

# WELCOME TO

## COLLEGE PARK UNITED METHODIST CHURCH CHILD DEVELOPMENT CENTRE

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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 than 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:

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

Please explain any custody issues and attach any necessary paperwork.

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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 2020-2021

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)

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# 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

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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 2020-2021 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 2020-2021. 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

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Parent's signature

Date

2020-2021

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## **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 except for 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.

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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:

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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: \_\_\_\_\_

## **Sick Policy**

Due to current health issue we have updated our sick policy in the Parent Handbook.

Please **read** and sign below.

Parent/ Guardian Signature \_\_\_\_\_