

First Baptist Church Weekday Education

REGISTRATION CHECKLIST FOR NEW STUDENTS

- _____ Meet with Director for Interview/tour
- _____ Pay Registration Fee
- _____ Submit completed and notarized enrollment forms within 5 days of enrollment date
- _____ Submit Direct Debit/Credit Card Authorization Form
- _____ Read Parent Handbook and Know Your Child Care Facility brochure
- _____ Sign Acknowledgement of Receipt (For Handbook and Know Your Child Care Facility Brochure)
- _____ Attend Orientation if entering during regular enrollment period
- _____ Submit DOH Form #3040 – Health Form before the first day of child’s attendance
- _____ Submit Immunization Certificate before the first day of child’s attendance
- _____ Read and sign Influenza virus pamphlet
- _____ Sign photograph permission form
- _____ Purchase supply items needed for your child (see supply list)
- _____ Pick up parking permission decal from front office
- _____ Register yourself and other pick-up person for Procare check in/out system

First Baptist Church Weekday Education

108 West College Avenue
Tallahassee, Florida 32301
*850) 222-5270 ext. 301

ENROLLMENT APPLICATION

Enrollment Date: _____

Withdrawal Date: _____

Child's Name: _____
Last First Middle

Date of Birth: _____ Sex: _____ Home Phone: _____

Address: _____
City State zip

Mother or Guardian's Name: _____

Address (if different from above): _____

Employer's Name and Address: _____

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

E-mail: _____

Father or Guardian's Name: _____

Address (if different from above): _____

Employer's Name and Address: _____

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

E-mail: _____

Child lives with: Both parents _____ Mother _____ Father _____ Other _____

If parents are not married who is the custodial parent? _____

Shall the non-custodial parent have access to student information? Yes ___ No ___

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CHILD INFORMATION CARD

Child's Name: _____
Last First Middle

Date of Birth: _____ Sex: _____ Home Phone: _____

Address: _____
City State zip

Mother or Guardian's Name: _____

Employer's Name and Address: _____

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

E-mail: _____

Father or Guardian's Name: _____

Employer's Name and Address: _____

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

E-mail: _____

Child lives with: Both parents _____ Mother _____ Father _____ Other _____

If parents are not married who is the custodial parent? _____

Shall the non-custodial parent have access to student information? Yes ___ No ___

List other persons authorized to pick up your child:

Name: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Cell Phone: _____ Work Phone: _____

Medical Concerns: _____ Allergies: _____

You may include additional information on the back of this form.

Parent Signature and Date

Parent Signature and Date

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EMERGENCY PROCEDURE FORM

Name of Child: _____

If an emergency arises and either parent or guardian can not be reached please contact one of the people listed below as an emergency contact for my child.

1. Name _____
Address _____
Work Phone _____ Cell Phone _____ Home Phone _____
2. Name _____
Address _____
Work Phone _____ Cell Phone _____ Home Phone _____
3. Name _____
Address _____
Work Phone _____ Cell Phone _____ Home Phone _____

Name of Physician: _____ Phone Number _____

Name of Insurance Company: _____

Name of Policy Holder and Policy Number: _____

Allergies: _____

Please list type of reaction. Continue on back if needed.

I hereby give the Weekday Education Center permission to follow standard first aid procedures in the event of an accident or injury to my child. I understand that the Weekday office personnel will attempt to notify me or my designated emergency contact person if an accident or illness occurs. If I can not be contacted the Weekday office is authorized to contact my child's physician and follow their instructions. If my child needs to be transported to a local hospital I authorize the Weekday office Personnel to arrange for such transportation. I further authorize the Weekday office personnel to release any relevant information to the doctor or hospital to expedite the treatment of my child. I understand that I am liable for any medical cost incurred.

For an oath or affirmation:
STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me on this ____ day of _____, 20____, by _____

Personally Known____ or Produced Identification ____ Type of Identification Produced _____

Notary _____

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ALTERNATE PICK UP FORM

Child's Name _____

From time to time a need will arise where you will need to send someone else to pick up your child. If you know in advance please write their name in the "Alternate Pick Up" section of the sign in sheet outside of your child's classroom. If you do not know in advance just call our Weekday office and we will write in the name for you. We will also inform the teacher. Please ask anyone who picks up for you to bring a photo I.D. and enter through the Weekday office. We ask that you not give the door code to anyone please. The names on this list can be the same as on the Emergency Contact list or they can be different. You can update this list at any time by stopping by the office.

1. Name _____

Work Phone _____ Cell Phone _____ Home Phone _____

2. Name _____

Work Phone _____ Cell Phone _____ Home Phone _____

3. Name _____

Work Phone _____ Cell Phone _____ Home Phone _____

4. Name _____

Work Phone _____ Cell Phone _____ Home Phone _____

5. Name _____

Work Phone _____ Cell Phone _____ Home Phone _____

6. Name _____

Work Phone _____ Cell Phone _____ Home Phone _____

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DISCIPLINE STATEMENT/ACKNOWLEDGEMENT OF RECEIPT

Florida law states that every Child Care Center has to provide parents with a written Discipline Statement and a copy of the "Know Your Child's Daycare" brochure. This brochure is put out by the Department of Children and Families.

Discipline Statement

The following discipline procedures are used at First Baptist Weekday Education:

- Redirect younger children
- Discuss the problem with children old enough to have good verbal skills and include them in the solution to the problem
- If needed "Time Alone" form activities in the classroom under the teachers supervision
- If the incident is a reoccurring one or one that the teacher feels needs more attention then we will bring the child to the office for "Time Alone" under adult supervision
- In some cases parents may be called to talk to their child over the phone or come to the school and take the child home.
- NO FORM OF CORPORAL PUNISHMENT WILL BE USED AT FIRST BAPTIST WEEKDAY EDUCATION

_____ I have read the **Discipline Statement** of First Baptist Weekday Education

_____ I have been given a copy and read the brochure titled "**Know your Child's Daycare**".

_____ I have also been provided with a copy of the "**Parent Handbook**" and agree to abide with the policies stated in this handbook.

For and Oath of affirmation:

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20_____, by _____
Personally Known _____ or Produced Identification _____ Type of Identification Produced _____

Notary _____

Photograph Permission Form

We would like to take pictures throughout the year that demonstrate various school activities conducted and to demonstrate developmental growth at various ages of your child. These pictures will be included in your child's portfolio and posted in classrooms at various times through the year. These pictures will not be used for publicity purposes without your consent.

_____ Yes, pictures may be taken of my child during his/her stay at Weekday Education

_____ No, pictures may not be taken of my child during his/her stay at Weekday Education

Parent Signature _____

Date _____

Child's Name _____

Weekday Education

Direct Debit/Credit Card Authorization

Name (please print): _____

Address: _____

City, State, Zip: _____

Amount of payment: _____ if monthly, _____ if twice monthly

Timing of payments: Date of first automated payment _____

Monthly (check one) _____ 1st day of the month _____ 5th day of the month

Twice Monthly (check one) _____ 1st and 15th _____ 5th and 20th

Select Type of Account:

_____ Checking (attach a voided check)
Routing number (first 9 digits, bottom left of check) _____
Account number _____

_____ Credit Card Type of Credit Card _____
Card Number _____
Exp. Date _____ Three digit security code _____

I authorize First Baptist Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization in writing. I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. I also authorize First Baptist Church to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

Authorized Signature _____ Date _____

Check here _____ if you plan to pay using the automatic check writing services of your bank, and give us the bank name below. Please remember to mark the payment frequency and amount of your bank's payments in the spaces indicated above.

Paying Bank: _____

If you have any questions, please contact:

Steve Wofford, Administrator
First Baptist Church
108 west College Avenue
Tallahassee, Florida 32301
222-5470, ext. 140

Health Care Plan

Only complete if your child has a know medical condition

Student's Name: _____ DOB _____

Primary Teacher: _____

Parents' Names: _____

Emergency contact number _____

Condition: _____ Asthma _____ Allergies _____ Other _____

Irritants/Causes:

Effects:

Treatment: _____

Treatment instructions:

Additional comments:

Parent Signature _____ Date _____

Sick Child Procedure

Parents,

Please be aware that physicians and the Department of Children and Families do not always agree, but we are licensed by the Department of Children and Families regulations. This means that the following procedures are directly from DCF and we must observe their policies.

*Any child with any of the following will be sent home and may return to school when specified below:

Diarrhea – more than 2 watery stools; Must be symptom free for 24 hours without the aide of symptom relievers (reoccurring diarrhea will be excluded from the center until the child has been tested and received a negative result for giardia, salmonella and shigellosis)

Vomiting – Must be symptom free for 24 hours without the aide of symptom relievers.

Undetermined Rash – any topical condition on the skin that is not normal for that child; May return with a note from the physician that states that the child is not contagious.

Fever – 101 degrees or higher; Must be fever free without the aide of Tylenol etc. for 24 hours.

Head Lice – observing the lice on the scalp or itching of the head, neck or back of the ears; Must be nit free and treated with an anti-lice shampoo.

Strep Throat – must be on antibiotics for 48 hours before returning to school

Nasal Drainage (green in color) – a green discharge from the nose accompanied by a fever of 100 degrees or higher or a cough; Must be fever free for 24 hours and may return with a note from the doctor that states that the green discharge is not contagious.

Ringworm – Flat ring shaped areas on the body or on the scalp; A child with ringworm may return when on medicine for 24 hours and the site must be covered. If the ringworm is on the scalp the child must be on oral medication and also have the area covered.

Thrush – white patches in the mouth or on the tongue; Must be on medication for 24 hours before returning to school.

Mouth Sores (relating to coxsachie virus or hand, foot, and mouth) – Blisters on the tongue, gums or roof of the mouth. Blisters may also be on the hands and feet; May return with a note from the physician that states the child is not contagious (usually 2-3 days)

Pink Eye – red itchy eyes accompanied by drainage; Must be on eye drops for 24 hours and free from eye drainage.

Croup – A cough that sounds like a bark and a low grade fever; May return when fever free for 24 hours and when the barking cough has gone away.

*For any other illnesses and the ones listed above please get a doctor's note for clearance to return to school.

*Keeping a sick child at home will reduce the spread of illnesses in the classroom. It is a very long day for a child who is sent to school not feeling well.

*Please do not put our staff in the difficult situation of having to send your child back home if you come back before the 24 hour period.

Thank you in advance for helping to keep our children as healthy as possible. Updated:
8/14/2007

Dress Guidelines

- Please dress your child according to the weather and in clothing that you don't mind getting messed up.
- All walking children should wear socks and close toed shoes to protect their feet from the prickly mulch on the playground
- Shoes should be fitted properly to avoid tripping
- We discourage t-shirts with monsters, ghosts, witches, or other questionable pictures
- We discourage clothing with offensive language

Girls should wear shorts , tights, or bloomers under their dresses or skirts

Dangling jewelry, hats, headbands, hair bows, and beads are strongly discouraged. Teachers already have a large responsibility to keep their children happy, safe, and loved. They may not be able to keep up with these personal items also. Many hair ornaments may pose a choking hazard for younger ones who so readily place objects into their mouths.

Supply Lists

Infants

Diaper bag
7-8 diapers daily
2-3 changes of clothes daily
Shoes if your child is pulling up or beginning to walk (socks alone are too slippery)
Milk already prepared in the bottles (bottle must have lids)
Baby food and box of cereal to leave at the center
Pacifier
Diaper cream if needed
Burp clothes

Label (first and last name) all bottles, individual diapers, pacifiers, clothes and anything else you may bring from home

Toddlers 1-3

Backpack or diaper bag
6-7 diapers daily
2 changes of clothes daily
1 fitted crib sheet and blanket every Monday (please make sure it will fit inside a 2 gallon ziploc bag)
Diaper rash cream

Breakfast snack, lunch and afternoon snacks, and whole milk are provided by the center once the child starts baby food

Label all bottles, individual diapers, pacifiers, clothes and anything else you may bring from home

Potty Training – Once the teacher identifies that your child is ready for potty training you will need to bring the following daily:

4-6 pull ups (open on the side) or 4-6 pairs of underwear
4 complete changes of clothes
Extra socks and shoes

Preschoolers 3-5

backpack
1 fitted crib sheet and blanket every Monday (please make sure it will fit inside a 2 gallon Ziploc bag)
1 change of clothes including socks and shoes