



Dear Parents:

Please remember to bring the following items to school on your child's first day:

FROM HOME:

- Registration Packet, completed and signed (due two business days prior to start date);
- 2 Full changes of clothes, including underwear and socks (labeled and placed in a plastic zip-lock bag);
- Water bottle filled with water;
- Drawstring bag with all of your child's belongings;
 - Family Picture
 - 2 Pictures of Your Child
- Fitted crib sheet and a blanket;
- Children who are not potty trained will need diapers, wipes, and optional diaper cream with a #5 Form from the front office;
- Any other supplies your teacher requests.

FROM THE DOCTOR'S OFFICE (within 2 weeks of registration)

- Original Blue Immunization form (#680) signed and stamped by the doctor's office;
- Original Yellow Physical Health Exam Form (#3030) signed and stamped by the doctor's office.

**Please label EVERY ITEM with your child's name using a permanent marker!
Refer to your Parent Handbook for additional information.**

Thank you,

Upper Room Daycare & Preschool

Classroom _____
Registration _____

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SOCIAL SERVICES DIVISION CHILD CARE PROGRAM CHILD ENROLLMENT INFORMATION

PASSWORD

Preferred Name _____ Child Start Date ____/____/____

Child's Name _____ Tuition Program Time: _____

Address _____ City/Zip _____

Sex M F D.O.B. ____/____/____

| | NAME | HOME ADDRESS | HOME PHONE |
|----------|-------|--------------|-------------------|
| Mother | _____ | _____ | () _____ - _____ |
| Father | _____ | _____ | () _____ - _____ |
| Guardian | _____ | _____ | () _____ - _____ |

Mother Cell Phone () _____ Father Cell Phone () _____

Email Address _____ Email Address _____

| | | | |
|--------|---------------------|------------|-----------------|
| Mother | _____ | _____ | () _____ |
| | Place of employment | Occupation | Phone/extension |

| | | | |
|--------|---------------------|------------|-----------------|
| Father | _____ | _____ | () _____ |
| | Place of Employment | Occupation | Phone/extension |

Parents Marital Status: S M D or W

Child's Physician _____

Address of Physician _____ Phone _____

May the center call another physician if unable to contact the above? _____

Persons permitted to remove child: Mother: Yes or No Father: Yes or No

In case of an emergency or illness, other persons to be notified and permitted to remove child from center: (Must be 18 years of age to remove child from center)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Signature of person enrolling child: _____

EMERGENCY INFORMATION

Name of Child: _____ D.O.B. _____

Name of Child's Doctor: _____ Phone: _____

Persons authorized to act for parents in case of emergency:

First Choice:

Name: _____ Home Phone: _____ Work: _____

Address: _____

Second Choice:

Name: _____ Home Phone: _____ Work: _____

Address: _____

Medical History:

Measles: Yes or No

Mumps: Yes or No

Chicken Pox: Yes or No

Convulsions: _____

Allergies (food, medicine, etc.): _____

Any evidence of hearing difficulty? Yes or No Explain: _____

Any evidence of visual difficulty? Yes or No Explain: _____

Birthmark: Yes or No Explain: _____

Speech disabilities? Yes or No Explain: _____

Hospitalizations? Yes or No Explain: _____

Operations? Yes or No Explain: _____

Other illnesses? _____

Does your child have any physical handicaps or conditions which might affect his/her schooling? _____

Please describe: _____

Briefly describe your child as a person: likes, dislikes, favorite past times, toys, friends, toilet habits, napping needs, etc. In essence, please include anything that will help us understand your child and help him/her grow:



Classroom: _____

Individual Information

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____

Parent's Names: _____

Does your child have any allergies, food restrictions, or medical problems?

What are your child's favorite foods?

What are your child's favorite activities?

Is your child: shy ___ outgoing ___ aggressive ___ cry easily ___ easily frustrated ___

Are there any areas of difficulty that you would like your child to work on?

**Please use the back of this sheet to list any additional information you feel would be helpful in caring for your child



PASSWORD FORM (Applies to all Students)

To ensure your child's safety at dismissal, Upper Room Daycare & Preschool, in compliance with DCF regulation, has instituted a "password program". This program is designed to ensure that an authorized person is picking up your child.

Please choose a word that will be easy for you to remember. This password should only be given to those whom you authorize to pick up your child. Please fill in the form below and return it to the office as soon as possible.

CHILD'S NAME _____ DATE _____

PASSWORD _____

PARENT'S SIGNATURE _____

PARENT'S DRIVERS LICENSE NUMBER _____

AFTER SCHOOL CARE PERMISSION FORM

I give Upper Room Daycare & Preschool permission to pick up my child

at _____ Elementary School.

Parent Signature:

Date:

FIELD TRIP PERMISSION SLIP

I give permission for my child _____ to go on all field trips.

I understand that I must notify Upper Room Daycare & Preschool in writing if I do not want my child to go on a certain trip.

Parent Signature:

Date:



Authorization for Emergency Treatment

Today's Date: _____

To whom it may concern,

I hereby give my consent to _____ (name of Hospital)
to administer necessary treatment to my child, _____ (name of child) in the
event of an emergency at which time I cannot be reached. I give consent to transport by
ambulance if the situation warrants it.

Name of Physician: _____ Phone: _____

Allergies of Child: _____

Date of last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ Expiration Date: _____

Signature of Parent or Legal Guardian

Date



PERMISSION TO PHOTOGRAPH

Today's Date _____

Child's Name: _____

Child's Date of Birth: _____

Photographs and videos of the children are taken on different occasions. We may use these pictures/videos in our school for teaching, arts & crafts, albums, labels and/or advertising.

_____ I give permission to _____ I do NOT give permission to

Upper Room Daycare & Preschool to take **photographs** of my child for the purposes stated above.

_____ I give permission to _____ I do NOT give permission to

Upper Room Daycare & Preschool to take **videos** or have videos taken of my child for the purposes stated above.

I understand that these photos and/or videos **WILL NOT** be sold or distributed to any other individual or business.

Parent/Guardian Name (Please print)

Parent/Guardian Signature



Tricycle/Helmet Permission Form

For the protection of your child, we ask that you sign and return this form allowing your child to ride the tricycles on our playground.

Please chose one:

I give permission

I DO NOT give permission

For my child _____ to ride a tricycle at Upper Room

Daycare & Preschool. Please check one:

I give permission for my child to use one of the school helmets.

I will send my child's helmet to school, clearly labeled.

Parent's Signature _____

Print Name _____

Date _____



Permission for Food-related Activities & Special Occasion Food Consumption

Pursuant to 65C-22.005(1)(c)2., 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 _____ (parent or guardian) give/decline (circle one) permission for my child _____ (child's name) to participate in food related activities and special occasions where food is consumed, subject to the conditions indicated below.

Permission Options: (Select and initial one of the options below):

- My child DOES NOT HAVE a food allergy or dietary restriction. He or she **may participate** in activities.
- My child DOES NOT HAVE a food allergy or dietary restriction. He or she **may not participate** in activities.
- My child HAS a food allergy or dietary restrictions. He or she **may not participate** in activities.
- My child HAS a food allergy or dietary restriction. He or she **may participate** in activities, but **must not eat or handle** the following items (please list below):

Type of Permission: (Select one):

- Specific Permission Only for: _____ (food activity or Event) _____ (date)
- General Permission

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 or Guardian

Date