



FIRST
CHRISTIAN
ACADEMY

VPK PRESCHOOL PAPERWORK CHECKLIST

Student's Name: _____

Please return all of the completed forms below:

___ Child Enrollment Form

___ FCA Preschool Application

___ VPK Eligibility Certificate

___ FL. Certificate of Immunization (#680) **Due by August*

___ Student Health Exam Form (#3040) **Due by August*

___ Copy of Birth Certificate

___ Volunteer Affidavit *(this is per Licensing for classroom volunteering)*

___ Guidelines for Discipline

___ Nutrition Agreement

___ Acknowledgement Sign Off Sheet



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last

Sex _____ Birth Date _____

Child's preferred name/nickname _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Primary hours child will be in the children's center _____

Days of week child will be in the children's center _____

Who has legal custody _____ Relationship _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Home Phone _____ Cell Phone _____

Parent's name _____

Home Phone _____ Cell Phone _____

Home Address _____ Zip _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Home Address _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

CHILD'S ENROLLMENT RECORD

(Back Page)

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____
If left blank, TRINITY MEDICAL CENTER

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:
I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the children's center discipline policy.

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack Dinner

I verify that the information on this enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian Date



VPK APPLICATION

MUST BE 4 YEARS OLD BY 9/1/17

BIRTHDATE: _____

(*Please check all that apply.)

_____ M-F (8:45 am – 12:30 pm)

_____ MWF (8:45 am – 3:00 pm)

(Additional Care is offered for a fee; please see program fees.)

_____ Wrap Care: _____ M-F (12:30 pm – 3:00 pm)

Office Use: Date Application received: _____ Registration Fee: (wrap care only) cash or check

Student's Name: _____

Parent's Name: _____

Email address: _____

Phone Number: _____

Family Information

Family situation:

- Married Single parent Separated Divorced
- Adopted child: If yes, at what age** _____

Other children in household:

Name	Age	Sex	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Church home: _____

Referral

We first learned of FCA through:

- Current FCA family: _____ Alumni Pastor/Church Web Site
- Telephone Book Advertisement _____ Other _____

10 Things Your Child Should Know Before Entering

VPK

VOLUNTARY PREKINDERGARTEN

The thought of your child starting a VPK program may make you feel a variety of emotions.

You may feel proud that your child is ready while at the same time, you may feel sad that he/she is old enough for the VPK Program. Below is a simple list to serve as a guide for 10 things your child should know before entering a VPK program. You can use this guide to work with your child prior to him/her entering the VPK program. As a reminder, this is just a guide for some of the milestones your child should have reached. It is not intended, however, to measure whether he/she is eligible for VPK.

1. Can hold a pencil
2. Can sort objects by shape and color
3. Can count up to five objects
4. Can draw simple shapes
5. Can draw a person with two to four body parts
6. Can use scissors
7. Can match an object in their hand or class room to a picture in a book
8. Can complete a puzzle with 4-12 pieces
9. Can participate in cooperative play with others
10. Can dress and undress without assistance



How To Enroll Your Child in Florida's FREE VPK Program

To enroll your child (who is four years of age on or before September 1st of the program year) in Florida's FREE VPK program, you'll need to bring these documents to one of the four Coalition offices:

1. **Child's proof of age** (birth certificate or shot record)
2. **Parent's proof of current address** (driver's license or utility bill)

At the Coalition office, you will complete a one page application. The Coalition will give you the child's eligibility certificate which you may take to the child care center or family child care home of your choice.

For more information, call (727) 233-8291
or visit www.phelc.org



Early Learning Coalition of
PASC HERNANDO
A good start...a great future!





PRESCHOOL VOLUNTEER AFFIDAVIT

I attest my name is _____ and I serve at the children's
(print volunteer/foster grandparent name)
center known as **First Christian Academy**.

I serve as a (check one):

- VOLUNTEER** – *As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced childcare, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 40 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the mandated training requirements.*

- FOSTER GRANDPARENT** – *As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. I will complete training as outlined in the rule 65C-22.003(1)(m) or rule 65C20.009(1)(a), Florida Administrative Code.*

I attest that I have read the foregoing, and the facts alleged are true and correct.

Volunteer/Foster Grandparent Signature

Date

TO BE COMPLETED BY THE DIRECTOR/OPERATOR/OWNER

I attest my name is Tifanee Wright, and I am the Director of the children's center identified above. The above individual serves, under the above definition, as a volunteer/foster grandparent in this children's center. I attest that I have read the foregoing, and the facts alleged are true and correct.

Director/Operator/Owner Signature

Date



GUIDELINES OF DISCIPLINE

The term “discipline” is intended to mean “guidance that improves, strengthens, molds, and helps a young child control his own actions.” Positive guidance techniques used by our staff will teach the children self-control and self-direction. Each teacher has developed her own behavioral management program to meet the developmental needs of his/her particular classroom and the individual children. However, there are guidance techniques listed below which the staff uses to enhance positive behavior:

- Modeling appropriate behavior for the children will show an example of how they should behave.
- Teaching children what to do rather than what not to do will introduce appropriate behavior in a positive manner.
- Reinforcing the positive rather than constantly verbalizing the negative in a child’s behavior will encourage the child to want to continue the positive behavior.
- Teaching communication skills so that problems can be channeled in an appropriate manner will decrease misunderstandings.
- Being perceptive of arising problems will allow for mediation before inappropriate acts begin.
- Redirecting younger children when possible will decrease the use of the word “no” and will decrease frustration in children.
- Discussing inappropriate behavior and the consequences of that act on an individual basis will help the child to understand why the behavior is inappropriate.

“Time-out” is an approach to classroom management that is used when a child needs to be removed from the group or an activity because of inappropriate behavior. The child is never in time-out for more than a few minutes. This time is used for the child to calm down. After the child has become calm, the teacher will talk with the child about his feelings. Time out is used sparingly as effectiveness is lost when used too often.

A parent-teacher conference may be called if the behavior of a child cannot be controlled with any of the above methods. Symptoms and “feelings” of the behavior will be discussed so that the teacher and parent together may be able to find a better approach for the welfare of the child, family, and classroom. In some cases, professional help may be recommended for the child’s well being. If the behavior still persists and there are no other options, the child will have to be removed from the center.

Just as there are many developmental levels and styles in mastering language, motor, and sensory skills, the same applies to learning appropriate behavior. Being perceptive and knowing each particular child’s level and personality is vital in teaching self-control and self-direction. Learning these skills is a constant process as the child interacts with other children and adults and meets new challenges every day.

Please note: FCA prohibits children from being subjected to discipline which is severe, humiliating, frightening or associated with food, rest or toileting. The director, teachers, or other personnel do not permit corporal punishment.

I have read and understand the above guidelines. I am in agreement with the conditions stated above.

Initial



NUTRITION AGREEMENT

Young children are growing and the food they eat is the material their bodies use to grow. The food a child eats affects his/her growth, energy, attitudes, intelligence, and general health.

Name of child: _____

Please indicate food allergies or special nutrition related problems:

Each child must bring ONE nutritious snack and a nutritious lunch each day. Their lunch needs to be in a sack or pail marked with his/her name on the outside. Insulated lunch pails or added cold packs are recommended since **refrigeration is not available**. No candy, chocolate, gum, or carbonated drinks will be served to your child during school hours. We also ask that parents do not include these items in their child's packed lunch.

Please pack your child a well-balanced lunch, i.e., a protein rich food, fruit or vegetable and a snack as well as **TWO** drinks (*one for their snack time and one for their lunch time*). **We do not have access to microwaves in our classrooms; therefore, we would ask that you do not send food with your child that needs to be heated.**

Initial



2017-2018 PARENT ACKNOWLEDGMENT SIGN OFF SHEET

VPK

I (we) have read completely and will adhere to the policies and procedures represented by the following documents required for total enrollment in the First Christian Academy Educational Program.

Please initial on the provided line next to each agreement item you have read, and sign this page below.

Initial

- ***General Parental Agreement: Financial Agreement, Emergency Treatment Permission, Accident/Illness Policy, and Late Pick-Up Policy*** _____

- ***Permission for Photo Release*** _____

- ***VPK Policies and Procedures*** _____

STUDENT'S NAME: _____

Parent/Guardian Signature

Date



2017-2018 GENERAL PARENTAL AGREEMENT

PARENTAL COMMITMENT

I (We) agree to adhere to the policies and procedures as stated in the handbook (*handbook can be found at <http://firstchristianacademy.com/admissions/school-handbook/>*). Including the Parent Involvement policy as stated in the handbook. I (We) agree to handle any concerns and/or stated under the “appointments and appeal procedures” section. I (We) understand that my child will be taught Bible truths consistent with the school’s Statement of Faith as stated in the Parent Student Handbook. Your signature gives consent for FCALC to transport your child(ren) to our off-site location, in case of an emergency evacuation: **Elfers Christian School located at 5630 Olympia St., New Port Richey, FL 34652, (727) 845-0235.**

FINANCIAL AGREEMENT

All monthly accounts are due on the first of each month. After the 5th day of the month a **\$30.00 fee** will be assessed. After 30 days a **\$50.00 fee** will be assessed; a note will be sent home from office to encourage making arrangements for payment. After 60 days, if no arrangements for payment have been made with the office, the child will be dismissed.

Payments may be mailed or dropped in the payment box in the office. After two returned checks, future tuition must be paid by cash only. There will be a **\$30.00 charge** for checks returned to us.

PLEASE NOTE:

- We do **NOT** send monthly statements.
- **Registration/material fees are non-refundable.**

PERMISSION FOR PHOTO RELEASE

First Christian Academy occasionally uses photographs, of students enrolled, in: marketing materials, FCA’s website and Facebook, and on our private classroom websites. By signing the Parent Acknowledgement Sign Off sheet, you are giving permission for your child’s picture to be included in such publications.

EMERGENCY TREATMENT PERMISSION

I give permission for my child to be given emergency treatment, to include first aid and CPR by a qualified staff member of First Christian Academy. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child’s hospital when deemed immediately necessary or advisable by the physician, to safeguard my child’s health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or car to an emergency center for treatment.

YOUR SIGNATURE ON THE “PARENT ACKNOWLEDGEMENT SIGN OFF PAGE” INDICATES YOU HAVE READ AND AGREE TO THE ABOVE.

2017-2018 GENERAL PARENTAL AGREEMENT

ACCIDENT/ILLNESS POLICY

Please do not allow children who are sick to come to school. *If your child becomes ill or is injured at school, we will contact one of the parents or any others listed as emergency numbers given to us.* If a student becomes ill while at school with a fever of 100 or above, vomits for any reason, has more than two diarrheas in a school day, or carries a contagious disease, a parent will be called to pick up the child. Please cooperate by picking up your child promptly (*within 30 minutes*). A child who has left for any of the reasons stated above must be symptom free for 24-hours before returning to school (fever free, vomit free, diarrhea free, etc). A band aid may be applied for minor cuts, however, we are not allowed to apply medication. Accident/incident reports will be completed and the parent will be given a copy. If any child is considered by our staff, to be a habitual biter, or to exhibit other aggressive behaviors (i.e. hitting, punching, etc.) that are harmful to other children or staff, she/he may be asked to leave our school. A habitual biter would be considered anyone who bites any other child under any circumstances and breaks the skin, more than three times. The parents of the biting child will be called to come and pick up their child immediately to be removed from the school for the day.

LATE PICK-UP POLICY

FCA offers full and part time care. The pickup time for each child may vary. All children are expected to be picked up by a parent or authorized guardian by the time indicated on their Child Enrollment Form. (Please consider weather and traffic conditions when making your pick-up arrangements.) If a parent/guardian arrives 15 minutes or more after pick-up has ended there is an automatic \$15 late fee assessed.

- 12:30 pm dismissal pick-up time is from 12:30 pm to 12:45 pm (\$15 late fee will be assessed at 1:00 pm)
- 3:00 pm dismissal pick-up time is from 3:00 pm to 3:15 pm (\$15 late fee will be assessed at 3:30 pm) **Reminder that if you arrive after 3:15 pm, Elementary car line will have started and you will need to park your vehicle and walk up to get your child.**

If you know you are running late, please contact your child's classroom and let them know the anticipated time of pick-up. It is helpful for teachers to know in advance so they can help your child adjust to the late departure. It also helps the teacher plan for staff coverage during the minutes the child is remaining in the classroom. Late fee payments are expected within 2 business days of the late pick up.

If you are having consistent difficulties in picking up your child on time, please talk to your child's teacher or FCA's Director to help you find resources or assist to find solutions for prompt departure. Consistent late pick-ups without significant communication may lead to further Administrative action.

YOUR SIGNATURE ON THE "PARENT ACKNOWLEDGEMENT SIGN OFF PAGE" INDICATES YOU HAVE READ AND AGREE TO THE ABOVE.



2017-2018 VPK POLICIES AND PROCEDURES

First Christian Academy and Learning Center offers Voluntary Prekindergarten Program (VPK). We offer two programs; a full time VPK class that runs five days a week from 8:45 am to 12:30 pm and a part time VPK class that runs three days a week from 8:45 am to 3:00 pm.

In order for your child to receive the high quality benefits of this program, it is essential that your child be here on time every day. Drop off begins at 8:30 am every morning and children need to be here no later than 8:45 am.

In the event your child will be absent, please email your child's teacher so we may plan accordingly. Each full time VPK student who begins in August is allowed up to 28 absences per program year. Each part time VPK student who begins in August is allowed up to 18 absences per program year. This may sound like a lot of absences that are permitted, however it breaks down to a few absences per month, so please be cautious.

In the event that your child exceeds their allotted amount of absences, they will be withdrawn from the VPK program at our site. You may then choose to continue your child's care with us by using our private pay program.

Part of the VPK program is verifying your child's attendance at the end of each month by signing the monthly form. We expect that you will sign the forms correctly as needed.

We offer wrap care for our full time VPK children at an additional rate of \$325/month:

- *Full School Day Wrap Care (12:30 pm to 3 pm)*

Children may attend the VPK program *without* using our wrap care; you should know that we do extend our instruction beyond VPK hours and your child will continue to learn while in our wrap care. However, if you are late picking up and are *not* enrolled in our wrap care program, you must adhere to the Late Pick-Up Policy.

**YOUR SIGNATURE ON THE "PARENT ACKNOWLEDGEMENT SIGN OFF PAGE" INDICATES
YOU HAVE READ AND AGREE TO THE ABOVE.**