

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

Official Use Only

Application Date: _____

Program time: _____

Class: _____

Start Date: _____



Official Use Only Financial Summary

Amount Due

Registration Fee: _____

Deposit Fee: _____

First week Tuition: _____

Amount Paid: _____

Balance Due: _____

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Gender: _____ Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian Primary Language _____

Parent/Guardian Marital Status Single Married Divorced Widowed

Primary Residence: Mother Father Both Guardian _____

Circle the Days to Attend AM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

SCHOOL- AGE INFORMATION

Does your child attend school? Yes No Elementary School Name: _____ Grade in School: _____

School Phone Number: _____ School Start Time: _____ School End Time: _____

Circle the Days to Attend AM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

PRIMARY CONTACT AND PICK UP PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work Hours: _____

Email address: _____ Cell Phone Provider _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work Hours: _____

Email address: _____ Cell Phone Provider _____

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

EMERGENCY CONTACTS AND AUTHORIZED PICK UPS

Secret password for "Unusual Pick Up": _____

Please list the persons you would like contacted (in order or priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Authorized Pick Up" box, as the persons listed will also be authorized for pick up or accompany the child for the purposes of medical treatment. Additionally, please let the persons you would like to be authorized for pick up only on a given day. For these persons, check the "Authorized Pick up Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick up.

Emergency Contacts

Name #1: _____ Relationship to Child: _____ Phone #: _____

Emergency Contact & Authorized Pick Up Authorized Pick Up Only

Name #2: _____ Relationship to Child: _____ Phone #: _____

Emergency Contact & Authorized Pick Up Authorized Pick Up Only

Name #3: _____ Relationship to Child: _____ Phone #: _____

Emergency Contact & Authorized Pick Up Authorized Pick Up Only

If you want a person who is not listed above to pick up your child, you must notify Parks' Place in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick up authorization into the school because you are unable to submit your authorization in writing, we will use your personal identification information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in and sign out your child according to state child care licensing regulations. To ensure the safety of Parks' Place staff and children, please do not share the secured access with anyone else. If your child must be picked up after closing time, you will be charged a late fee per hour or portion of an hour period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see the Director for additional information.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Director Signature: _____ Date: _____

Annual Renewal Signatures

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

MEDICAL INFORMATION

Parent Permission for Emergency Medical Treatment

In the event of a medical emergency, do you wish us to call your family physician? Yes No If yes:

Name of Physician: _____ Phone Number: _____

Name of Medical Center: _____

Address: _____ City: _____ State: _____ Zip: _____

Please complete the below authorization:

I/we _____ and _____, do hereby state that I am/ we are parent(s)/legal guardian(s) of _____, a minor, age _____ born on _____, who resides with me/us at _____.

I/We authorize, for emergency purposes only, a designated employee of the center to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment by a hospital or surgeon licensed to practice medicine in the State of _____.

Special Needs or Allergies

Medical Conditions

_____ Asthma _____ Convulsions/Epilepsy _____ Diabetes _____ Bleeding/Clotting Disorder

Other: _____

Parent/Guardian Signature: _____ Date: _____

PERMISSION FOR FOOD RELATED ACTIVITIES AND SPECIAL OCCASION FOOD CONSUMPTION:

Pursuant to 65C-22.005(1) (1) ©., F.A.C. Licensed childcare 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 _____ give/decline permission for my child _____ to participate in food related activities and special occasion wherein food is consumed.

_____ My child **DOES NOT** have a food allergy or dietary restriction.

He/She: May participate in activities May Not participate in activities

_____ My child **DOES** have a food allergy or dietary restriction.

He/She: May participate in activities May Not participate in activities

If my child may participate in activities, but DOES have a food allergy or dietary restriction: He/She may not eat or handle the following items:

Parent/Guardian Signature: _____ Date: _____

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS:

I hereby grant Parks' Place Daycare and Learning Center permission transport my child _____

in licensed and insured vehicles, using federal approved child safety seats and belts according to Federal Laws.

I give my permission for my child to be transported for the following reason:

- To and From School
- Field Trips
- Emergency Medical Reasons
- Emergency Evacuations

_____ I understand that the evacuation site is posted in the school and listed in the Parent Handbook.

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advanced of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

Name of Child (Last, First, Middle Initial) _____ Date of Birth _____

Parent/ Guardian Name: _____

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____**REGISTRATION FEE:** I understand that a non-refundable, Registration Fee of \$ _____ shall be paid in advance to enroll my child. In instances of agency reimbursements the Registration Fee is to be paid according to the contract.

_____**TUITION AND MODIFICATION CONDITIONS:** \$ _____ per week is the current tuition rate for the program that I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. Parks' Place follows state specific time frames on tuition and modification notices.

I have enrolled my child in the following program(s): _____

Days: (check all that apply) M T W Th F From _____ am/pm to _____ am/pm

_____**PAYMENT OF TUITION:** I understand that tuition is due and payable no later than Monday at 12 pm. Appropriate alternate Tuition Fees must be paid during school breaks.

_____**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment of \$25 per week that tuition is not received. All late fees are subject to change with reasonable notice. Parks' Place follows state specific required time frames on tuition and modification notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. Parks' Place cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____**AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of agency or third-party reimbursement, resulting from my failure to promptly communicate status changes. If I fail to properly enter attendance for any day my child is in attendance, I understand that I am solely responsible for payment of tuition.

_____**CHARGES AND PROCEDURE FOR LATE PICK UP:** Parks' Place is open from _____ am/pm to _____ am/pm, Monday through Friday all year except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$10 per every hour or portion of an hour period, per child, until the child is picked up.

_____**ADDITIONAL FEES:** School age camp will be open during the summer months and scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to an Activity Fee as well. In regards to agency reimbursements, Activity Fees may be my full responsibility. Please consult the Director for details.

_____**DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, I am a teacher, or active duty military a _____% discount from the usual tuition fee is offered to me. Sibling discount is applied to the children(s) with the lowest tuition rate(s). Discounts are not applicable to any fees or services, Agency co-pays, or special program promotions and cannot be combined with any other discount or promotion.

_____**RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my financial institution may charge me. I further understand that once a check had been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay an alternate method of payment for the next six months. The maximum fee allowed by state law will be charged for all returned checks and credit/debit cards declines. I am responsible for the principal amount plus all returned check fees.

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

SECTION 2: DAILY PROCEDURE

____ **DAILY SIGN IN AND SIGN OUT:** I agree to sign my child in and out every day using the Parks' Place attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign in or sign out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and to pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In the event an agency reimbursement is involved, a manual signature is also required. I agree to complete the required computer and if applicable manual sign in and sign out procedures.

____ **DROP OFF TIME:** I understand that the cut off time to drop off my child is at 9:30 am. If my child has an appointment that would prevent making the cut off time, I must notify the center 24 hours prior to ensure my child can attend for the day. I understand that if I fail to do so, my child will be absent for the entire day and no refunds, credits, or any allowances will be given.

____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. I may be required to keep my child home for a period of 24 hours or more according to Parks' Place Illness policy. If my child is exposed to or contracts a contagious disease, I agree to notify the school. I agree to adhere to the illness policy as stated in the Parent Handbook.

____ **MODEL RELEASE:** Parks' Place (please initial) ____ **may** ____ **may not use** photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

____ **PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on Parks' Place property, I shall only use such recording for lawful and private home use, and will not publish, publically display, or shall such recordings. I also understand that I am not authorized to capture any image of the other children or staff.

____ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. The required deposit that was paid at enrollment will be applied to the last week of attendance. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, and deposit will not be refunded whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and a non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or other fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCE AND CLOSING

____ **HOLIDAYS:** I understand that the Parks' Place will be closed on the following holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, and Christmas Day. I agree that I will not receive a refund, credit, or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday, or the following Monday.

____ **ABSENCES:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness).

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

_____ **VACATIONS:** A reservation fee of 50% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice and approval from the Director. I agree to pay the reservation fee of \$_____ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). Only two weeks of the Reservation Fee rate is authorized per school year. My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return. All instances with Agency Reimbursements, attendance requirements are based on the contract with the agency.

_____ **EMERGENCY CLOSING AND INCLEMENT WAEATER INFORMATION:** I understand that it is the Parks' Place intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I also understand that is my responsibility to ensure that my contact information remain current with the school to ensure proper notification during the event of an emergency during business hours. I agree that in the event that school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

SECTION 4: DISCIPLINE POLICY

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interaction from adults and others, they develop good self-concepts, problem solving abilities and self-discipline. Based on this belief of how children learn a develop values, Park's Place will practice the following discipline and behavior management policies.

WE DO:

- Praise, reward, and encourage the children.
- Reason with and set limits for the children.
- Model appropriate behavior for the children.
- Modify the classroom environment to attempt to prevent problems before they occur.
- Listen to the children.
- Provide alternatives for inappropriate behavior for the children.
- Provide the children with natural and logical consequences of their behavior.
- Treat the children as people and respect their needs, desires, and feelings.
- Ignore minor misbehaviors
- Explain things to the children on their levels.
- Use short supervised periods of "time out"
- Try to stay consistent in our behavior management program

WE DO NOT:

- Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the child.
- Make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children.
- Do not shame or punish the children when bathroom accidents occur.
- Deny food or rest as punishment.
- Relate discipline to eating, resting, bathroom, or sleeping
- Leave the children alone, unattended without supervision.
- Allow discipline of children by children.
- Criticize, make fun of, or otherwise belittle the children's parents, families, ethnic groups, creed, or gender.

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

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

SECTION 5: EXPLUSION AND SUSPENSION POLICY

Our Program is committed to providing a safe, nurturing environment conducive for learning and growth for all our children. We strive to ensure all of our children are set up for success regardless of their need or developmental level. Unfortunately, there are sometimes reasons we have to expel a child from our program on either a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this from being enforced.

Every effort will be made to prevent the expulsion or dismissal of the children from the program. However, Parks' Place Daycare and Learning Center reserves the right to cancel the enrollment of a child for the following reasons, not limited to, but including:

- Non-payment or excessive late payment of fees/tuition
- Failure to adhere to policies and procedures as outline in the program's Parent Handbook
- The child has needs which we cannot adequately meet with our current staffing patterns
- The child's behavior threatens the health and safety of him/herself, the other children or program staff
- The parents/guardians exhibit behavior which is detrimental to the health and well-being of the children and staff in a classroom or negatively interferes with the normal functioning of the classroom and/or program. This includes but is not limited to vulgarity, intimidation, harassment, or violation of child care licensing regulations

Proactive Actions that will be taken in order to prevent expulsion:

- Staff will try to redirect child from negative behavior
- Staff will teach child appropriate skills to address challenging behaviors
- Staff will reassess the environment, activities, and supervision
- Staff will always use positive methods and language while disciplining children
- Staff will celebrate appropriate behaviors
- Staff will maintain strong connection with child at all times
- Staff will consistently apply consequences for rules
- Child and parent will be notified of disruptive behaviors that might lead to expulsion
- Director and parent will have a conference to discuss how to promote positive behavior
- A specialized care team will be formed to address how best to support the child

Our families:

- Communicate regularly with staff to ensure consistency in guidance between home and school
- Partners with us and allows us time to work with all the children, including those needing higher levels of support
- Understand and acknowledge that we do not expel children as they are learning these skills. We strive to serve individual needs while ensuring the safety of all young children
- To best serve children, we may need to partner with social and emotional experts to help give a child the best foundation for academic success.

"On rare occasions, we may work with families to seek the best care for their child if all parties agree that our program can no longer meet the need of an individual child"

I have read and understand Parks' Place Daycare and Learning Center discipline and expulsion and suspension policies.

Parent/Guardian Signature: _____ Date: _____

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

SECTION 6: STATE LICENSING AND OUR POLICIES

___ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized gents and I are bound by the state child care regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state may prevail over the policies when the state regulation is stricter. I understand that my continued enrollment constitutes my acknowledgment and agreement to abide by, all Policies and state regulations.

___ **PARENT HANDBOOK:** I have received a copy of the Parent Handbook. I have read and understood its contents and policies and agree to be bound by same.

___ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications, or deletions of any terms of this agreement are null and void.

These policies have been reviewed with me by the school management. I understand and will comply with the policies in the Parent Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Director Signature: _____ Date: _____

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

CHILD PROFILE

Child's Name: _____ **Age** _____ **Date of Birth** _____

You know your child better than anyone else in the world! Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

What would you like most for your child to experience with us? _____

What does your child enjoy the most? _____

What are your child's favorite toys? _____

With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Who also cares for your child(ren)? _____

What language is spoken in your home? _____

Does your child have any physical or special needs? Explain: _____

Does your child take naps? Yes No **How long?** _____

Does your child need a favorite item (such as a blanket) for a nap? Yes No

How does your child express anger? _____

Does your child have any particular fears? _____

How does your child react to change (such as being left by parents)? _____

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

How does your child comfort himself/herself? _____

What are your child's play interests (preference for creative, dramatic, or construction play)? _____

How do you discipline your child? _____

When did your child begin to use your language? _____

What do you enjoy most about your child? _____

Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

Has your child had previous child care experience? _____

Family Engagement

Are you available to help us with field trips or other special events? _____

Please check off item(s) that you would like to be involved in/with:

- Parent Advisory Council
- Party Planning
- Reading/Storytelling
- Art activity/Project
- Building and Grounds work day
- "Homework" – Assist by completing simple projects at home
- Career Sharing
- Decorating Bulletin Boards
- Fundraising
- Provide Needed Materials
- Participate in Classroom Activities
- Other: _____

Do you have a special interest or hobby you would like to share with the children? _____

What family or cultural traditions are important in your home? _____

Would you be willing to share these traditions with the children? _____

Parent/Guardian Signature: _____ Date: _____

Parks' Place Daycare and Learning Center

ENROLLMENT REGISTRATION

ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Packet and the Parent Handbook. Be sure that all forms are filled out completely with appropriate signatures.

OBTAIN SIGNED FORMS FROM FAMILY:

- Complete Enrollment Registration Packet
- Parent Handbook Acknowledgement
- Current Physical Examination (Form 3040)- within 30 days of enrollment
- Immunization Record (Form 680)- within 30 days of enrollment
- Florida Department of Health Food Program Form
- Influenza Virus Form (August and September)

REVIEW WITH THE FAMILY:

- The child's first day
- Child guidance and classroom management (discipline policy)
- Tuition payment schedule, amounts and due dates
- Parent conferences and to other communications, what to expect daily and/or weekly
- Daily Sign In and Sign Out Procedures
- Authorized pick up, late pick up policy, and emergency controls
- Child Custody Documents (if applicable)
- Clothing and other items to bring (labeled)
- Any pickup restrictions
- Any field trip restrictions
- Any photo restrictions
- Immunization/Health Information
- Late Fees
- Absenteeism/Vacation Policy
- Illness Policy
- Meals
- Allergies
- Medication Policy
- Relevant Curriculum features for child's age group
- Tuition Express
- My Procure
- Kidreports

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Parks' Place Daycare and Learning Center's Policies.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Director Signature: _____ Date: _____