

## **PRESCHOOL PAPERWORK CHECKLIST**

***Child's Name:*** \_\_\_\_\_

- \_\_\_\_\_ Child Enrollment Form
- \_\_\_\_\_ FCA Preschool Application
- \_\_\_\_\_ Guidelines for Discipline (*initialed*)
- \_\_\_\_\_ Nutrition Agreement (*initialed*)
- \_\_\_\_\_ Food Activities Agreement (*initialed and signed*)
- \_\_\_\_\_ Acknowledgement Sign Off Sheet (*initialed and signed*)
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ FL. Certificate of Immunization (#680) \_\_\_\_\_
- \_\_\_\_\_ Student Health Exam Form (#3040) \_\_\_\_\_
- (July/Aug) Emergency Medical Release



**State of Florida**  
**Department of Children and Families**  
**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:**      Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Date of Enrollment: \_\_\_\_\_

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

Last                                      First                                      Middle                                      Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

Days of the Week in Care:    M        T        W        Th        F        Sa        Su

**Family Information:**                      Child Lives With: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_

Custody:    Mother \_\_\_\_\_      Father \_\_\_\_\_      Both \_\_\_\_\_      Other \_\_\_\_\_

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

\_\_\_\_\_

Emergency Care Plan instructions (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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**Helpful Information About Child:**

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- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

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

\_\_\_\_\_  
Date



FIRST  
CHRISTIAN  
ACADEMY

## INFANT THROUGH 3'S/4'S APPLICATION

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

\_\_\_\_\_ 2 HALF DAYS: T/TH 8:30 – 12:00

\_\_\_\_\_ 2 FULL DAYS: T/TH 8:30 – 2:30

\_\_\_\_\_ 3 HALF DAYS: MWF 8:30 – 12:00

\_\_\_\_\_ 3 FULL DAYS: MWF 8:30 – 2:30

\_\_\_\_\_ 5 HALF DAYS: M-F 8:30 – 12:00

\_\_\_\_\_ 5 FULL DAYS: M-F 8:30 – 2:30

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## 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.**

\_\_\_\_\_  
Parent Initial

## 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 wellbeing. If the behavior 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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Parent Initial



# FOOD ACTIVITIES AGREEMENT

## Permission for Food-Related Activities and Special Occasion Food Consumption

*Pursuant to 65C-22.005(1)(c)2, F.A.C., licensed childcare facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as classroom cooking projects, gardening, school wide celebrations and birthdays.*

I, \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
*Print Parent/Guardian's Name* *Print Child's Name*

to participate in food related activities and events wherein food is consumed and handled  
e.g. special snacks, birthday celebrations, holiday parties, cooking activities, etc.

### Please initial ONE of the following statements:

\_\_\_\_\_ My child **DOES NOT** have any food allergies and/or dietary restrictions. He/She **MAY** participate in food activities & special occasions wherein food is consumed and handled.

\_\_\_\_\_ My child **DOES NOT** have any food allergies and/or dietary restrictions. He/She **MAY NOT** participate in food activities & special occasions wherein food is consumed and handled.

\_\_\_\_\_ My child **DOES** have food allergies and/or dietary restrictions. He/She **MAY NOT** participate in food activities & special occasions wherein food is consumed and handled.

\_\_\_\_\_ My child **DOES** have food allergies and/or dietary restrictions. He/She **MAY** participate in food activities & special occasions wherein food is consumed and handled, but **MAY NOT** consume or handle the following items *(please list specific allergies and/or dietary restrictions)*.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment at First Christian Academy.

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

\_\_\_\_\_  
*Date*



## **2025-2026 PARENT ACKNOWLEDGMENT** **SIGN OFF SHEET**

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*** \_\_\_\_\_
- ***Preschool Parent Handbook: Your initial here confirms that you have read and agree to all the material in our Preschool Handbook.*** \_\_\_\_\_
- ***Permission for Photo Release*** \_\_\_\_\_

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

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Parent/Guardian Signature

Date





## 2025-2026 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/>*) which includes that there is no smoking (including e-cigarettes) on First Christian Academy's campus. 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: **Calvary Chapel Worship Center located at 6825 Trouble Creek Rd, New Port Richey, FL 34652, (727) 376-7733**. Parents will be contacted via phone and email if an emergency evacuation takes place.

### FINANCIAL AGREEMENT

All monthly accounts are due on the 1<sup>st</sup> 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 the 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/curriculum 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.

**ACCIDENT/ILLNESS POLICY**

*\*Please be advised that that some children in care may not have current immunizations.\**

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.

We also want to ensure that we are able to serve every student enrolled at FCA successfully. Thus, FCA reserves the right to evaluate and refer students for further evaluation outside of FCA and/or dismiss any student we feel we cannot accommodate.

**DROP OFF & PICK-UP POLICY**

If your child is going to be absent, you **MUST** inform the teacher prior to the school day. You can do this through email or by calling the office. If we do not hear from you within the first hour of the school day, Licensing has mandated that we call you to confirm where the child is. If we cannot get ahold of you we have to begin calling emergency contacts.

Drop off is through the front car loop. We encourage all of our preschool families to use the car line for drop off (this is already utilized for those picking up). If you are not comfortable with that, especially at the beginning of the school year, we will allow one parent/guardian to walk their child into school to their classroom door (but not into the classroom).

Doors open at 8:15 am and the Preschool door locks at 8:30 am. It is very important that you drop off and pick up your child at their scheduled time. Our school day **BEGINS** at 8:30 am so please make sure your child is dropped off **BEFORE** this time. Children will not be permitted after 10:30 am for late drop off, so please be aware when scheduling doctor's appointments.



## **2025-2026 GENERAL PARENTAL AGREEMENT**

At pick up, children are escorted to the front car loop by their teachers. Parents are to remain with their vehicle and allow the teachers to direct pick up. *\*We do ask that Parents strap their child in their car seats.\**

IF you have a child who also attends Elementary School at FCA, you must pick your preschool child up FIRST and then you will have to go wait in the Elementary car line at the back of our property. You may also park and walk up.

Our recommendation is to come as close to 2:30 pm as possible. If you are going to be late in picking your child up (after 2:50 pm), you MUST park your car and walk up to get them as Elementary car line will have already begun at that time.

### **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.

- 12:00 pm dismissal pick-up time is from 12:00 pm to 12:15 pm (\$15 late fee will be assessed at 12:30 pm)
- 2:30 pm dismissal pick-up time is from 2:30 pm to 2:50 pm (\$15 late fee will be assessed at 3:15 pm) *\*Reminder that if you arrive after 2:50 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.