

WELCOME TO

COLLEGE PARK UNITED METHODIST CHURCH CHILD DEVELOPMENT CENTRE

TO COMPLETE YOUR CHILD'S FILE, WE WILL NEED THE FOLLOWING:

- ENROLLMENT FORM** (IN PACKET; 2 SIDES)
- DEVELOPMENTAL HISTORY** (IN PACKET; 2 SIDES)
- CDC POLICES AND PROCEDURES** (IN PACKET)
- PERMISSION FOR EMERGENCY MEDICAL TREATMENT**
(IN PACKET; THIS FORM MUST BE NOTARIZED!!! Ms. Dana is a notary.)
- DIAPER RASH OINTMENT FORM** (IN PACKET)
- PERMISSION SIGN OFF SHEET** (IN PACKET)
- IMMUNIZATION FORM** (BLUE FORM; SEE YOUR CHILD'S PHYSICIAN)
- WELL CHECK-UP FORM** (YELLOW FORM; SEE YOUR CHILD'S PHYSICIAN)
- COPY OF CHILD S BIRTH CERTIFICATE**

****ALL PAPERWORK IS NO LATER THAN 2 WEEKS BEFORE START DATE.**

**The Immunization Form, Well-Check Up, and Copy of the Birth Certificate need to be turned in no later then 30 days after enrollment.

**Please be sure that each form is filled out completely and signed with date before turning it in to the CDC front office.

College Park United Methodist Church Child Development Centre

ENROLLMENT FORM

This form is required annually for enrollment. Enrollment is not considered complete without this form.

Child's Name:

(Last) (First) (Middle) (Nickname)

Birthdate _____ Sex: _____ Date: ___ / ___ / ___

Parent/Legal Guardian Information (Mark an "X" by address where child lives)

Mother/Guardian's Information

Name _____

Please check relation to child:

Mother Guardian

Does this person have legal custody?

Address

Home Phone # _____

Cell Phone # _____

Would you like this number to receive
emergency text messages? Yes* No

*What is the cellular network? _____

Employer _____

Work Phone # _____

Employment Address

E-mail _____

Father/Guardian's Information

Name _____

Please check relation to child:

Father Guardian

Does this person have legal custody?

Address

Home Phone # _____

Cell Phone # _____

Would you like this number to receive
emergency text messages? Yes* No

*What is the cellular network? _____

Employer _____

Work Phone # _____

Employment Address

E-mail _____

Child's Physician _____

Address _____

Phone # _____

May the CDC call another physician if unable to contact the above? YES NO

Persons permitted to remove child and to be contacted in case of illness, accident, or emergency: (NOTE: by putting a person's name below you are allowing that person to visit and pick up your child at any time)

Legal Mother/Guardian Yes No

Legal Father/Guardian Yes No

	Name	Relationship	Phone Numbers
1			
2			
3			
4			

Primary hours of care: From: _____ until: _____

Allergies or Medical Conditions:

Child's parents are: married to each other separated divorced never married

Please explain any custody issues and attach any necessary paperwork.

By submitting this form, I agree to abide by the school policies and procedures outlined in the 2018-2019 Parent Handbook.

Signature _____

Date _____

Developmental History

Today's Date _____

Child's Name _____ Date of Birth _____

Mother/Guardian's Name _____

Father/Guardian's Name _____

All Children

Is child a good eater? _____

Favorite Foods? _____

Refused Foods? _____

Allergies (list)? _____

Does child take naps? _____

How many? _____ Times? _____

Does child sleep with a toy? _____

What childhood viruses has your child had?

Does child have physical disabilities?

Has child been hospitalized for any serious problems? _____

Is child: Outgoing Shy

Does child enjoy being around other adults/children? _____

Favorite toy? _____

Form of discipline used at home. _____

Special Instructions:

Infants

Type of formula/Breast milk? _____

Amount of milk baby drinks per feeding? _____

Does baby eat:

- Cereal Baby food Finger food
 Juice Snacks

Feeding times? _____

Baby's eating habits: _____

Does baby sleep on:

- Back Side Stomach

Does baby have a pacifier or suck finger, hand or thumb? _____

Does baby:

- Roll over Sit up Hold bottle

- Crawl Pull up Walk 2019-2020

Child is afraid of: _____

Ones & Twos

Has child had experience playing with other children? _____

Does child prefer children or adults? _____

Can child communicate his/her needs effectively? _____

Approx. how many words can your child speak? _____

Can child speak in sentences? _____

Can child follow simple directions? _____

Can child feed him/herself? _____

Does child use the toilet? _____

What words does your child use for urination and bowel movements? _____

What makes your child angry or frustrated? _____

Does child know colors and shapes? _____

Activities your child enjoys:

- | | |
|---|--|
| <input type="checkbox"/> Books | <input type="checkbox"/> Blocks/Building |
| <input type="checkbox"/> Music | <input type="checkbox"/> Dramatic Play |
| <input type="checkbox"/> Physical Play | <input type="checkbox"/> Puzzles |
| <input type="checkbox"/> Science/Discover | <input type="checkbox"/> Art |
| <input type="checkbox"/> Sorting/Counting | |

Threes, Fours, & Fives

Is child potty trained? _____

Does child have potty accidents during the day? At night? _____

Has child had experience playing with other children? _____

Does child prefer children or adults? _____

Can child communicate his/her needs effectively? _____

Does child speak in complete sentences? _____

How long is your child's attention span? _____

Can child follow directions? _____

Can child feed him/herself? _____

What makes your child angry or frustrated? _____

Can child count? _____ How high? _____

Does child know:

- Colors Shapes Alphabet

Can child:

- Cut Glue Write Letters

Activities your child enjoys:

- | | |
|---|--|
| <input type="checkbox"/> Books | <input type="checkbox"/> Blocks/Building |
| <input type="checkbox"/> Music | <input type="checkbox"/> Dramatic Play |
| <input type="checkbox"/> Physical Play | <input type="checkbox"/> Puzzles |
| <input type="checkbox"/> Science/Discover | <input type="checkbox"/> Art |
| <input type="checkbox"/> Sorting/Counting | |

Can child:

- Run Jump Hop Skip

Child's name _____

PARENTAL PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I understand that it is my responsibility to see that my child (name) _____, has regular medical examinations as required for attendance at the centre and that my child's immunizations are kept up to date as required by The Department of Children and Families according to his/her age.

Should my child, listed above, become ill or suffer an accident of any kind while in the care of the centre, the centre shall contact the parent or guardian immediately. I (we) _____ authorize, for emergency purposes only, a school- designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Florida.
Preferred Hospital/Clinic for Acute Care and Emergency Care:

I understand that I am responsible for any fees not covered by the center's insurance

Signature _____
(Parent or Guardian) (Date)

On this date the above-named person appeared before me and verified that he/she understands and agrees to the above stated PARENTAL PERMISSION FOR EMERGENCY MEDICAL TREATMENT.

_____ My commission expires: _____
(Notary Public)

Medical Information

My child is covered with the following medical insurance:

Insurance Company _____ Group number _____

Medicaid number _____

List all of your child's allergies:

List child's regular medications prescribed by your doctor:

Medication: _____

Reason: _____

Is child on a special diet? Yes No If yes please describe diet:

Signature _____

Date _____

Child's name _____

PERMISSION SIGN OFF SHEET

All Media Photo Opportunities

Children love to see photos of themselves and their friends. We sometimes use photos to record our projects, as part of games, and as labels around the class. We also send many photographs home with the parents, when we are done with them. Please indicate if you gave permission for your child photos to be taken for classroom use.

- Yes, I gave permission for my child to be photographed
- No, I don't give permission for my child to be photograph.

College Park UMC- CDC is on the Internet!! We love to show off the great things happening in our school. We are asking your permission to include your child's photos on the web/Facebook site.

- Yes, you may use my child's photos on the CDC Website/ Facebook
- No, you may not use my child's photos on the CDC Website/ Facebook

Parent Signature

Date

CDC POLICIES AND PROCEDURES

I have read through the 2018-2019 Parent Handbook. I understand and agree to abide by all school policies and procedures as stated in the Parent Handbook.

DISCIPLINE / EXPULSION POLICY

Section 10M-12.013 of DCF Standards requires that parents are notified in writing of the discipline practices used by the childcare facility. The parents' or legal guardian's signature verifies the parents or guardians have been notified in writing of the discipline practices of the childcare facility
(Refer to the 2018-2019 Parent Handbook).

ENROLLMENT FORM SUPPLEMENT

Section 10M-12.008(2) F.A.C. of DCF Standards requires that parents or legal guardians must receive a copy of the Child Care Facility Brochure, *Know your Child Care Center*. The parent's or legal guardian's signature verifies receipt of the childcare brochure.

I have received the Parent Handbook for 2019-2020. I have read and understand the policy and will follow them.

I hereby grant permission for the staff of this facility to have access to my child's records.

Food Policy

I read and understand the CDC food policy

Parent's signature

Date

2019-2020

Diaper Rash Cream/ Sunscreen /Bug spray Permission Form

College Park United Methodist Church Child Development Centre follows strict guideline for administering medications to your child. All medication must be accompanied by a yellow Medicine Authorization Form with the exception of over the counter diaper rash cream/ sunscreen. Because of the frequent use of these medications, the CDC has an alternate authorization form for your convenience. These ointments must be kept in the original container and will only be administered as stated on the label for your child's age/ weight. If your child does not reach the minimum age/ weight for the medication, a doctor's note, stating proper dosage for your child must accompany this form. If you wish to excise this option, please fill out the form below.

Child's name _____

I hereby authorize College Park United Methodist Church Child Development Centre and its employees to apply the following after diaper changing, through direct instruction from me or when deemed necessary by College Park United Methodist Church Child Development Centre employees. This authorization is valid until such time as I provide in writing that I desire to discontinue authorization.

College Park United Methodist Church Development Centre's employees may apply the following cream(s) sunscreen(s) to my child.

1. _____

2. _____

Special Instructions:

Parent's signature _____

Authorization For Transportation And Field Trips

The school may plan carefully- arranged supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children talking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

Parent/Guardian

Signature: _____