

Application for Enrollment

| Student Information: | Date of Birth: | | Sex: | Starting Dat | te of Enrollment: |
|---------------------------|----------------------------|------------------|------------------|--------------------|-----------------------------------|
| Full Name: Last | | Middle | | First | |
| Child's Physical Address | S: | | City: | | ZIP: |
| Primary Hours of Care: | From: | To | | | |
| Please circle all days of | the week the child will b | e in Preschool/0 | Childcare: M | T W 7 | Γh F |
| Which meals will your ch | nild typically be served v | vhile in care: _ | Breakfast | Lunch | Afternoon Snack |
| Family Information: | Child Lives With: | | | | |
| Mother's Name: | | | Father's Nam | ne: | |
| Address: | | | Address: | | |
| Cell Phone: | | Receive Text | | | Receive Text Yes No |
| Employer: | | | Employer: | | |
| Address: | | | Address: | | |
| Work #: | Home # | | Work #: | | Home #: |
| Email Required: | | | Email Requir | red: | |
| Mother's Access Pin 4 | Number | | Father's Acc | ess Pin 4Num | nber |
| Custody: Mother_ | Father | Both | Other | | |
| care if warranted. | | • | · · | • | to obtain emergency medica Phone: |
| | | | | | Phone: |
| | | | | | Phone: |
| Hospital Preference: | | | | | |
| · | | | | | as of concern & TREATMENT |
| to any allergies: | • | • | · | | |
| | | | as no known alle | ergies (Initial He | ete). |

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/or 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:

| First & Last Name | Relationship to child | Home# | Cell# |
|-------------------------------------|--|---------------------------|---------------------------------|
| First & Last Name | Relationship to child | Home# | Cell# |
| First & Last Name | Relationship to child | Home# | Cell# |
| First & Last Name | Relationship to child | Home# | Cell# |
| Helpful Information About Child | l: | | |
| | | | |
| | | | |
| | | | |
| Enrollment/Un-enrollment Police | <u>y</u> . | | |
| without notice, Leaps & Bounds Pres | to care for every child long term, we reserve the hout notice to the parent or guardian. In the eschool is not liable for any expenses or costs nowledge and agree to this termination policy. | vent the enrollment of yo | our child is terminated with or |

ATTENDENCE POLICY

I agree to the terms that if my child will not be in attendance on any given day, I will contact the FRONT OFFICE to inform them that my child will be absent. I also understand that if I fail to do so, my account will be charged a \$2.00 administration fee.

Discipline Policy

At Leaps & Bounds Preschool we view discipline as a teaching/learning process of positive reinforcement techniques that lead children toward more responsibility for themselves as they develop independence and a more mature behavior. A safe and suitable environment, interesting and challenging activities, and established routines for transitions, clearly defined rules and a sensitive and well-trained provider promote a consistent atmosphere for children's acceptable behavior. A child requiring correction will be approached, lovingly, but firmly, and redirected to other activities which promote a positive and acceptable behavior pattern.

Problems other than routine occurrences are discussed between the parents and the Director at Leaps & Bounds. If it seems appropriate to inform parents about severe behavior problems, a conference is scheduled. Again, the focus is positive whereby parents and staff seek cooperative and effective solutions.

The staff at Leaps & Bounds Preschool will enforce the following disciplinary action:

- Redirection of Behavior
- "Sugar Seat" (1 minute per year of child's age)

- Positive talk on making good choices
- Parental Notification
- Parental Conferences to create a team plan to promote behavior change.
- The Director at Leaps & Bounds Preschool reserves the right to dismiss a child if their behavior poses a threat to the safety and well-being of themselves or any children in our care.

Leaps & Bounds does not support any type of physical force or abusive language in disciplining children. Discipline will never be associated with food, rest, or toileting.

Leaps & Bounds is committed to the goal of each child benefiting from our wholesome, professional approach to discipline which promotes self-discipline and self-control.

Due to the many demands needed of the Director throughout the day, the child may not sit in the Directors Office. Discipline

| techniques listed above that are unsucce | essful and/or prohibit the child from being in the classroom must go home for the day. |
|--|--|
| I, Bounds Preschool. | Understand and accept the Discipline Policy of Leaps & |
| Parent Signature: | Date: |

Biting Policy

Biting is a behavior that usually appears between the ages of one and three years. While biting is an age-appropriate behavior, it is important to remember it is also an unacceptable behavior in a childcare environment. Children bite for a variety of reasons: teething, sensory exploration, cause and effect, imitation, crowding, seeking attention, frustration and stress. Biting is not something to blame on children, their parents or their teachers. There are a variety of strategies we implement at Leaps & Bounds Preschool to prevent and stop biting. This is the process followed when a child bites.

- The biting child is stopped and told, "Stop biting. Biting hurts" in a firm voice. Teachers should remain calm, being careful not to show anger or frustration towards the child.
- The biting child is removed from the situation. Depending upon the observed motive for the bite, the separation may include re-direction or meeting the child's needs. As little attention as possible will be placed on the biting child, to avoid reinforcing the behavior.
- Appropriate first aid will be provided to the child who was bitten. Bite will be washed with soap and water; cold compress will be applied to reduce pain and swelling. A bandage will be applied if necessary.

It is important to explore the reasons for biting when it occurs. Teachers need to work with parents to gather information about the child's behavior and begin observations to determine the reasons for biting. Examples of triggers would be: communication deficits, transitions, hunger, lack of sleep, need for oral stimulation or teething pain. Once triggers are identified, staff can work on prevention strategies and start teaching replacement skills. Below are the steps the teacher will take to identify triggers and replace the behavior:

- 1. The teacher will examine the contest in which the biting is occurring and look for patterns. The following questions be asked:
- Was the space too crowded?
- Were there too few toys?

Signature of Parent / Guardian

- Was there too little to do or too much waiting?
- Was the child who bit getting the attention and care he/she deserved at other times?
- 2. The teacher will change the environment, routines or activities if necessary.
- 3. The teacher will work with the child who is biting to resolve conflicts and frustrations in more appropriate ways.
- 4. The teacher will observe the child, to get an idea of why and when they are likely to bite.
- 5. The teacher will identify children likely to be bitten and make special efforts to reduce their chance of being bitten.
- 6. The teacher, parent and Administrative Staff will meet regularly to regulate an action plan and measure outcomes.
- 7. If biting continues the teacher will observe the group more closely and work with the parents to seek out additional resources as necessary to shadow the child who is biting.

All information is confidential, and names of the children involved in the incident are not shared between parents. In addition,

biting is always documented on an Incident/Accident Report which is completed and signed by a teacher and parent. A copy is provided to the parent and the original kept in the child's permanent enrollment file in the office. I, understand and accept the biting policy of Leaps & Bounds Preschool. Parent Signature: ______ Date: _____ Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. Please initial box to verify that you understand this policy. Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24). Please initial box to verify that you have received this brochure. Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility. Please initial box to verify that you have seen this posted in the center. I understand Tootie, the kitty, is a part of Leaps & Bounds. She is up-to-date on her shots and is within her DCF regulations to attend preschool. Please initial the box to verify you are aware and understanding. ♣ I understand and agree that Leaps & Bounds is a Christian Preschool and is licensed with DCF. Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. Signature of Parent / Guardian Date

Updated Date