



State of Florida  
Department of Children and Families

**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:**

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_

Days of the Week in Care: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

**Family Information:**

Child's Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): \_\_\_\_\_

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

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:



Emergency Care Plan Instructions (if applicable):

**Emergency Contacts:** 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 or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

**Helpful Information About Child:**

- 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 entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- 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, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



CHILD'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

CUSTODIAL PARENT: MOTHER FATHER

JOINT OTHER

PARENT #1: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

PARENT #2: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

**EMERGENCY CONTACT (Identification Required)**

Is this person authorized for Pick Up:

1. \_\_\_\_\_  
NAME RELATIONSHIP PHONE YES / NO

2. \_\_\_\_\_  
NAME RELATIONSHIP PHONE YES / NO

**MEDICAL ALERT INFORMATION**

Does your child have any allergies, medical/dental conditions limited or varying abilities? YES / NO

\*If yes, please provide a copy of the physician's diagnosis and instructions.

\*If your child has allergies or asthma a physician must complete a Student Asthma/Allergy Action Card.

Preferred Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_



MEDICAL INSURANCE INFORMATION

Please indicate below whether your child is currently covered under a medical insurance plan.

\_\_\_\_ Yes, my child currently has medical insurance.

Attach a copy of the card here.

\_\_\_\_ No, my child does not currently have medical insurance.

\_\_\_\_ I am requesting information about Florida Kid Care.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child should become ill or injured at The Harvester Sheffield Christian Preschool I understand that the facility will:

- (1) Contact me immediately OR Contact the person(s) I have designated if I cannot be reached.
- (2) Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.
- (3) The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.
- (4) I will accept responsibility for payment of medical services rendered.

\_\_\_\_\_  
Initial / Date

**ALTERNATE NUTRITION PLAN AGREEMENT**

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs. (P for Parent Provides or C for Center Provides)

C                      P                      C  
AM Snack      Lunch                      PM Snack

Does your child have any special dietary restrictions?      YES / NO  
\*if yes, please provide a copy of a physician's diagnosis and instructions.

**PER PASCO COUNTY ORDINANCE**

Please initial that you have received the following brochures: Know Your Child Care, Influenza Virus, Distracted Driver, The Rilya Wilson Act and HSCP's Discipline & Expulsion Policy.

*My signature certifies that all information provided on this form is correct and current for the 2023-2024 school year.  
I acknowledge that it is my responsibility to ensure that all information remains accurate and complete.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date



## **Attendance Exclusion Policy**

To ensure that Harvester Sheffield Christian Preschool maintains a healthy environment, staff and families must share in the responsibility to prevent the spread of contagious diseases. HSCP uses the following four criteria to exclude children and staff with short term illness from the program:

### **General guidelines for staying home:**

1. Keep the child at home if the child has a fever during the previous 24 hours.
2. Keep the child at home if the child vomited or had diarrhea during the past 24 hours.
3. Keep the child at home if the child has a rash, ring worm or lice.
4. Keep the child at home if the child has yellow-green nasal discharge and/or persistent cough.
5. Keep the child at home if the child has symptoms of contagious disease/illness (headache, sore throat, reddened eyes, unusual behavior, vomiting).

### **General guidelines for returning your child to the center:**

1. Child may return to center when free of fever.
2. Child may return to center when free of vomiting or diarrhea.
3. Child may return to center once free of rash, ring work or lice.
4. Child may return to center when the major cold/flu symptoms are gone, and only minor clear nasal discharge remains.
5. Child may return to center when the contagious period has passed, or child has been on antibiotics for over 48 hours.

My signature indicates I have read, agreed and understood the Attendance Exclusion policy and will abide by such policy without exception.

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Signature

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Date



## MEDICATION ADMINISTRATION POLICY & PROCEDURES

Only prescription medication for specific, life-threatening emergencies will be dispensed by Harvester Sheffield Christian Preschool. Medication provided by the parent and dispensed by HSCP must be in the original container. Medication must have a label stating the name of the physician, child's name, name of medication, and medication directions. Medication shall be dispensed according to written directions on the prescription label.

No medication may be dispensed to a child by HSCP unless a written request signed by the child's parent is on file at HSCP. The request must be consistent with the label on the medication AND specify the time, method and amount of dosage given, and the name of the medication to be given to the child. HSCP shall record the name of the child, medication, date, time and amount of the dosage dispensed. The record shall be initialed by the adult who gave the medication to the child. Any staff member may administer medication after appropriate training.

All medication is stored in a locked cabinet or box that is never accessible to children. Medication which has expired or is no longer being administered will be returned to the parent.

I have read, understand and agree to follow the Medication Administration Policy.

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Signature

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Date





## NUTRITIONAL GUIDELINES

Harvester Sheffield Christian Preschool is required to meet USDA nutritional guidelines for Pasco County Child Care Licensing and the National Accreditation standards. Although the daily lunch meal is furnished by the parent or guardian, it is HSCP's responsibility to ensure that the meal meets the USDA Recommended Dietary Guidelines.

Lunch meals should provide a child with approximately 1/3 of his/her daily food needs. Please refer to the Lunch Box Suggestions Handout included in your enrollment packet for ideas. Lunches must contain:

(1) Protein (1) Grain (1) Fruit (1) Vegetable (1) 100% Fruit Juice or 1% Milk

- ✦ Lunchboxes must include a frozen icepack **EVERY DAY**
- ✦ Thermos-type containers should be used for heated foods

I agree to follow these guidelines when providing lunch for my child while attending HSCP. I am aware that it is my responsibility to provide an acceptable lunch each morning upon arrival. I understand my child will not be permitted into class without a complete, appropriate and approved lunch.

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Signature

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Date



## SPECIAL OCCASIONS & CELEBRATIONS

On occasion, classrooms may plan special celebrations or cooking activities to correlate with holidays or themes. Classroom celebrations allow children to share and learn about different cultures and customs. Cooking activities provide opportunities for children to learn and practice fine motor, math, language and science skills. Parents are typically asked in advance to contribute store bought items necessary for the celebration or activity. **Note: Food allergies are taken into consideration when these activities are being planned by classroom teachers.**

My signature below indicates that I agree to have my child participate in Special Occasion Events as stated above.

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Signature

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Date





**PERMISSION FOR FOOD RELATED ACTIVITIES & SPECIAL  
OCCASION FOOD CONSUMPTION**

I \_\_\_\_\_ give/ decline permission for my child \_\_\_\_\_  
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

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

\_\_\_\_ My child **DOES NOT** have 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 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)



## SCREENING & ASSESSMENT CONSENT POLICY

Research shows that a child's first years of life are the most important time for learning. During this time, many important skills and abilities are established. These skills are key to success in school and later life. Monitoring growth and development during this period, along with early intervention puts your child on the right path to learn and develop to their full potential.

As a quality early childhood program, we believe in supporting all children's educational success through observations, documentation and ongoing assessments and periodic screenings. Participation in assessments and screenings has many benefits for your child, including identification of your child's strengths and needs. Occasionally, these assessments will identify a concern which will lead to a referral for evaluation from an outside agency.

As a parent, your cooperation in the assessment and screening process is instrumental to the success of your child in his learning environment. Therefore, it is the expectation of HSCP that you will agree to:

- Participate in your child's assessment and screening process throughout the year by attending all scheduled conferences.
- Meet with your child's teachers to review results and to discuss any follow-up actions that may be necessary
- Collaborate with your child's teachers to address any areas of concern and/or develop plans for any specific goals.
- Follow the teacher's recommendation or referral for additional screening or evaluation from an outside agency within the recommended.

\*Failure to comply with this policy may result in termination from our program.

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Signature

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Date



## **Discipline Practices and Expulsion Policy**

Harvester Sheffield Christian Preschool defines discipline as someone who follows the teaching of another one. Discipline means learning. It does not mean tears, punishment or humiliation. It means a chance to learn how to live in a social world. The goals of discipline are self-control, responsibility, and self-discipline. Children need help in controlling their behavior. Most important, they need to become responsible for their own behavior and develop self-control. Negative and disruptive behaviors such as biting, hitting his classmates, pinching, etc. are common in early childhood and are often developmentally appropriate responses to not having the proper tools to communicate. If a reoccurring inappropriate behavior such as but not limited to, hostile, combative, profane, offensive, intimidating, or uncooperative persists, a parent conference will be held in an effort to create an action plan that would resolve the inappropriate behavior/situation. If the action plan is not successful and the center is unable to meet the needs of the child or if the child's behavior constitutes a threat to children or staff or consistently disrupts learning opportunities for the other children in the classroom, the family will be dismissed from the program and seek alternative care for the child.

## **Termination of Care**

Harvester Sheffield Christian Preschool reserves the right to terminate childcare for the following reasons but not limited to:

- Failure to pay invoices as they are due.
- Failure to complete required forms.



## **Participation, Waiver and Release Agreement Harvester Sheffield Christian Preschool**

The safety of the children in our care is a top priority for Harvester Sheffield Christian Preschool. For their safety as well as our staff, we have implemented a number of protocols to try to limit the spread of COVID-19 and its related variants. You have been furnished a copy of our COVID-19 and related variants Protocols. By enrolling or continuing to have your child enrolled at Harvester Sheffield Christian Preschool, you agree to follow our protocols and such other rules as we may advise you of from time to time.

### **LIABILITY RELEASE:**

*NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your enrollment and/ or participation in any of the program or activities of Harvester Sheffield Christian Preschool, now or at any time in the future.*

I, on behalf of myself and minor children for whom I am the parent, guardian or authorized adult (such children are hereafter referred to as "my minor children"), hereby acknowledge and agree that participation in the pre-school at Harvester Sheffield Christian Preschool comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation, including but not limited to: (1) slips, trips, and falls, (2) injuries suffered on the playground or in connection with other activities, and (3) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation and that said list in no way limits the scope of this Agreement.

In consideration of my minor children enrolling in the preschool at Harvester Sheffield Christian Preschool and /or being allowed access to its facilities and/or to participate in its activities and programs, I, individually and on behalf of my minor children, do hereby waive, relieve and forever discharge Harvester Sheffield Christian Preschool, and its officers, directors, agents, employees, representatives, attorneys, executors and all others (the "Released Parties"), of and from any and all responsibility or liability for any claims, causes of action, injuries, damages or losses that I or my minor children may suffer arising out of participating in any program or activities at Harvester Sheffield Christian Preschool. I knowingly waive and release any claims or causes of action I might have against the Released Parties for such injuries, damages or losses.

I, individually and on behalf of my minor children, further agree to adhere to all policies and protocols set by Harvester Sheffield Christian Preschool, including the COVID-19 and related variants Protocols.



### PERMISSION TO PHOTOGRAPH, VIDEOTAPE & AUDIOTAPE

Harvester Sheffield Christian Preschool is involved in collaborations with several organizations and agencies. Individuals from these groups visit HSCP on a regular basis. From time to time, visitors may request permission to take photographs/videotapes/audiotapes of the children or families enrolled in our programs to be utilized for educational, documentation or promotional purposes. Under no circumstances will these images be utilized for profit or in an illegal manner.

\_\_\_\_\_ I authorize Harvester Sheffield Christian Preschool and its collaborative partners to take photographs/videotapes/audiotapes of my child or family. I consent to any distribution, including but not limited to the general public, agencies or organizations providing services to children and families. I understand that these agencies and organizations will not use the photographs/videotapes/audiotapes for any private commercial purpose. I further attest that my child and my family waive any claim for payment of use of these photographs/videotapes/ audiotapes.

\_\_\_\_\_ I do not authorize Harvester Sheffield Christian Preschool or its collaborative partners to take photographs/videotapes/audiotapes of my child or my family.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### PERMISSION TO PARTICIPATE

I hereby grant permission for my child to participate in all center activities as outlined on the daily schedule, to use all materials and equipment, to leave the center premises under staff supervision for campus walks to the Fellowship Hall or Church and to attend special presentations or functions sponsored by various agencies at the center.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## FINANCIAL POLICY AGREEMENT

### FEES & TUITION

#### Annual Registration Fee

Due upon enrollment and annually by March 1<sup>st</sup>.

\$150.00-Family

\$100.00-Individual Child

#### Monthly & Weekly Tuition Fee

2-year-old by September 1<sup>st</sup> \$870 / \$201

3-year-old by September 1<sup>st</sup> \$780 / \$180

4-year-old by September 1<sup>st</sup> \$750 / \$140

#### Monthly Tuition Fee w/ VPK Voucher (To be announced in the future)

Child must be 4 years old before September 1<sup>st</sup> to qualify.

### PLEASE READ AND INITIAL EACH LINE

- \_\_\_ Tuition payment is due according to the signed **Tuition Agreement Letter**.
- \_\_\_ Tuition payment must be set up through the autopay system using a valid credit card, debit card or ACH account.
- \_\_\_ Payment is due on the 1<sup>st</sup> of every month with a grace period until the 5<sup>th</sup> of every month, without exception. Weekly tuition is due every Monday without exception and considered late on Tuesday. A **\$50.00** late payment fee will be automatically posted to an account for any canceled, declined or reversed on Wednesday for weekly payers and on the 6<sup>th</sup> for Monthly payers.
- \_\_\_ It is the parent's responsibility to **maintain a current, valid** method of payment.
- \_\_\_ No credit or refund will be given for illness, vacation, holidays, unexpected/emergency center closings, Winter Break and Spring Break, Summer Break, partial weeks, withdrawal or dismissal.
- \_\_\_ Families that are affected by unforeseen, immediate employment transfers and are unable to submit the required **two-week** notice will be responsible for the upcoming two weeks of tuition.
- \_\_\_ Families that are monthly payers are required to provide a **30 day** intent to withdraw. Failure to provide an intent to withdraw 30 days prior, the family will be responsible to pay for the following 30 days. Families that are weekly payers are required to provide a **two week** intent to withdraw. Failure to provide an intent to withdraw two weeks prior, the family will be responsible to pay for the following 2 weeks.
- \_\_\_ If an account falls in arrears, HSCP reserves the right to dismiss the family from the program due to failure to follow the financial policy agreement.

\*I have read, understand and agree to follow the Financial Policy Agreement

Sign: \_\_\_\_\_

Date: \_\_\_\_\_





# Brightwheel Participation Agreement

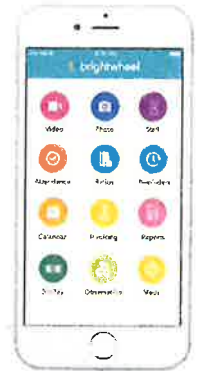
*To email and publish my child's work, photographs or videos via Brightwheel*

Dear Parents/Legal Guardians,

Harvester Sheffield Christian Preschool uses a digital documentation system called "Brightwheel".

Brightwheel allows our school to be paperless with daily reports, portfolios (including photos/videos), communications and assessments. You can get the FREE Brightwheel: Child Care App in both Google Play and iTunes.

The Brightwheel App looks like this on your phone!



Please check your email for your invitation, as it will be sent to you soon.

You can also access your account online at the Brightwheel website:

[www.mybrightwheel.com](http://www.mybrightwheel.com)

For the safety and security of our children we require parent permission for the publishing of children's work, photographs, or videos through the software program. By signing this form, you are granting permission for us to photograph or video your child for the purpose of sharing this information with you through the program. You will also receive updates and information about your child through the Program to the email you have provided.

\*Note that sometimes other children in the center may feature in photos, videos, or stories of your child. By giving consent you agree **NOT to share** photos or videos of any child, other than your own, outside of Brightwheel without permission.

I hereby acknowledge that I wish to voluntarily participate in the program Brightwheel:

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent 1: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## RECEIPT & ACKNOWLEDGEMENT

I Have Received and Read a copy of:

- Welcome Letter
- Parent Handbook
- HSCP School Calendar
- Emergency Evacuation Procedures
- Know Your Child Care Facility
- Influenza Virus Guide
- Distracted Driver Brochure
- Ryla Wilson Act Brochure

I Acknowledge that I Have Completed and Returned a copy of:

- Emergency Index Contact Card
- Information/Schedule Card
- Brightwheel Agreement
- Enrollment Form
- Health Insurance Form
- Attendance Exclusion Policy
- Medication Administration Policy & Procedures
- Nutritional Guidelines Policy & Special Celebration Consent
- Screening & Assessment Policy
- Discipline Practices & Expulsion Policy
- Participation Agreement & Release Form
- Photo Release & Participation Policy
- Financial Agreement Policy

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Signature

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Date