



Welcome/Orientation to our Program Check List

- Tour our facility
- Meet your child's teachers and ask about their credentials and training
- Visit your child's future classroom (an extended visit for you and your child can be arranged if needed.)
 - Ask about our room capacities, group size and ratios
 - Review lesson plans and daily schedules
 - See where your child will keep their personal belongings
- Review our parent policy manual (e-mailed PDF or hard copy provided)
 - Drop off/Pick up procedures
 - Access Control, Emergency Procedures, and Alternate Location
 - Tuition and Fee agreements
- Family Expectations
 - Code of conduct
 - Tuition and Fees
 - Attendance Policy
- Let us know of any needs your child may have
- Ask about resources and support we can offer
- Interpreter needed ---Yes ---No

- **Return completed packet with registration fee.**
- **Provide physical and immunization forms.**
- **All diaper cream and sunscreen permission forms must be updated annually and must be signed by parent/guardian and your health care provider.**





State of Florida Department of Children and Families
Child Care Application for Enrollment

Student Name: _____
Last First Middle

Date of Birth: _____ Sex: _____ Date of enrollment: _____

Typical drop off time: _____ AM and picked up _____ PM Days of attendance M T W Th F

Children in grades K-5: Elementary name: _____ Grade: _____

.....
Family Information: Child Lives With: _____

Phone # that I prefer to be called on during the day : _____

If I cannot be reached at this number, please call: _____

Parent/Custodial Guardian: _____ Parent/Custodial Guardian: _____

Relation to child: _____ Relation to child: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/zip: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Alt. Phone: _____ Alt. Phone: _____

E-Mail: _____ E-Mail: _____

.....
Primary Language Spoken at Home: _____

Medical Information:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child. In the event of an emergency and/or which time I cannot be reached, I give consent to transport by ambulance if the situation warrants it. I understand that I am responsible for providing my insurance information and for any fees incurred. I release Presbyterian Church in the Highlands leaders and employees from any liability for damages, losses, diseases or injuries incurred which may arise from the activities of this program.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Allergies: _____

Medications: _____

Please list and attach information from your Health Care Provider regarding any special medical, dietary needs, behavioral or other areas of concern and/or Emergency Care Plan:

Other Helpful Information:

Contacts: My 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 facility in case of illness, accident, emergency, and will be contacted if the child is absent (without notification from a parent/guardian) and the parents/guardians are not able to be reached.

Name Phone #

Name Phone #

Name Phone #

Name Phone #

Name Phone#

Please initial next to each of the following statements and sign below.

_____ 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) (see handbook for copy)

_____ Section 7.3, of the Child Care Facility Handbook requires that annually, during the months of August and September, the child care facility director must provide parents with information detailing the causes, symptoms, and transmission of the influenza virus. Please refer to the brochure, CF/PI 175-70, *Influenza Virus, Guide to Parents* found in your parent handbook and review it during August and September for this important information.

_____ 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, (see handbook for PCH's discipline and disenrollment practices)

_____ Section 3.9.3F, If I choose to provide a packed lunch for my child, it needs to meet USDA/CACFP guidelines. If nutritional guidelines are not met, the program is required to supplement the lunch. I may be charged up to \$3.00 per day. I also give permission for my child to participate in food activities including food brought in for special occasions. All foods provided are store bought or prepared in our licensed kitchen. Food allergies are always taken into consideration.

_____ I am aware and give consent for my child to have developmental screenings/assessments, which may include, ASQ, ASQ-SE, the VPK Assessment, The Vine and/or other research based screenings/assessments. I know that I will have the results shared with me through a parent conference. Pictures and/or video may be included as part of the assessment. Child screening/assessment results may be shared with the Early Learning Coalition of Polk County, United Way, and FL DOE.

_____ By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate and give consent to PCH staff having access to my child's records.

_____ By signing below, you also acknowledge that you have received a copy of the PCH Parent Handbook and agree to the policies and procedures outlined in the handbook. You also acknowledge that you have been oriented to the program with the items outlined on the front page of this packet and any questions regarding policies have been answered.

Photograph/Media Release

I, the undersigned, do hereby grant permission to ***Precious Children in the Highlands*** to use the image of my child. Photos and/or video is only used internally. Children's names will not be attached to any images.

Deny permission to use my child's image.

Signature of Parent/Guardian

Date

In cases where the child is the subject of a court order (e.g., Custody Order, Restraining Order, or Protection from Abuse Order) PCH must be provided with a **Certified Copy** of the most recent order and all amendments thereto. The orders of the court will be strictly followed. Each parent will be responsible for completing an enrollment packet with their information and emergency contacts.

In the absence of a court order on file with PCH, **both** parents shall be afforded equal access to their child as stipulated by law. PCH cannot, without a court order, limit the access of a one parent by request of the other parent, regardless of the reason.

(See Parent Handbook for more details regarding parent access)

(Please request a second enrollment packet if one is needed for each parent)



Medication Permission and Policy

PCH delivers medication that is only used to prevent breathing and/or allergic emergencies such as with an EpiPen or nebulizer/inhaler. Non-prescription topical creams for diaper cream and sunscreen can be administered with this medical form completed. **Written instructions and dosage with written consent must be completed by both parent and health care provider, including sunscreen and diaper rash ointment.** Medications should be given at home to ensure if a child has any reactions. A parent will demonstrate use of device, provide indications for use, and special care that is needed to the staff members who are responsible for administering the medication. This form must be updated annually or if medication changes/expires. All medication/creams will be stored in locked boxes in their original containers while at the preschool.

Authorization for Prescription and Non-Prescription Diaper Rash Ointment/Sunscreen

Child's Name:	Birth date:
Medication Name:	
Dosage/Instructions:	
Times to be Given:	
Purpose of Medication:	

This authorization form must be maintained and is only valid for the duration of the prescription.

Parent agrees to give permission to PCH to administer medication in accordance with the detailed instructions above and have trained the specific staff members who will administer medication.

Parent/Guardian Signature

Date

Health Care Provider Signature and/or stamp

Date

Clinic Address and Phone Number

Office Use Only: Staff Members Trained to Give Medication:



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After School Pick-up, Holiday Camp and Summer Camp Permission
Summer, 2018 and School Year, 2018/19

- By signing this form, you are granting permission for your child to be transported from their school to The Presbyterian Church in the Highlands at 1010 Lake Miriam Dr., Lakeland, FL 33813. Transportation will be provided by an approved driver in the Presbyterian Church in the Highlands bus.
- By signing this form, you are granting permission for your child to attend and be transported to and from fieldtrips scheduled on school holidays. Fieldtrips will be scheduled prior to all holidays and the locations will be e-mailed to all families and posted in the school-age classrooms. Transportation will be provided by an approved driver in the Presbyterian Church in the Highlands bus.
- By signing this form, you are granting permission for your child to attend any or all field trips provided this summer. If at any time you do not want your child to participate in a field trip, please send an e-mail or Life Cubby message to our School-age staff by 7:00am the day of the trip. Transportation will be provided by an approved driver in the Presbyterian Church in the Highlands bus. There will be a minimum of two PCH Staff with the children at all times and group sizes for field trips will not exceed more than 13 students.
 - Trip locations will be outlined on our summer calendar. If you want your child to participate, please have them here by 8:00am unless indicated otherwise on the calendar. The calendar will be e-mailed to you, copies will be posted in the classrooms and hard copies will be available for you to take home. If there are any changes/updates with the calendar, you will be notified by e-mail and updated calendars will be posted.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child. In the event of an emergency and/or which time I cannot be reached, I give consent to transport by ambulance if the situation warrants it. I understand that I am responsible for providing my insurance information and for any fees incurred.

Signature of Parent

Date

STATE OF FLORIDA, COUNTY OF _____

SUBSCRIBED and sworn to before me, a Notary Public, this day of _____, 20____ .

Signature of Notary: _____ Print Name: _____