



3111 E. Wilder Avenue • Tampa, Florida 33610

Phone (813) 237-2940 • Fax (813) 231-0804

REGISTRATION CHECKLIST

- Enrollment Application
- Parent Agreement Contract
- Nutrition Agreement Form
- Disciplinary Policy
- Authorization to Dispense Medication
- Emergency Medical Treatment
- Publicity/Promotion Release
- Permission Slip
- Pick Up Permission Form
- Physical Records (Original HRS Form H3040)
- Immunization Records (Original HRS Form 680B)
- Birth Certificate Copy
- Social Security Card Copy
- Federal Hot Lunch Application

Parents Please Sign Below

I hereby acknowledge that I have received a copy of Mount Calvary Preschool Student Handbook and fully understand that it is my responsibility to read and understand its contents.

Signature _____

Date _____

I hereby acknowledge that I have received a copy of the State of Florida's KNOW YOUR CHILD'S DAY CARE CENTER BROCHURE and understand that it is my responsibility to read the information.

Signature _____

Date _____

I understand and agree, by enrolling my child/ren, that it is my responsibility to pay the MONTHLY RATE FOR CHILD CARE services and agree to withdraw my child if I fail to pay.

Signature _____

Date _____



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CHILD'S ENROLLMENT APPLICATION

Child's Full Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Date of Birth _____ Social Security Number _____

Mother/Gaurdian _____

Place of Employment/School _____

Address _____ Department _____ Phone # _____

Father/Gaurdian _____

Place of Employment/School _____

Address _____ Department _____ Phone # _____

IN CASE OF EMERGENCY, CONTACT (Other than parents)

Name _____ Phone # _____ Relation _____

Name _____ Phone # _____ Relation _____

Child's Physician _____ Phone # _____

List any medical, allergic, dietary or disabling conditions of the child:

NOTE: If the condition(s) require it, a written plan must be developed by the operator, parent and physician or specialist, which specifies the condition and special provisions which will be made to meet the needs of the child. The plan must be kept on file.

List any special instructions which will be beneficial for the case staff to know about your child:

Signature of Parent/Guardian _____ Date _____



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PERMISSION SLIP

My child, _____ has permission to go on field trips with his/her class. Parents will be notified of all field trips scheduled for classes.

Parent/Guardian Signature

Date



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DISCIPLINARY POLICY

While encouraging the expression of feelings and moods, it is the purpose of the disciplinary policy of Mt. Calvary Preschool to help students maintain control of their actions and emotions. When a student displays unacceptable behavior and a reprimand becomes a necessary solution, the following steps will be taken.

1. The teacher will talk to the child.
2. The teacher will remove the child from the group.
3. If the problem persists after this "time out" procedure is followed, you will be telephoned and asked to pick up your child from the Preschool.
4. A parent-teacher conference will be requested to discuss the methods of discipline for your child.
5. If the problem persists after a parent-teacher conference, the parent may be requested to withdraw the child from the Preschool.
6. The Preschool does not use spanking, physical or corporal punishment in any form as an acceptable manner of discipline.
7. The Preschool reserves the right not to admit or to request withdrawal of student with special behavioral problems.

I, _____ have read and agree to the terms and conditions of the Disciplinary Policy and I pledge my cooperation and support in helping the Preschool to maintain a high standard of discipline.

Child's Name: _____



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AUTHORIZATION TO DISPENSE MEDICATION

The health and well-being of your child(ren) is very important to us as we know it is to you. In trying to assume that responsibility together, we take all the precautions we can to keep him/her (them) well.

Should your child(ren) have the following symptoms while at school, we will telephone you to pick up your child:

- Fever
- Vomiting
- Headache
- Stomach Ache
- Sore Throat
- Toothache
- Body Rash
- Sand sores
- Ring Worms

We **DO NOT** administer over-the-counter medications, therefore your prompt response to our call to pick up your child will be greatly appreciated.

ALL DOCTOR PRESCRIBED MEDICATIONS must be brought to the office. You will be required to fill out the mandatory State Authorization to Dispense Medication Form before any medication will be given to the child.

I understand that it is my responsibility to immediately pick up my child if he/she becomes ill at school. Listed below are numbers and people to locate in this situation.

Parent/Guardian Signature

Date

Phone Number: Home () _____ Work () _____

Child's Name: _____

EMERGENCY CONTACT PERSONS:

(1) Name: _____ Telephone #: () _____

(1) Name: _____ Telephone #: () _____

(1) Name: _____ Telephone #: () _____



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HOLIDAYS

TO: Parents
FROM: Mt. Calvary Preschool
RE: Holiday Schedule

Please note that Mt. Calvary Preschool observes the following holidays:

July 4, 2006	Independence Day
September 4, 2006	Labor Day
November 23, 2006	Thanksgiving Day
November 24, 2006	Thanksgiving Day
December 25, 2006	Christmas Day
January 1, 2007	New Year's Day
January 15, 2007	Martin Luther King's Day
February 19, 2007	President's Day
April 6, 2007	Good Friday
May 28, 2007	Memorial Day
December 22-26, 2006	Christmas Break

I have received a list of all holidays on which Mt. Calvary Preschool will be closed.

Parent/Guardian Signature

Date



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PARENT AGREEMENT CONTRACT

I, _____ agree that:

- a. Child care for _____ will begin _____
- b. This care includes breakfast, lunch, and afternoon snack (for full day stay).
- c. I will pay the weekly fee of \$ _____. Payment is due MONDAY each week and is late/delinquent Tuesday. Late fees of \$10.00 is due if weekly fee is paid after Monday. My child will be withdrawn from the Preschool if fees are two(2) weeks delinquent or my account balance exceeds \$100.
- d. Payment for services will be in advance. Failure to pay will result in the use of a collection agency.
- e. The amount owed for full time or weekly tuition will be the same each week regardless of how many days are missed by my child.
- f. My child will be cared for between the hours of:
Arrival time: _____ Departure time: _____ (Preschool closes at 5:30 p.m. Fridays.)
- g. If my child is not picked up on time, I agree to pay an addition \$1.00 per minute for being late. I agree to pay this amount by the next MONDAY in addition to my regular agreed weekly fee.
- h. If I withdraw my child from the center, I will give two (2) weeks notice in writing. Otherwise, I will forfeit any advance fees paid and will be liable for payment of two tuition weeks to the center.
- i. Payments can be made by cash, check or money order. There is a \$25 check return fee for bad checks. After the first NSF or bad check, I must pay by money order.
- j. Property damaged by my child will be replaced or paid for by parent/guardian.
- k. I understand this Preschool does not have the ability to care for a special needs child. Failure to inform the Preschool of a special need breaches this agreement.
- l. This is a private Christian Guide Preschool. Any abuse to staff by parent or guardian will lead to immediate withdrawal of child from center.
- m. I will provide new updated address and telephone numbers to the Preschool when such changes occur. Failure to give an update breaches this agreement also.

By signing below, I indicate that I have read and understand the terms of this agreement for the Preschool:

Signature of Parent/Guardian

Date

Signature of Director

Date



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PICK UP PERMISSION FORM

Child's Name _____

Parent(s)/Guardian Names _____

This form is effective from _____ to _____

The following individual(s) have my permission to pick up my child/children from the Preschool:

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's/Guardian's Signature _____ Date _____



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PUBLICITY/PROMOTION RELEASE FORM

I give Mt. Calvary Preschool permission to take pictures, snapshots, slides, videos and film of my child's interactions during activity sessions and special programs for the purpose of publicity, promotion of the program and/or training of staff.

Parent/Guardian Signature

Date

RELIGIOUS AGREEMENT FORM

I am aware that Mt. Calvary Preschool is a religious institution and the curriculum includes religious instructions during our DEVOTIONAL PERIOD which include Bible songs, Bible stories, finger plays, memory verses and prayers.

I understand that by signing this RELIGIOUS AGREEMENT FORM, that enrolling my child here at Mt. Calvary he/she will take part in these activities.

Parent/Guardian Signature

Date

Child's Name



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EMERGENCY MEDICAL TREATMENT FORM

If my child _____, should become ill or injured at Mt. Calvary Preschool, I understand that the facility will:

- (1) Contact me immediately and,
- (2) Contact the person(s) I have designated if I cannot be reached.

Should the Preschool be unable to reach me and/or the person(s) designated, they are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I understand that it will be my responsibility to pay for the necessary medical services rendered.

Signature of Parent/Guardian: _____

Relationship: _____ Date: _____

Medical Alert information (i.e., allergies, medical and or disabling conditions):

Preferred Physician: _____

Address: _____

Phone: _____

Preferred Hospital: _____



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NUTRITION AGREEMENT FORM

Name of Child: _____

Birthdate: _____

(Check where applicable)

- I. I hereby consent to allow Mt. Calvary Preschool to assume the responsibility of providing the nutritional needs for my child during the time period he/she is in the Preschool.

Breakfast Lunch A.M. Snack P.M. Snack

- II. I hereby inform Mt. Calvary Preschool that I understand and agree to provide the nutritional needs for my child during that time period that he/she is in the Preschool.

- A. I fully understand the type of food I should provide to meet my child's nutritional needs for the following time periods:

Breakfast Lunch A.M. Snack P.M. Snack

- B. I hereby give the Preschool the responsibility of serving the food that I have provided for my child.

- C. I understand that the Preschool will refrigerate all perishable foods.

Signature of Parent/Guardian

Date

Signature of Director

Date