

2017-2018
**EAST HILL BAPTIST CHURCH PRESCHOOL
ENROLLMENT FORM**

Date Registered: _____ Date Enrolled: _____

Child's Name: _____

DOB: _____ Sex: _____ Age by September 1, 2017: _____

Child's T-shirt size: YS YM YL YXL

Child's Name: _____

DOB: _____ Sex: _____ Age by September 1, 2017: _____

Child's T-shirt size: YS YM YL YXL

Parent's relationship to each other:

Married Divorced Separated Single

Child lives with:

Mother and Father Mother only Father only Other _____

Father's Name: _____ Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Mother's Name: _____ Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Family religious preference: _____ Church membership: _____

How did you find out about our program? _____

Previous Preschool attended: _____

Name of Brothers and Sisters: _____

Emergency Contact(s)

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name: _____ Relationship to child: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Name: _____ Relationship to child: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Release of Child

I authorize that my child, _____, be released by East Hill Baptist Preschool to the following persons, **in addition to those already listed on this form. Please keep in mind that your child should know the individual.**

Name: _____ Relationship to child: _____

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

Name: _____ Relationship to child: _____

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

Name: _____ Relationship to child: _____

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

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize East Hill Baptist Church Preschool staff to take my child to an Emergency Room for medical care.

Dr. _____ Phone: _____ Address: _____

Does the child require medication during program hours? Yes _____ No _____

Allergies: _____

Physical Limitations: _____

Is your child potty trained? Yes _____ No _____ Date Trained _____

Days of Attendance

Please indicate the class you are registering for, mark in order of preference:

Two Year Old

- 5 days (M-F)
- 3 days (M-W)
- 2 days (Th-F)

Three Year Old

- 5 days (M-F)
- 3 days (M-W)

Voluntary Pre-K

- 5 days (M-F)

Registration Date: _____

2-3 Year Old Registration Fee: \$100.00

Paid \$ _____ Date: _____ Check #: _____

VPK Enrollment "Wrap-Around" Fee: \$150.00

Paid \$ _____ Date: _____ Check #: _____

First month tuition for 2 & 3 year olds is due by August 10, 2017.

VPK first month's payment is due by August 10, 2017.

Each monthly tuition and "wrap-around" fee will be the same amount regardless of the days attended. All tuition fees have been prorated, totalled and divided into 10 equal payments (August-May).

I have read and agree with the policies and procedures as stated in the Preschool Program Handbook, the "Influenza Virus, the Flu, A Guide to Parents" Brochure, as well as the Childcare Licensing Standards Brochure. I understand and accept that East Hill Baptist Church Preschool teaches personal and family values based on the Bible. I understand the information and agree to abide by the policies and procedures described therein. I grant permission for my child to participate in all activities provided as a part of the East Hill Baptist Church Preschool Program. Furthermore, I understand that despite the many safety precautions taken, my child could incur minor, serious, or fatal injuries while attending the Program, and I grant my permission for the staff or employees of East Hill Baptist Church to seek medical attention and/or take my child to an emergency room or medical facility for treatment.

Important Note: Parents or Legal Guardians are required to disclose any physical, emotional, or behavioral limitations, needs, or concerns about their child in writing prior to registration. The Administration reserves the right to deny your registration if it is determined our program is not suited or staffed to meet your child's needs. Failure to disclose information will result in forfeiture of fees previously paid if your child is dismissed from the program for reasons described above or in the Parent Handbook.

- I have read, understand, and agree to support the policies and procedures described in the Parent Handbook. _____ (initials)
- I have read, understand, and agree to adhere to the payment policies and procedures. _____ (initials)
- I have read and understand the discipline policy and agree to support these guidelines. _____ (initials)
Discipline procedures at East Hill Baptist Church Preschool adhere to the State of Florida Statue Section 402.305(12), which states the following:
 - a) Verification that the child care facility has provided, in writing, the disciplinary practice used by the facility shall be documented on the enrollment form with the signature of the custodial parent or legal guardian.
 - b) All child care personnel of the child care facility must comply with the facility's written disciplinary practice. Such policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all child care personnel.
 - c) A copy of the facility's current written disciplinary practice must be available to the licensing authority to review for compliance with State of Florida Statue Section 402.305(12).
- I have read, understand, and agree to adhere to the security policies and procedures. _____ (initials)
- I give my permission for photographs of my child to be used on the East Hill Baptist Weekday Children's Ministries website (www.easthillweekday.com) and on any media distributed by East Hill. ___YES ___NO_____(initials)
- I give my child permission to participate in all food related activities, such as: classroom cooking projects, gardening, school wide celebrations, and birthdays. ___YES ___NO_____(initials)

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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.

CALLO R TA KEYOU R CHILD TO A DOCT OR RIG HT AWAY IF YOU R 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/>