



CHILD ENROLLMENT INFORMATION

Student Information

Full Name: _____
 (Last) (First) (Middle) (Preferred Name)

Date of Birth: _____ Child's Social Security #: _____ Gender: _____

Child's Home Address: _____

City: _____ Zip: _____ Home Phone: _____

Lives with: Mother Father Both Other _____

Primary Hours of Care: From _____ to _____ Days of the Week in Care: (please circle) M T W TH F

Date of enrollment: _____

Guardian Name _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Job Title: _____

Business Address: _____

Business Phone: _____ Other Phone: _____

Driver's License #: _____

Social Security #: _____

Guardian Name _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Job Title: _____

Business Address: _____

Business Phone: _____ Other Phone: _____

Driver's License #: _____

Social Security #: _____

Parents are: Married Not Married Separated Divorced Other _____

If parents are divorced or separated, who has legal custody of the child? _____

Is either parent forbidden by court order from having equal access to the child or the school records? No Yes
(copies of legal documents should accompany this application)

If divorced, indicate procedures and/or restrictions that may affect NGLC's care for your child _____





CHILD RELEASE FORM

Child's Full Name: _____

Persons permitted to pick up child Mother Yes No Father Yes No
(Please note: It is legal for either parent to pick up their child unless we have a copy of the court order restricting visitation)

Is there any court order restricting visitation of your child? If so, please list person or persons restricted from picking up your child:

Name _____ Relationship _____
Name _____ Relationship _____

Please list other individuals authorized to pick-up your child. The school will not release your child to anyone who is not authorized on file. The following people can 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. It is your responsibility to update this form with current phone numbers or name changes. The authorized pick-up person may be asked to show a photo ID upon arrival at the center.

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

We understand that there may be special circumstances that require someone not on your authorized list to pick up your child. If someone else will be picking up your child other than those listed above, you must first notify the school in writing on or before the day in question. In the event of an emergency, where written notification cannot be given, we will implement the following password system:

Please think of a password (4-8 letters) and list it below to be kept in your child's file. Please keep this password confidential and accessible only to you. When you are unable to pick up your child, call the center to notify them of the situation. The Director or their representative will ask for this password in order to verify your identity. All special request or emergency authorized pick-up persons will be asked to show a photo ID upon arrival at the center.

PASSWORD (4-8 letters) _____ (You can change the password by updating your child's release form)

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Director Signature Date





FAMILY QUESTIONNAIRE

We are committed to partnering with you in all aspects of educating and caring for your child. We want to become an extended part of your family where we care about, encourage and help each other. Please take the time to answer the following questions, which will help us better understand your child and start to build an excellent foundation of communication with your family. Thank you for being a part of our team!

Has your child ever been in daycare/preschool before? ____ If yes, list where, when and reason for leaving _____

Please list all persons living in the home with the child and their relationship to the child:

Name	Relationship
_____	_____
_____	_____
_____	_____

How does your child relate to the other members of your family? Please mention those relationships or circumstances that are important for us to know about. _____

Please describe any unusual factors in your child's life and/or home situation that are important for us to know about.

Primary language spoken at home _____ Primary language spoken by the child _____

What time does your child go to bed? _____ wake up? _____ Does he/she usually sleep through the night? _____

Does your child have a nap/rest time during the day? _____ If yes, please describe time(s) and duration _____

Is your child potty trained? ___ No ___ Yes

If your child is being potty trained, please describe your routine/method so that we can try to maintain consistency at the center

Please list any food or medical allergies your child has _____

What are your child's favorite foods? _____ What foods does your child dislike? _____

Please provide any special instructions regarding your child's eating habits _____





FAMILY QUESTIONNAIRE (continued)

Describe your child's opinion of himself or herself, as you see it. Include the strengths of that self-image and describe any areas where we could be of help: _____

Most of the time my child: ___ is happy ___ is sad ___ is excitable ___ is quiet ___ is content ___ is cheerful
___ cries easily ___ gets frustrated ___ is in a hurry

Other _____

Does your child have any special fears? _____

Describe your child's response to authority: _____

Has your child ever received counseling or testing for behavioral, emotional, discipline or learning problems?
___ No ___ Yes If yes, please describe _____

Has your child ever been tested for or enrolled in any of the following?
___ Gifted ___ Learning Disability ___ Speech Therapy ___ Physically Handicapped ___ Attention Deficit
___ Other _____

Please describe any physical handicaps or other conditions your child has that might affect his or her involvement in activities at the learning center _____

Can we be of help addressing any concerns regarding your child? _____

As a parent, what would you like to see your child get out of preschool? _____

If there is any additional information you think we should know about your child, please list it now _____

How were you referred to our school? (name of source if possible) _____

Church Affiliation? _____ Check here if member of FBC of Ft. Lauderdale? ___

Are you interested in: ___ learning more about FBC Ft. Lauderdale ___ a call by a pastor





State of Florida
Department of Children and Families

Charlie Crist, *Governor*

Robert A. Butterworth, *Secretary*

IMPORTANT INFORMATION FOR PARENTS

Within thirty days (30) of your pre-school child's enrollment, Florida law requires you to provide the child care operator with two very important documents which verify your child's health status. However, your child care facility has the option to require both of these important documents prior to the first day of attendance. **The medical records are your property and should be returned to you whenever you withdraw your child from child care.**

Physical Examination - Each child must have a valid health examination certificate (Student Health Examination Form). The certificate must be signed by an authorized medical professional and is valid for two years from the date the physical examination was conducted.

Current Florida Certificate of Immunization - Florida law requires that your child's immunization information be written on a large blue card called a "680" form. This certificate must be signed by an authorized medical professional and document the expiration date.

Both of these forms are available from your pediatrician, family doctor, or the local county health department. They are familiar with these forms and are aware parents must provide them to their child care provider.

These documents should have your child's name, date of birth, and an authorized medical professional's signature. The large blue immunization card (form 680) must have the immunization information **and an expiration date**. Make sure the immunization form is complete before you leave the doctor's office! As a parent, you have the right to receive correct, complete and accurate information.

If you have recently moved here from another state, you will need to take your child's immunization record to a local pediatrician or county health department to be transferred to the required "680" form.

If you can't get an appointment with your doctor in time, the county health department can provide your child with the needed shots. Your county health department's phone numbers are:

954-467-4856

954-467-4468 (Ft. Lauderdale Health Clinic)

browardchd.org

You should be aware that your child care facility can receive an administrative fine for failing to have this information. Even more importantly, they will be required to exclude your child from attending child care until these documents are received. Please cooperate with your child care facility by obtaining these complete vital health records within the required time frames. Should you have any questions, please contact your local county health department or your child care facility director.

A legible copy or facsimile of a completed physical examination and DH-680 Certificate of Immunization are acceptable. However, the original documents are preferable.



MEDICAL EMERGENCY PROCEDURES

No emergency treatment will be given without parental consent except in a life-threatening situation. Since informed consent must be given at the time of the incident, please provide numbers where parents, guardians or a responsible adult may be reached daily. In case of a medical emergency while your child is attending NGLC the following procedure will be followed:

NGLC will contact parents/guardians as follows:

First parent to be contacted _____ at _____ or _____
Second parent to be contacted _____ at _____ or _____
Guardian to be contacted _____ at _____ or _____

If parents/guardians cannot be reached, NGLC will contact these local persons for emergencies:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

NGLC may also try to contact your child's physician:

Child's Physician: _____ Phone: _____
Address of Physician: _____
Child's Dentist: _____ Phone: _____
Address of Dentist: _____

May NGLC call another physician if the one listed above is unavailable? ___ No ___ Yes _____

Hospital Preference: _____ Insurance Company: _____ Policy #: _____

Medical Release

I grant permission for my child to use all the play equipment and participate in all activities of the center. I give NGLC authorization to seek emergency medical treatment for my child. NGLC will arrange emergency transportation to the nearest emergency medical facility, if necessary. Due to safety regulations, injured or ill children must be transported to a hospital by paramedics or ambulance. They cannot be transported by school personnel. I give any health facility or physician permission to provide medical treatment for my child as necessary in an emergency situation that may arise at NGLC. I also authorize NGLC to have my child released into the custody of its representative, should hospital care no longer be required. This release is to be used only in cases of emergencies.

I will take full responsibility for payment of all medical services, including transportation, tests and any fees involved with medical care received, which might be rendered due to any emergency situation that may arise at NGLC.

Signature of Parent/Legal Guardian _____ Date _____





HEALTH AND SAFETY

Child's Full Name: _____

Every child enrolled at NGLC is required to have a current physical examination (Form 3040) and immunization record (Form 680 or 681) on file. It is the parent/guardian's responsibility to maintain their child's health records. If the child's file does not contain up-to-date health information, the child will be withdrawn from NGLC's childcare program.

It is our goal to provide a clean, healthy and safe environment for your child. You play a vital role in helping us accomplish this goal. Please inform us of any illness or injury your child may have sustained prior to arriving at the center. If your child has a communicable disease, please notify us at once. A doctor's note clearing the child from being contagious is required in order to accept him/her back to school.

Please keep your child at home if they:

- run a fever of 100°F or above
- have any discharge from the nose, eyes or ears
- have diarrhea/vomiting
- have symptoms of possible communicable disease

While at school, if the child becomes ill with one of the following he/she will be isolated and the parent will be contacted to pick up the child immediately:

- fever of 100°F or above
- 2 diarrheas within the day
- rash
- vomiting
- suspected pink eye*
- Lice*
- discharge from the nose, eyes or ears
- any other sign or symptoms of illness

*A doctor's note is required to come back to the NGLC.

Children must be symptom free for 24 hours before returning to school.

Medication Policy

- A medication permission form must be fully completed and signed prior to any medication being dispensed.
- Prescription medication must be in original containers with the child's name and dosage on the label.
- Medications may be administered at the school for the length of time indicated by the physician.
- Your signature gives NGLC permission to apply any non-medicated physical barriers such as diaper cream or sunscreen that you supply.

Parent/Guardian Signature

Date





NUTRITION PLAN

Dear Parents,

Here at NGLC we believe that an important part of the growth and development of your child is eating nutritious meals and snacks. Together, there are many things we can do to help your child develop healthy eating habits for life. One way is for the center and parents to work cooperatively to assure that your child is provided with well-balanced, nutritious snacks and meals. Meals and snacks that are provided by the center will follow the USDA recommended guidelines found at www.mypyramid.gov.

The facility agrees to provide a nutritious:
 (Director checks those which apply)

- Breakfast
- Mid-morning snack
- Lunch
- Mid-afternoon snack

The parent agrees to provide a nutritious: (parent checks those which apply)

- Breakfast
- Mid-morning snack (if needed)
- Lunch
- Mid-afternoon snack

NGLC is committed to providing nutritious meals and snacks to your child based on the USDA recommended guidelines while in our care as outlined above. We are also committed to providing material and support to help you, the parent/guardian, do the same. NGLC has included a guideline in your enrollment packet showing what meals and snacks should consist of that you provide for your child. Appropriate meal and snack patterns for preschoolers can also be found at mypyramid.gov/preschoolers.

 Director NGLC Signature

 Date

I have received the meal/snack guideline outlining what meals and snacks should consist of that I provide my child. I have read the preceding and agree to meet my child's nutrition needs as defined above and as outlined on the meal/snack guideline.

 Parent/Guardian Signature

 Date





SWIM Central Water Safety Education Questionnaire

Child Care Facility: Next Generation Learning Center

Date: _____

Child's Name: _____

Age: _____

Parent's Name and Address: _____

- 1. Has your child ever taken swim lessons? Yes ___ No ___
- 2. Can your child roll over and float on his/her back? Yes ___ No ___
- 3. Can your child swim to the side of the pool? Yes ___ No ___
- 4. Have you taken a Community Water Safety Course? Yes ___ No ___
- 5. Is anyone in your household certified in CPR? Yes ___ No ___

Additional Comments: _____

Facility usage:

Mail or faxed to the following address on _____

SWIM Central
950 NW 38th Street
Oakland Park, FL 33309
FAX: 954-357-2949





PRESCHOOL CORRECTIVE DISCIPLINE PROCESS

As parents, you want the best for your children and we share that desire. One of our roles as teachers is to model and teach your child how to become self-disciplined and assist in guiding your child toward making good choices and decisions. Through clear expectations, positive example, and appropriate, consistent consequences, children learn respect for themselves and others. The goal of our corrective discipline process is that through loving guidance and mutual respect, self-discipline and godly character will develop in your child. With that in mind, teachers' responses to negative or inappropriate behaviors may include the following elements as necessary and appropriate:

Positive Reinforcement - One of the best ways to discourage inappropriate behavior is by encouraging positive behaviors and reinforcing this positive behavior through praise and recognition. This promotes a positive classroom environment and encourages the children to gain recognition through positive participation. School rules and behavioral expectations will be thoroughly explained to you and your child at the beginning of the year and reviewed with your child frequently throughout the year. Consistency in routines and rules will help your child know what is expected. This will give them confidence in making good choices.

Redirection - When the behavior of a child disrupts the goals of the teacher and the classroom, we will redirect the child towards a more positive behavior (i.e. presenting a different toy, suggesting a new activity). In most cases, this is all that is necessary

Conferencing - The particular behavior is discussed between the teacher and the child. The teacher explains why such behavior is unacceptable in terms of its effect on self and others. Ways are explored in which the child may appropriately handle the situation in the future. The child is encouraged to assume responsibility as needed. Teacher and student discuss simple Biblical principles related to the incident and pray. The teacher will also look for an opportunity to praise the child soon afterward to reinforce positive behavior.

Quiet Area/Loss of Privilege - It may be necessary to remove the child from the group to another area within the classroom. The purpose of this quiet area is for the child to think and reflect on their behavior, regain control of themselves, and redirect their energy to a more appropriate activity. The child rejoins peers after an appropriate period of silent time and following a conference with the teacher. In some cases, a child might repeat the behavior that caused them to be placed in the quiet area. There may be a loss of privilege associated with persistent inappropriate behavior.

Parent Communication - The teacher will communicate informally and formally (verbal, note or conference) with parents any persistent inappropriate behavior and discuss specific goals for improvement in the child's behavior to ensure cooperation and consistency between home and school.

Behavior Modification Plan - Behavior that is chronic in nature will be formally discussed with the parents so that we can work together in creating a behavior modification plan that can be used in the school, as well as in the home. Should the behavior of a child become severe or endanger the welfare and safety of the other children and/or staff, the director may advise the parents that their child's enrollment will be terminated. This action will be the last resort when all other attempts to correct this behavior have been attempted.

Next Generation Learning Center does not allow the following responses to inappropriate behavior: withholding food, light, warmth, clothing or medical care; ridicule, embarrassment, humiliation or physical restraint other than restraint necessary to protect the child or others from harm.

We believe that corrective discipline is an essential element of education at home, as well as school. With that in mind, it is vital that as teachers and parents we strive to communicate and cooperate with each other concerning consistency of corrective discipline. Sometimes changes in the home or in routine can affect your child's behavior. If there are circumstances that you are aware of that may affect your child please share this information with the director or teacher so that they can be sensitive to the needs of your child. Your signature below acknowledges that you have carefully read the corrective discipline process and indicates your willingness to fully cooperate with NGLC in the appropriate discipline of your child..

Parent/Guardian Signature Date

Parent/Guardian Signature Date





RECEIPT & ACKNOWLEDGEMENT

MEDIA RELEASE

I understand that my child's picture may appear in newspapers, on television, on school websites, in school publications and other communication tools to promote Next Generation Learning Center. Please check all that apply:

- I WILL allow my child to be photographed and/or filmed for the purposes explained above.
- I WILL NOT allow my child to be photographed and/or filmed for the purposes explained above.

Parent Signature

Date

BROCHURES

I have received a copy of the following Florida Department of Children and Families informational brochure:

"Know Your Child Care Center"

Parent Signature

Date

PERMISSION TO SCREEN

I give Next Generation Learning Center permission to periodically observe and screen my child (i.e. vision, hearing, developmental)

Was you child born prematurely? No Yes If yes, how many weeks _____

I understand this information is confidential and will not be shared with anyone unless I have given my specific permission.

Parent Signature

Date

PARENT HANDBOOK

I have received a copy of the Next Generation Learning Center Parent Handbook. I have read and understand the policies and procedures. I understand that failure to abide by these policies may result in my child's dismissal from the center.

Parent Signature

Date





TUITION & ENROLLMENT AGREEMENT

In order to complete your enrollment, the following must be submitted to the school office:

- Enrollment Packet
- Non-refundable Registration Fee
- Non-refundable Enrollment Fee
- Medical forms 3040 & 680 obtained from your pediatrician

Child's Name: _____ Date of Birth: _____

In order to enter a program, your child must be the designated age for that class by September 1 of the year in which he/she is registering. Class placement is based on availability and is made at the discretion of the Director and the NGLC Board of Directors.

Enrolled in the following program: Infant (6 weeks) One Year Olds Two Year Olds
Three Year Olds (not potty trained) Three Year Olds (potty trained) Pre-Kindergarten (4s-5s)

Days (check all that apply): ___ M ___ T ___ W ___ TH ___ F From _____ am to _____ pm

Please initial each section listed below, then sign and date the last page.

_____ **TUITION & MODIFICATION CONDITIONS:** \$ _____ per week or \$ _____ per month is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require.

_____ **PAYMENT OF TUITION:** I will pay tuition ___ weekly ___ monthly ___ annually
I understand that weekly tuition is due and payable on the Friday proceeding the week and monthly tuition is due on the first day of each month. If payment in full is not received when due, I agree to pay a late payment fee of \$20 per week. Each week the account holds a balance other than zero, another \$20 late fee charge will accrue. I understand that if my account remains delinquent past the last Friday of the month I may be asked to withdraw my child until my account is paid in full. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **REGISTRATION & ENROLLMENT FEES:** I understand that a non-refundable registration fee of \$75 and a non-refundable enrollment fee up to \$125 (based on enrollment month) shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for the next school year (Sept-Aug) by paying an annual enrollment fee of \$125 and completing a new Tuition & Enrollment Agreement no later than June 1 each year.

_____ **RETURNED CHECKS:** I understand that a fee of \$ 25 will be charged to my account for all checks returned to the school for any reason. This fee is immediately due and payable to the school and must be paid by cashier's check, money order or cash. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a calendar year, I will be required for a one year period to pay all future charges on my account by cashier's check, money order or cash.

_____ **CHARGES AND PROCEDURES FOR LATE PICK-UP:** My pick-up time is _____. I understand that if I fail to pick up my child by the scheduled time, I will be charged a late fee of \$1 per minute per child, until the child(ren) is picked up. This charge is to be paid at the time of pick up. I further understand if I fail to pick up my child within 30 minutes of school closing, police or local authorities may be contacted, and my child may be disenrolled.





TUITION & ENROLLMENT AGREEMENT (continued)

Please initial each section listed below, then sign and date the last page.

_____ **MULTIPLE CHILD DISCOUNT:** A 10% tuition discount is offered to me for each additional child from my immediate family enrolled in the school. The discount is applied to the lowest tuition rate. This discount is available only to children who attend on a full-time basis and to those accounts where full tuition is current and the account is in good standing. Discounts are applicable for tuition only and cannot be combined with any other discount or promotion.

_____ **MEMBER RATES:** Member rates apply to active members of First Baptist Church of Ft. Lauderdale. Non-member rates apply to all others.

_____ **ENROLLMENT/DISMISSAL:** I understand that at the sole discretion of NGLC, my child may be disenrolled with or without notice, when it is believed that discontinuing or refusing enrollment is in the best interest of my child, the school or the other children in the school. The completion and execution of any forms and payment of any tuition, timely or in advance, is not a guarantee of enrollment, continued enrollment or re-enrollment. I further understand that enrollment at NGLC is not a guarantee of academic or other success, progression or promotion.

_____ **WITHDRAWAL/CHANGE OF SCHEDULE:** I understand I must provide a two (2) week written notice to withdraw my child from the program or change my child's attendance schedule. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand when my child is withdrawn s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to pay a new non-refundable Enrollment Fee. If there is an outstanding balance when my child is withdrawn, I will be required to bring my account current prior to completing a new enrollment application. I understand all fees are non-refundable.

_____ **HOLIDAYS/INSERVICE DAYS:** Tuition is continuous throughout the year . I understand that no credit will be given for holidays or professional in-service days or student absences or illness. Holidays and professional in-service days for the school year are shown on the School Calendar. I further understand that no credit/refund will be owed if the school must close because of emergency or inclement weather.

_____ **VACATION CREDIT:** I understand that my child is allowed one (1) week of vacation credit after three (3) months of continuous enrollment. Each year afterwards my child is allowed two (2) weeks of vacation credit. The vacation credit allows me not to pay tuition for your child during an absence from the school. To make use of a vacation credit, I must notify the school in writing at least two weeks in advance of the first day of the absence. I may not carry over vacation credits from one school year to the next. I understand vacation credits must be taken in weekly increments. I may not use a vacation credit after I have notified the school of the withdrawal of my child.

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day. I understand I am required to enter the school to drop off and pick up my child, to escort my child to and from the designated classroom each day, and to ensure that the staff member in the classroom is aware of my child's presence and departure. I will not hold the school responsible for any liability for allowing anyone authorized by me to pick up my child. My written authorization will remain effective until I notify the school in writing of its termination. I will notify the school in writing if I wish to add a new person to be authorized to pick up my child.

_____ **PARENTAL ACCESS:** I understand that NGLC has an open door policy for parents and legal guardians and I have unlimited access to the school while my child is in attendance. I understand that, for any reason it deems appropriate for the preservation of the safety, security, health or general well being of the school, NGLC may temporarily or permanently exclude any person from the school, including a parent, whom NGLC finds at its sole discretion, poses or is likely to pose a risk to the school or who fails or refuses to conduct himself or herself in a manner befitting a child care environment. Prohibitions include, but are not limited to: profanity, yelling, threatening, aggressive or violent behavior, intoxication or failure to follow the NGLC policies and procedures.

_____ **PERSONAL ITEMS/SCHOOL PROPERTY:** I understand that NGLC is not responsible for lost or damaged personal items. I will ensure my child's clothing, backpack and other personal items are clearly labeled with my child's first and last name. I will be responsible for any loss, damage or destruction by my child of any school property and for any damages for which the school becomes liable or chargeable because of my child's actions.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Director Date

