

# Checklist of Items Needed for All New Students

Required Forms:
<ul> <li>□ Completed Registration Packet:         <ul> <li>Registration Form</li> <li>Health, Safety, and Dietary Requirements</li> <li>Financial Requirements</li> <li>Parent Acknowledgement, Consents, and Releases</li> </ul> </li> <li>□ Physical Form from child's Physician</li> <li>□ Current shot record form from child's physician</li> </ul>
Additional Items:
☐ Small blanket and large crib sheet/nap mat for nap  (full-time students under the age of 5) ☐ Change of clothes ☐ Refillable water bottle ☐ Diapers/pull-ups and wipes (if not potty trained)



2073 Garden St.

(321)264-1069

### Telena@titusvillelutherans.org

Child's Full Name:			Da <sup>·</sup>	te of birth:	Sex:
		First Name			
Child's Address:					
Days Attending: M	T W TH	F Primary Hours	s of Care: From	AM to	PM
Family Information					
Mother's Name:			Father's N	ame:	
Address:			Address:		
Home Phone:			Home Phon	e:	
Employer:			Employer: _		
Work Phone:	Cell:		Work Phone	:	
E-Mail Address:			Email Addre	ess:	
Custody Arrangeme	ent:				



### **Medical Information**

Pediatrician	ician: Phone:			
Hospital Pre	eference:			
	released only to the custodial parent	, or the legal guardian and the persons listed be ase of illness, accident, or emergency, if for some		
Name	Address	Relationship	Work/Cell Phone	
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Name	Address	Relationship	Work/Cell Phone	
Name	Address	Relationship	Work/Cell Phone	
Name	Address	Relationship	Work/Cell Phone	



My child has been baptized.	We have no church home.
How did you hear about us (circle all that apply)?	
Word-of-mouth	
• Drive-by	
<ul> <li>Google search or some other type of Internet search</li> </ul>	
<ul> <li>School or church Facebook page</li> </ul>	
Another page on Facebook	
DCF/Social Services	

Our church home is: \_\_\_\_\_

Other \_\_\_\_\_



#### Parent Acknowledgement, Consents, and Releases

I have read and thoroughly understand what has been stated in the Parent Handbook, including, policies and procedures, registration, attendance, tuition, discipline, and illness.

Throughout the year the school may randomly take photographs and/or video footage of the school or on field trips. These photographs and/or video footage may be for in-house presentations or bulletin boards. I give permission to use any photographs or video footage of my child. If my child is to be featured in any kind of external advertisement, additional permission in writing will be obtained.

I give permission for my child to be transported to and from field trips, walk around school grounds, etc. as part of the child's regular curriculum and/or camp program.

I give permission for the school to conduct assessments of my child as recommended by the school's curriculum or the Early Learning Coalition. I also agree to participate in parent teacher meetings to review progress and establish future goals. If available, I give permission for the school to provide dental and vision assessments.

In case of an emergency the school will notify 911. If necessary, I give permission for my child to be transported to the nearest children's hospital.

Signature of Parent or Guardian	Date



## **Tuition Policy**

Child's Name:
My child's weekly tuition of \$ will be paid by Friday of each week (despite my child's schedule).
Tuition is still due if you wish to hold your child's place during absences or vacations. Any child registered for full-time care is entitled to one vacation week which may be taken after three months of attendance at Good Shepherd Early Learning Center. The child cannot be in attendance if you are using a vacation week.
Cash, checks, and credit cards are accepted for payment of tuition and fees. Also for your convenience, we offer the Tuition Express program. A check that is returned will require payment of a returned check fee of \$36.00 and may require all future tuition payments to be cash only. The center reserves the right to disenroll a child for non-payment of tuition or fees.
Please make checks out to Good Shepherd Early Learning Center.
A new Tuition Policy Form must be signed each year or when parents/guardians change of rate plan.
Parent Signature:
Date:
Director's Signature:
Date:
Bookkeeper Signature:
Date:



#### Health, Safety, and Dietary Requirements

The State of Florida Department of Children and Families' "Child Care Facility Handbook" requires the following:

Section 7.1 and 7.2: Each child enrolled must have a current physical exam (Form 3040) and immunization record (Form 680 or 681) in his or her file within 30 days of enrollment.

Section 7.3: Parents must receive a copy of the Child Care Facility Brochure, "Know your Child Care Facility" (CF/PI 175-24)

Section 2.8: Parents are notified in writing of the disciplinary and expulsion policies used (see Parent Handbook).

#### Additional Requirements:

Brevard County Health Department requires that the parents complete an AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accident and if the parents cannot be reached. I authorize the child care center to obtain emergency medical care for my child.

I was provided a copy of Influenza Virus Information, according to Florida DCF guidelines (see Parent Handbook).

Your signature below indicates that you have received the above items and that the information provided on the registration form is complete and accurate. I hereby grant permission for the staff of Good Shepherd Early Learning Center to have access to my child's records.

Signature of Parent or Guardian	Date	



#### **Additional Health, Safety, and Dietary Requirements**

#### Medication Requirements:

In the event that your child requires medication to be administered by the staff of Good Shepherd Early Learning Center, I acknowledge that I must complete an *Authorization for Prescription and/or Non-Prescription Medication* form available in the office. Medication must be in the original container, stored according to the directions, clearly labeled for a named child with time and amount of dosage, and returned to the parent or destroyed when no longer needed. Please see the Parent Handbook for additional details.

#### Child Illnesses:

As set forth by the Brevard County Health Department, in the event that your child is ill and contact is made regarding pick-up, it is required that arrangements are made and he/she is picked up within one hour. In addition, he/she cannot return to school for a minimum of twentyfour hours.

#### Safety Requirements:

I understand that I am not to leave my child at the center unless an employee of Good Shepherd Early learning Center is there to receive and supervise my child.

I understand that it is my responsibility to sign my child in and out upon arrival and departure, following the appropriate procedures established in your child's classroom.

I understand that my child will not be allowed to leave or have visitation with an unauthorized person. Any person authorized to pick up or visit my child must be listed on the Emergency Contact section of the registration form and must be 18 years of age or older. I further understand that they will be required to show photo identification.

I understand that my child will be released to either parent unless court papers are presented which limit contact of one or both parents, but has named a guardian instead.

I understand that should a person arrive to pick up my child and they appear to be under the influence of drugs, alcohol, or are without an appropriate car seat, school personnel are required by state law to contact the authorities and refuse the release of the child to said person.

I understand that Good Shepherd is mandated, by Florida State Law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. I have read and understand the statements above regarding the health and safety requirements of Good Shepherd.

Signature of parent or Guardian	_	Date	



#### Food Use and Consumption

Throughout the school year, students at Good Shepherd Early Learning Center participate in activities that involve food. These food items may be pre-packaged or homemade items brought I by preschool families and volunteers. For example, we enjoy food brought in to the center by families to celebrate a child's birthday. We celebrate holidays such as Thanksgiving, Christmas, Valentine's Day, Easter, etc., with food brought in by preschool families and church volunteers. These celebratory events teach children about community, friendship, fellowship, and fun. Also, as an example of how food may be used in the classroom when we practice counting, we may use Cheerios to make a book. After the students complete the activity using food, we may allow the students to eat any leftovers. Along with using food during our lessons, we have single-wrapped chocolates and other candies in the Treasure Box that students may choose on Friday afternoons or other special occasions. (The Treasure Box also includes pencils, stickers, small toys and so forth.) We need your permission for your child to participate in these activities.

We are a DCF licensed facility and as such are bound to following certain regulations regarding food consumption. There are some foods that are never allowed in licensed childcare facilities. These are the foods that are associated with young children's choking incidents and must not be served to children under 4 years of age; such as, but not limited to, whole/round hot dogs, popcorn, chips, pretzel nuggets, whole grapes, nuts, cheese cubes and any food that is of similar shape and size of the trachea/windpipe. Food for toddlers must be cut into pieces ½ inches or smaller to prevent choking. Also, no raw milk or unpasteurized juice may be served without the written consent of the parent or legal guardian. NO homecanned food may be served and no homegrown eggs may be served. Please do not send these types of items with your child to the school. Thank you for your understanding on these matters.

Occasionally, parents will request we follow a special diet for their child. Any requests for a special diet must be accompanied by a letter from a physician. A copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet must be maintained in the child's file and followed. If the custodial parent or legal guardian notifies the program of any known food allergies, written documentation must be maintained in the child's file for as long as the child is in care. Special food restrictions must be shared with all school staff.

Food Use and Consumption Permission Slip
Yes, my child may fully participate in Good Shepherd Early Learning Center's activities that
involve food, He/she may eat the food leftover from an activity, may choose food from the Treasure Box
for a rewrd and may eat food brought in by families and volunteers during birthday parties and
holiday/other celebrations, understanding that these food item may be either pre-packaged or homemade.
No, my child may not eat any food provided by preschool families or volunteers at a special event other than the food I provide. (Please note that selecting this option will include all preschool
functions such as banquets, potlucks, plays, and the like.)
runctions such as banquets, potitions, plays, and the like.)
Yes, but with the following instructions:

Please list any allergies, special medical or dietary needs, med areas of concern:	•
Child's Name (printed):	
Parent/Guardian Name (printed):	_
Parent/Guardian Name (signed):	_ Date: