



Family Registration Form

Registration Date: _____

Child Information

1st Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Age: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes N

2nd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Age: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Age: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____
Address: _____
Occupation: _____ Home Phone: () _____
Employed By: _____ Office Phone: () _____
Work Address: _____ Work Hours: _____ Cell Phone: () _____
 Custodial Parent (If married, mark both parents) Mother's SS#: _____
Email: _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____
Address: _____
Occupation: _____ Home Phone: () _____
Employed By: _____ Office Phone: () _____
Work Address: _____ Work Hours: _____ Cell Phone: () _____
 Custodial Parent (If married, mark both parents) Father's SS#: _____
Email: _____

Emergency Contacts & Authorized Pickup Persons

1st Contact/Pick Up Name: _____ Phone: _____
Relationship to the Child: _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____
Relationship to the Child: _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____
Relationship to the Child: _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

Tuition / Payment Information

Current Tuition Amount: _____ [] Weekly [] Bi-Weekly [] Monthly [] Other _____

**The first week's tuition is to be paid on or before the child's first day. Tuition is then to be paid via the Kinderlime app by Sunday or upon pickup on Friday for the upcoming week. You will receive an invoice via the Kinderlime app each Friday. If you choose to pay in person, the payment will be manually entered.

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information

Is there is any other information that that would be helpful to our management and teaching staff?

Forms required for registration

The following forms will need to be completed, signed, and submitted before enrollment is finalized.

*NOTE- these forms must be filled out for each child attending

- Parent's Notice- State Form 49444
- Emergency Medical Treatment Form
- Discipline/Guidance Policy
- Suspension and Expulsion Policy
- Safe Transportation of Food Policy
- Medication Administering Consent
- Signed General Field Trip Policy
- Copy of Child's Last Physical (less than 1 yr old)
- Immunization record- State Form 49445
- Copy of Birth Certificate or other legal proof of age
- Copy of any relevant Court Orders affecting enrolled child
- Permission form for preventative products (sunscreen, lip ointment, insect repellent)
- Permission or Refusal of Photo Release
- Permission or Refusal of Video Taping Release
- Allergy Notification Form (if child has allergies)
- Allergy and Anaphylaxis Emergency Plan (if child has allergies)
- Signed copy of Payment Policies and Contract

Signature

By signing this enrollment form/contract I acknowledge receipt of the Parent's handbook and I understand and agree to all policies outlined in the handbook.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



General Photo/Video Taping Release

I hereby grant Wee Care Early Learning Ministry permission to photograph or video my child while they are in the childcare setting. I understand and give my consent for the photographs, digital images, or video segments to be used in print or electronic media and understand and consent for the photographs to be used/displayed on websites owned or sponsored by Villa Baptist Church & Wee Care Early Learning Ministry.

I give Wee Care Early Learning Ministry permission to publish, exhibit, and distribute these materials. I give my permission for my child's photograph, digital image or video segment in to be used in connection with school activities, field trips and projects, for use in school displays, portfolios, publications and web site posts related to the preschool, without payment or any other consideration in perpetuity. These photographs are used for internal communication and projects, promoting the preschool and as shared content amongst current and prospective preschool families. I understand that Villa Baptist Church/Wee Care Early Learning Ministry owns the copyright to the multimedia material in which my child may appear.

I have read and understand the above.

Please make your selection below:

- I DO grant permission for my child to be photographed
- I DO NOT grant permission for child to be photographed
- I DO grant permission for my child to be in videos
- I DO NOT grant permission for child to be in videos

Parent/Guardian Signature

Printed Name

Child's Name _____

Date _____



Discipline/Guidance Policy

It is very important that a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we have to respond to your child's misbehavior. Hitting, kicking, spitting, biting, hostile verbal behavior and other behaviors, which will hurt another child or caregiver, are not permitted.

In response to these behaviors, we WILL NOT use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, WE WILL:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary.

We desire to give grace and reach out to all children, but not at the expense of the safety of others within our program. Therefore, if your child's behavior is very disruptive or harmful to himself/herself or any other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name

Additional techniques to be used with my child:

Parent/Guardian Signature: _____

Date: _____



Allergy Notification Form

Since my child has allergies I understand that I need to present the following to Wee Care Early Learning Ministry:

1. A detailed description of the allergens to which my child is allergic and symptoms of a reaction. (Allergy and Anaphylaxis Emergency Plan).
2. A letter signed by myself and by my child's doctor with instructions to follow in the event my child experiences an allergic reaction. (Waiver for the Distribution/Administration of Medication Form)
3. An epinephrine kit with 2 epipens, if prescribed, or other medication to be used if an allergic reaction occurs.

I understand that all medications must be in the original container, and must be clearly labeled with my child's name.

I understand that my child's medical needs will be posted in the classroom, so that all teachers and volunteers will be aware of those needs.

I understand and agree to the above and agree that Wee Care Early Learning Ministry and its employees will not be held liable in so far as they administer medical care in conformance with the information provided on my child's medication consent form and food allergy action plan. I understand that the school and its employees will use reasonable care in doing so.

Child's Name

Parent's Name

Parent's Signature

Date



Suspension and Expulsion Policy

Occasionally, there are situations that result in the expulsion of a child from our program either on a short term or permanent basis. These situations are always unfortunate. We want you to know we will do everything possible to work with you, the parents/guardian, in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality. Parent/guardian will be notified verbally.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation.
- Recommendation of evaluation by local school district child study team.

SCHEDULE OF EXPULSION

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical abuse to staff or other children.

If the remedial actions listed above have not worked for child's actions

- The child's parent/guardian will be advised verbally and in writing about the child's behavior warranting an expulsion.
- An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.
- The parent/guardian will be informed regarding the length of the expulsion policy.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child to return to the school.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payment.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child

If the actions listed above become an issue:

- The child's parent/guardian will be advised verbally and in writing about the issue and how to resolve the issue.
- A suspension/expulsion action is meant to be a period of time so that the parent/guardian may work on obtaining the necessary payment or setting up a payment plan.

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- A parent threatens physical or intimidating action toward staff members.
- A parent engages in verbal abuse toward staff.

I have read and understand the suspension/expulsion policy.

Parent/Guardian Signature:

Date: _____



Safe Transportation of Food Responsibility

Any food brought into the facility must be in a clean, insulated, sanitizable container, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food. Upon accepting the food, the facility shall maintain correct food temperature until served.

PARENT AGREEMENT

If I provide food and/or bring in food for _____, (child's name),

I, _____ (Parent's name) will take full

Responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

Parent's Signature:

Date: _____



Drop Off Policy & Illness Policy

As recommended by the Family and Social Services Administration, the following policy will be effective immediately:

Drop Off:

- If child has a temp or 99.4 or higher, they may not attend school.
- Children must be fever free for 24 hours (without medications) before they can return to preschool.
- Children will be asked to remain home until they are fever free for 24 hours **without fever reducing medications**, as well as free of other symptoms of diarrhea and vomiting for at least 24 hours from the last episode.

Everyone can do their part to keep everyone healthy. Parents should take everyday preventive measures to help protect their family from the spread of contagious illnesses.:

- Avoid close contact with people who are sick.
- Encourage respiratory etiquette (e.g., covering coughs and sneezes with a tissue or sleeve).
- Encourage frequent, proper handwashing with soap and water for at least 20 seconds or with hand sanitizer that contains at least 60% alcohol.
- If your child is sick, keep them at home. If their symptoms worsen, contact your healthcare provider.

As always, we appreciate your support and cooperation.

Please contact me if you have any questions or concerns regarding this new policy.

Parent's Signature: _____

Date: _____



Medication Administering Consent Form

_____ *Initial here IF NOT currently taking medication, then sign the bottom.*

List any special conditions below:

(i.e. disabilities, allergies, or medical emergency information)

Medication(s) to be given:

This form gives consent for Wee Care Learning Center to administer medication whether prescription or over the counter to _____

(Child's Name)

Date _____

Name of Medication _____

Over the Counter or Prescription (circle correct description)

Does medicine require refrigeration? YES or NO (circle correct answer)

Reason for the medication _____

Frequency of medication _____

Dosage of Medicine _____

Specific Times: _____ AM/PM _____ AM/PM _____ AM/PM

_____ As needed for _____

Please give this medication to my child until _____
DATE

Parent/Guardian Signature: _____

Date: _____



GENERAL PERMISSION FORM

Student Name(s):

Transportation Guidelines:

1. I understand that my child/children will be walking from the Wee Care Early Learning Ministry facility to the playground located at the back of Villa Baptist Church.
2. I give consent to have an employee of Wee Care Early Learning Ministry walk my child/children to and from the playground through the Villa Baptist church hallway and take them back to the Ministry location as needed.
3. I give consent to have an employee of Wee Care Early Learning Ministry walk my child/children anywhere on the Villa Baptist Church property for various education/recreational activities.

Parent's printed name: _____

Parent's signature: _____

Date signed: _____