. This will always be taken into consideration when behavior is a problem. Thank you for your help and support.

Signature of Parent

Constance Swiggard
Signature of Director

FUMC FIELD TRIP FORM

During the year it sometimes becomes desirable to add to the educational experience of our children through planned visits to areas other than the church. We request that you grant us permission for your child to participate in any such trip the entire year as we will keep this form on file and avoid the necessity of asking for such permission on each occasion. However, you will be notified prior to each trip. Trips will mainly be taken in town to the library or local businesses. Trips out of town will require parent involvement due to transportation needs. Trips will always be pending according to weather.

The undersigned as parent or guardian of _____ give consent for the participation in FUMC supervised field trips.

Date

Signature of Parent or Guardian

PERMISSION FOR MEDICAL TREATMENT

On rare occasions there may be an emergency requiring hospitalization, surgery and / or other medical treatment. We ask the parents or guardians to sign the following statement. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact the parents.

In the event of injury to our son / daughter / ward _____
Child's Name

Born _____, we hereby authorize and give consent to medical treatment deemed necessary by a physician, including the administration of an anesthetic and surgery. We understand that all medical expenses will be assumed by the parent or guardian.

Date

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

PRINT AND MEDIA

I give permission for my child _____ to be recognized in print and picture media representing Little Angel's Preschool.

Parent Signature

Date

OPEN DOOR POLICY

By mandate of Florida Statute 402.305 (11) and 45 Code of Federal Regulations (98) the parent has the right of unlimited access to their child during regular business hours and any time their child is in care.

I, _____, the parent /guardian of _____ confirm that I understand that as my child is enrolled in Little Angels Preschool, First United Methodist Church, I have access to my child both in person and by phone during the normal business hours of 7AM-6PM and when my child is in care.

SUNSCREEN AND INSECT REPELLENT

It will be necessary at times to apply sunscreen and insect repellent to your child(ren). We must know if your child has any kind of problems with these topical lotions or sprays. Please check the following on what you want us to do for your child.

 No, I do not want you to use these products on my child. I will supply my own insect repellent and sunscreen.

Yes, you may apply sunscreen and insect repellent to my child as needed.

Child's Name

Parent Signature