



License Number: C2OLE0034

### Required Documentation to Complete Enrollment

1. **Physical Exam Record** from your child's pediatrician.
2. **Immunization Record** from Department of Health.
3. Copy of Child's **Birth Certificate & Social Security Number**
4. Parent/ Legal Guardian's proof of identification: **State ID, Driver's License, or Passport**. Expired identification will not be accepted.
5. **Food Stamp case number** (if eligible)

\*The person listed for authorized pick up for each child **MUST** be at least 18 years of age **AND** have a valid form of identification present in order to remove your child from our child care center.

Dear Parents,

On behalf of the staff of Redeemer Early Learning Center, we would like to welcome you and your child to our program. We value your input as your child's first teacher and are looking forward to building a successful relationship. Parents are our best source of information about their children and we are committed to keeping the lines of communication open to enable us to share valuable facts.

We are excited about the wide variety of learning experiences that your child will participate at our Center. We encourage and welcome your participation visits. If you have a special talent or hobby that you would like to share with your child's class, please speak to your child's teacher to arrange a time to visit and share.

Thank you for allowing us to be a part of your child's early education and experiences.

Sincerely,

The Staff at Redeemer Early Learning Center

Enrollment Date: \_\_\_\_\_

## Redeemer Early Learning Center Enrollment Application

DCF Licenses #C20LE0034

Your child's blue and gold medical forms MUST accompany this application for enrollment to be complete.

Thank you for your cooperation.

**To Parents and Guardians: Please print and answer ALL questions. Use N/A in the space that does not apply to you to ensure that our records are accurate. The purpose of the questions on this application is to assist us in providing best possible care for your child.**

Child's Legal Name \_\_\_\_\_  
LAST
FIRST
MIDDLE

Preferred Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Race: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ American Indian \_\_\_\_\_ Multicultural

CHILD LIVES WITH: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other

Brothers: Names and Ages \_\_\_\_\_

Sister: Names and Ages \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

House Phone: \_\_\_\_\_

House Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

e-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Security Information

**\*If this information changes, please complete a Data Change Form located in the Pre-school Office. We are unable to accept authorization by telephone or fax, unless it is an emergency. All changes must be done in writing in advance.**

All persons listed below will have their finger prints scanned into our parent pick up computer system. If you wish to make any changes to the persons authorized to pick up you may do so at any time by completing a form in the office.

Name of Child (ren) \_\_\_\_\_

Name of authorized person(s) to pick up, telephone number and relationship to the child.

**For your child's protection, he/she will not be released to anyone on this page.**

**NAME OF ANYONE WHO MAY NOT PICK UP YOUR CHILD:**

(We **MUST** have on file a court order or custody papers if a parent, family member or any other person is restricted from picking your child up or allowed on school property)

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**PARENT RESPONSIBILTYY**

I will be responsible to notify Redeemer Early Learning Center of any unusual or stressful events in my child's life which could precipitate unacceptable behavior or emotional distress so that extra care, understanding, and attention may be given to help my child through a difficult time.

I understand the Redeemer Early Learning Center promotes virtues, such as love, respect, forgiveness, sharing, kindness, honesty, and gentleness will be taught through stories, games music, curriculum and by example.

**SIGNITURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MEDICAL HISTORY**

To Parents or Guardians: Please print and answer **ALL** questions. Use N/A in the space that does not apply to you to ensure that our records are accurate. The purpose of the questions on this application is to assist us in providing the best possible care for your child. Thank you for your cooperation.

\*Allergies (including food and medication) \_\_\_\_\_  
Behavioral/Psychological/Neurological Disorders \_\_\_\_\_  
List any medication\*\* taken on a regular basis \_\_\_\_\_  
List any serious illness or operations \_\_\_\_\_  
Additional medical information \_\_\_\_\_

\*Requires additional medical form to be completed. Please see office for additional form.

Child's Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

**PARENT PERMISSON for Use of Images**

I give my permission for my child's photograph or video image to be taken while he/she is in the care of preschool personnel. Such images may be posted in the classroom or other appropriate places within the center, used in center presentations, promotional materials, social media or distributed to staff or clients. I understand that I may terminate the permission any time in the future. I understand this may include photographing or videotaping by a supporting parent of a program during a holiday special or special activity.

\_\_\_\_\_

SIGNITUTRE OF PARENT OR GUARDIAN

\_\_\_\_\_

DATE

**Referral**

How did you hear about Redeemer Early Learning Center? \_\_\_\_\_

**REDEEMER EARLY LEARNING CENTER HEALTH POLICIES**

(All Health Policies are reviewed in detail in the Parent Handbook)

**Immunization and Physicals of Children**

Records are required at the time of enrollment. Expiration of either document may occur while enrolled at REDEEMER EARLY LEARNING CENTER. It is the parent's responsibility to obtain updated immunization or physical records when notified by the school office or Lee County Health Department.

**Child's Health**

Children are not allowed to attend school if the child's symptoms or illness prevent the child from participating in routine activities, or if symptoms or illness poses as an increased risk of illness to the child, to other children, or to adults. When called by the school, parents are responsible for picking their child up within an hour or as soon as possible.

**First Aid**

First Aid treatment is limited to soap, water, bandages and ice. Parent may be called to pick up child if needed.

**Serious Injury**

911 will be contacted immediately and then the parent in case of major or life threatening injury. The child may be transported to the closest medical facility based on the decision of the EMS Unit.

**Head Lice Policy**

REDEEMER EARLY LEARNING CENTER is a "No Nit" school. This means if your child has nits (eggs) or live lice, he/she may only return to school after being treated for lice at home, and parents have removed all lice and nits from their hair. For re-entry to REDEEMER EARLY LEARNING CENTER, your child must be first checked by school staff member for nits and/or lice. If no live lice or nits are found, your child may return to class. It is the parent's responsibility to continue to check their child on a daily basis for nits and lice and to retreat 7-10 days after the first treatment. The school will do a re-check 10 days after the child's re-entry to school.

**Medication Procedures**

Redeemer Early Learning Center follows safe medication procedure established by Child Care of Southwest Florida (CCSWFL). *No medication (prescription ONLY) or sunscreen is dispensed by REDEEMER EARLY LEARNING CENTER without a properly completed medication form.* The medication forms may be picked up at the School Office.

\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_

DATE

**DCF Requirements**

Section 65c-22.066(2), FAC., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) at the time of enrollment.

- Section 402.3125 (5), F.S. requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF?P1 175-24)
- Section 65C-22.006 (3)C2., FR.A.C., requires that parents are notified in writing the disciplinary practices used by the child care facility .
- Influenza Virus Brochure CF/PI 175-70

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

\_\_\_\_\_

Parent/ Guardian Signature

\_\_\_\_\_

Date

**Statement of Parent Financial Responsibility**

My signature below indicates that I (we) am/are the person responsible for financial matters relating to: \_\_\_\_\_(child's name) tuition account. All correspondence relating to tuition and financial matter should be mailed or spoken directly with me/us. I have read the guidelines relating to tuition with the Parent Handbook and agree to adhere to them.

\_\_\_\_\_

Responsible Paying Person

\_\_\_\_\_

Relationship to Child

\_\_\_\_\_

Date

**Food Related Activities**

I give permission for my child \_\_\_\_\_ (Child's name) to participate in all food related activities.

Please check one of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restrictions.

\_\_\_\_\_ My child DOES have a food allergy or dietary restrictions. He or she may participate in the activities, but may not eat or handle the following items on the list below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

**Emergency Authorization**

I, \_\_\_\_\_, accept responsibility for notifying Redeemer Early Learning Center and/or The Early Learning Coalition of SWFL of any changes of home or business address or phone number that may occur. I give my permission, in the event of serious illness or accident to have my child moved by ambulance or other conveyance doctor's office or hospital for immediate treatment if I cannot be immediately contacted.

Child's Full Name: \_\_\_\_\_

Name of Insurance Policy Holder: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Child Care Agreement with Redeemer Early Learning Center**

The assessed childcare fees are to be paid to Redeemer Early Learning Center according to our policy. Failure to pay the assessed fees on time may result in termination of child care services.

**YOU MUST NOTIFY US OF ANY CHANGES IN YOUR EMPLOYMENT, ADDRESS, AND PHONE NUMBER.** Failure to report this information promptly may result in termination of child services.

Please call Redeemer Early Learning Center before 9 a.m. if your child will be late or absent. (239)274-0145. If your child is out due to illness you must have a doctor's excuse.

**You must pay all late fee charges to Redeemer Early Learning Center as charged according to the policy.**

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

## Handbook Acknowledgement

I have received and read a copy of the Parent Handbook which includes all policies.  
I acknowledge the Redeemer Early Learning Center abides by the Child Care Statutes mandated by the State of Florida.  
Sections 402.26-402.319

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Child Care Brochure Statement**

(Chapter 402.3125.F.S.)

On, \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

I,

\_\_\_\_\_  
(Name of Parent or Legal Guardian)

received a copy of the Child Care Brochure.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Name of Child)

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### Field Trip Permission Form

I, the undersigned, certify that I am the legal guardian of \_\_\_\_\_, my child and give permission for my child(ren) to participate in properly supervised field trips sponsored by Redeemer Early Learning Center. I am also aware that I will be notified of all field trips at least one week in advance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Discipline Policy

Discipline is the way we teach children to behave appropriately. We strive to teach our children self-discipline and self-control. The staff is responsible for consistently maintaining safety welfare of the children in the group. Lessons in discipline include: clearly telling children what is expected of them, reinforcing food behaviors, reinforcing class rules, teaching consequences of unacceptable behavior, being removed from an undesirable situation, and conflict resolution. Teachers are always to be a good role model for their students. Physical punishment, shaming, fear, withholding food, rest or toileting are **NEVER** used.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Permission for Use of Topical Skin Products

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give my permission to the staff of Redeemer Early Learning Center to **use** the following product on my child if needed.

**I have checked off and give my consent to any product that may be applied to my child.**

\_\_\_\_\_ Vaseline    \_\_\_\_\_ Skin So Soft    \_\_\_\_\_ Corn Starch    \_\_\_\_\_ Destin    \_\_\_\_\_ A & D Ointment

\_\_\_\_\_ Sunscreen    \_\_\_\_\_ Insect Repellant    \_\_\_\_\_ OTHER

Detail OTHER: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Release Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship to child: Please circle one

Parent      Relative      Legal Guardian      Foster Parent

I give my consent to Redeemer Early Learning Center to request information relating to my eligibility and/or the eligibility of my children; and to make inquiry as needed of employers, landlords, individuals, agencies or businesses, to verify all statements or information provided during, and subsequent to, the application process.

In addition, I authorize the exchange of information between Redeemer Early Learning Center, The ELC and DCF or other government entities or their contracted providers as it relates to my eligibility and need for services. I understand that it is my responsibility to provide truthful and accurate information; and to immediately report changes of income, employment and/or family size.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Developmental Screening and Assessment for Children

All children, ages 0-5 will receive various methods of developmental screenings to track developmental progress. Screenings and assessments help teachers and parents determine the ability and skill level of the children and other types of services which might be beneficial. I agree and understand that I will receive the results of the screening/assessments and will be informed of any recommendations.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Publicity Consent and Release for Children

I, the unsigned, certify that I am the legal guardian of \_\_\_\_\_.

I hereby consent to and waive all rights with respect to Redeemer Early Learning Center's use and publication of:

- Any and all statements made by child at Redeemer Early Learning Center or while participating in any activity associated with this organization.
- A general description of my child, including my child's name
- In any film, video and photographs of my child at Redeemer Early Learning Center or while participating in any activity associated with this organization
- Any and all artwork or written work produced by my child at Redeemer Early Learning Center or while participating in any activity associated with this organization.

I understand all of the above may be distributed, published, broadcast, telecast and otherwise publicly displayed worldwide in any form of media.

This consent and waiver is perpetual in time, unless and until revokes in writing by the undersigned, and encompasses, without limitation, any copyright or privacy that I or my child might have in my child's artwork written work, my child's statement, the general description of my Child (including use of my child's name), and any photograph, video or film of my child.

Parent or Legal Guardian Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

### Parent/ Guardian General Classroom Rules Agreement

**This letter serves as an agreement between you as a parent/ legal guardian and the teachers of your child's class, so that you are aware of what the general classroom rules are.**

- We have an open door policy with all parents/guardians at Redeemer Early Learning Center; you are welcome to enter the classroom and spend time with your child here at any time.
- Keep open communication with the teachers about the changes in the household that may affect your child's behavior during their time here. Let an administrator know about contact information changes as they occur.
- Any changes made to the authorized pick-up list must be initialed by the guardian by the parent/guardian.
- Anyone picking up your child must be on the authorized pick-up list and must have a valid photo i.d.
- Every child must be signed in and out daily using the individual fingerprint given at enrollment - NO EXCEPTIONS.
- Every Monday morning each child must bring in two blankets - your child will not be accepted into care unless you bring these items upon arrival.
- Make sure your child has several sets of extra clothes in case of an accident.
- Check your child's cubby daily for important notes/ items to take home.
- Every child must be signed in by 9am. If you are tardy, make sure to call the office at 239-274-0145 before 9am to let us know you will be late. If you do not call before 9am to let the office know - your child will not be accepted. If the office does not answer leave a message.
- Breakfast time ends at 9:30 am, if you drop your child off after 9:30am; it is your responsibility to feed them breakfast.
- If your child is late due to doctor's appointment, they must be dropped off by 11am. You must give advance notice to teachers or office, and bring in a doctor's excuse slip for your child to be accepted into care.
- When your child is sick due to illness, you have one hour from the time the office notifies you to pick up child from care.
- If your child has a fever and is sent home, your child cannot attend care that following day.
- Please refer to the Redeemer Early Learning Center Parent Handbook for a full listing of parent/guardian responsibilities.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administration Signature

\_\_\_\_\_  
Date