



## PRESCHOOL PAPERWORK CHECKLIST

*Student's Name:* \_\_\_\_\_

*Please return all of the completed forms below:*

\_\_\_\_ Child Enrollment Form

\_\_\_\_ FCA Preschool Application

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

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



FIRST  
CHRISTIAN  
ACADEMY

## PREK 2'S APPLICATION

MUST BE 2 YEARS OLD BY 9/1/16

BIRTHDATE: \_\_\_\_\_

\_\_\_\_\_ 2 HALF DAYS: T/TH 8:45 – 12:30

\_\_\_\_\_ 2 FULL DAYS: T/TH 8:45 – 3:00

\_\_\_\_\_ 3 HALF DAYS: MWF 8:45 – 12:30

\_\_\_\_\_ 3 FULL DAYS: MWF 8:45 – 3:00

\_\_\_\_\_ 5 HALF DAYS: M-F 8:45 – 12:30

\_\_\_\_\_ 5 FULL DAYS: M-F 8:45 – 3:00

**Office Use:** Date Application received \_\_\_\_\_ Registration & Curriculum Fees \_\_\_\_\_

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 \_\_\_\_\_



FIRST  
CHRISTIAN  
ACADEMY

## 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

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### **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.

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Initial



## 2016-2017 PARENT ACKNOWLEDGMENT SIGN OFF SHEET

### *2's & 3's*

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 |
|--|---------|
| <input type="checkbox"/> <i>Parental Commitment to First Christian Academy</i><br><b>(The Parent Student Handbook is published online)</b> | _____   |
| <input type="checkbox"/> <b>General Parental Agreement:</b> <i>Financial Agreement, Emergency Treatment Permission, and Photo Release</i>  | _____   |
| <input type="checkbox"/> <i>Late Pick Up Policy</i>  | _____   |

**STUDENT'S NAME:** \_\_\_\_\_

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

\_\_\_\_\_  
Date



## 2016-2017 GENERAL PARENTAL AGREEMENT

### **PARENTAL COMMITMENT**

I (We) that I (We) have read FCA's handbook in its entirety. I (We) agree to adhere to the policies and procedures as stated in the 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 5<sup>th</sup> 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.
- Report cards/student records will NOT be distributed until all fees are paid.
- **Registration/material fees are non-refundable.**

### **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.

### **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.

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





## **2016-2017 LATE PICK UP POLICY**

**PURPOSE:** To maintain the integrity of the program and to respect the hours of operation of the program, the following policy has been put into place.

**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 after their authorized pick up time, families will be charged a designated late fee.

### **LATE PICK-UP PROCEDURE:**

1. 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.
2. If a parent has not contacted FCA by 10 minutes after their designated pickup time, the teacher will contact the parent(s)/guardians. If we are not able to reach the parent(s), we will call from the child's authorized emergency contact list.
3. Parents arriving 15 minutes or later after their pick-up time will be asked to sign a form confirming the late pick-up and recognizing that a late pick-up fee will be assessed. (*Pick-up time is determined from the classroom clock setting.*)
4. Late fee payments are expected within 2 business days of the late pick up.
5. 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.

### **LATE PICK-UP POLICY FEE AND PROCEDURE:**

15 minutes 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 and walk up to get your child.\**

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



## 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 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