



AUTHORIZATION FOR PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non-prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: _____ Age: _____

1. Medication Name: _____ Amount to be Given: _____

Time to be Given: _____ Duration: _____ Expiration Date: _____

Record of Medication Given:

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Medication Name: _____ Amount to be Given: _____

Time to be Given: _____ Duration: _____ Expiration Date: _____

Record of Medication Given:

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization form must be maintained and is only valid for the duration of prescription.

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

(retain in child's file for a minimum of four months)





EFT AUTHORIZATION FORM

Step #1 - Please complete:	
Name _____	
Address _____	
City, State, Zip _____	
Child's Name _____	
Signature _____ Date _____	
Step #2 - Amount to be debited/charged:	
<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> One-time	
Amount \$ _____	
Bank Account Option: <input type="checkbox"/> Checking Account Transfer <small>(voided check must be attached below)</small> <input type="checkbox"/> Savings Account Transfer <small>(deposit slip must be attached below)</small> I hereby authorize _____ <small>(print the name of your financial institution)</small> to make our payment on our behalf from our bank account and transfer it to First Baptist Church of Ft. Lauderdale. All payments provided to First Baptist Church of Ft. Lauderdale as ACH transactions comply with U.S. law.	Credit Card/Debit Card Option: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card Choose one: <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover _____ (Card Number) _____/_____(Month/Year) (Expiration Date) _____ (Name on card if different than Step #1) _____ (Billing address for card if different than Step #1)

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue payments, I will notify Next Generation Learning Center by calling (954) 713-7001. There is a \$25 fee for checks returned due to non-sufficient funds. Change of payment method will not affect the terms of my contract.

**If Bank Account option is selected,
please attach voided check or deposit slip here.**





POTTY TRAINING POLICY

Parents, you are the most significant adults in your child's life. Because you know your child better than anyone, we depend on you to help us learn about your child., starting with your initial visit when we gather information from you about your child. Our goal is to have a home-school relationship that promotes open, positive communication that will help ensure your child has the best experience possible in our care. Share in our commitment to maximize your child's potential!

We encourage you to become active participants in school activities. When parents participate, children become enthusiastic and motivated. There are many activities in which family volunteers are both needed and welcomed.

We seek your input in the school's programs, particularly in ensuring your child's progress, and also to assist us in determining program goals and improvements.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date





FAMILY COMMITMENT STATEMENT

Parents, you are the most significant adults in your child’s life. Because you know your child better than anyone, we depend on you to help us learn about your child., starting with your initial visit when we gather information from you about your child. Our goal is to have a home-school relationship that promotes open, positive communication that will help ensure your child has the best experience possible in our care. Share in our commitment to maximize your child’s potential!

We encourage you to become active participants in school activities. When parents participate, children become enthusiastic and motivated. There are many activities in which family volunteers are both needed and welcomed.

We seek your input in the school’s programs, particularly in ensuring your child’s progress, and also to assist us in determining program goals and improvements.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



