



Association of Christian Schools International
TLC Kids Care

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____

Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Address: _____

Primary Days of Care: Monday Tuesday Wednesday Thursday Friday FLEXIBLE

Primary Hours of Care: From: _____ To: _____

Family Information:

Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Email Address: _____ Email Address: _____

Custody: Mother Father Both Other _____

Please provide TLC Kids Care with a copy of any final judgements from the Clerk of the Court stating parental rights, if applicable.

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: _____

Does your child currently receive any outside services (such as; behavioral, occupational, play or speech therapy)? YES NO

If yes, please detail below.

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

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#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Helpful Information About Child:

Section 10-12.025(2), F.A.C., required a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE CENTER".

Section 10M-12.025(4)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

There may be times when pictures and/or video we have taken during program activities are used for classroom projects which are displayed and may be sent home with the children.

Please sign below if your child may be included in the pictures.

I/We give permission: _____

I/We do not give permission: _____

TLC Kids Care Early Education Center
Student Social History Information

CONFIDENTIAL

For Staff Use to Better Understand Your Child ONLY

Child's Name: _____

Prefers to be called: _____

D.O.B.: _____

Family Situation:

Parents are: Married Divorced Separated Deceased

Primary Caregiver: _____

People Living at Home: _____

Any Custody Arrangements:

**** TLC needs copies of any court ordered custody arrangements. If no paperwork is on file, then any custodial disputes involving the child's attendance at TLC will be handled according to FL law.***

Languages Spoken at Home: _____

Habits:

Bedtime Hour: _____

Wakeup Hour: _____

Nap Schedule: _____

Meal Schedule: _____

Snack Schedule: _____

Bottle Schedule: _____

Toileting:

Potty Trained: Yes No Learning

Words Used for Toileting: _____

Eating: High Chair Table Feeds Self Needs Help Uses Utensils

How does your child...

Express his anger: Uses Words Hits Bites Temper Tantrums

Other _____

Adjust to new surroundings: Easily Adaptable Takes a while Traumatic Experience

Act toward other children: Shy Friendly Domineering Fearful Apathetic

Act toward other adults: Shy Friendly Fearful Apathetic

Most effective discipline used at home: _____

Any "special words": _____

Fears: _____

Reactions: _____

Previous outside care: Pre-School Daycare Private Babysitter Other: _____

Child's Experience: Positive Negative

Allergies: _____

Illnesses: _____

Medications: _____

Any issues of concern or special needs:

*** TLC Kids Care strives to keep an open and honest line of communication between parents and staff. If anything concerning is noticed in regards to a child's social, emotional, physical, or educational development, the director will meet with parents immediately to discuss solutions and available resources. The structure of TLC is not a perfect fit for every child or family and our goal will always be what is best for the child.**

TLC Kids Care

1835 Taylor Rd.

Port Orange, FL 321 28

(386) 788-0489

Kids@TLCKidsCareOnline.com

PARENT PERMISSION FORM

I hereby certify that I am the parent/guardian of _____ and give permission for the following; (please initial to authorize)

PHOTO RELEASE _____

I give permission for my child's photograph or video image to be taken while he/she is in care of preschool personnel. Such images may be posted on the website, in classrooms or other appropriate places within the center, used in center presentations or promotional materials, or distributed to staff or clients. I understand that I may terminate this permission at any time.

CONSENT FOR TREATMENT

AUTHORIZATION FOR EMERGENCY MEDICAL CARE _____

In order to meet all legal requirements, I hereby authorize the Director of the preschool, or the person in charge in the event of her absence, to give consent for any and all necessary emergency medical treatment while said child is in said individual's custody.

AUTHORIZATION FOR TRANSPORT _____

In the event of serious illness or accident, and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I also assume all responsibility for payment.

RELEASE OF RECORDS _____

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

AUTHORIZATION TO TRANSPORT _____

In the event of an emergency that requires the preschool to vacate the premises and all emergency contacts are unreachable, I hereby authorize the Director of the preschool or the person in charge in her absence, to transport my child to a safe environment until I can be reached.

RELEASE OF LIABILITY

I hereby release TLC Kids Care, and all of its representatives, of any and all liability in the case my child becomes accidentally injured while on the premises.

Parent/ Legal Guardian _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public, State of Florida at Large

Notary Commission expires _____

EMERGENCY MEDICAL CONSENT FORM

Child's Name: _____

In case of a medical or other emergency while my child is under the supervision of TLC, I understand that TLC will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay may further jeopardize my child's health, I hereby authorize TLC to act on my behalf and to take the emergency measures including those listed below if deemed necessary by TLC staff or by medical authorities for the care and protection of my child. I authorize TLC to:

- Consult the physician or dentist named on the previous page if I cannot be reached.
- Administer first aid and/or cardiopulmonary resuscitation.
- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
- Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.

If I wish to request a religious or personal exemption to TLC's practice of securing necessary emergency medical treatment, I understand state child care licensing authorities must be consulted to determine if such an exemption may be granted.

Printed Name of Parent/Guardian

Date

RELEASE OF LIABILITY

I hereby release TLC Kids Care, and all of its representatives, or any and all liability in the case my child becomes accidentally injured while on the premises.

Parent / Legal Guardian _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public, State of Florida at Large
Notary Commission expires _____

TLC DISCIPLINE POLICY

It is our desire to discipline the children through a variety of measures that are incorporated by our staff using a Biblical Approach of Redirection. We will attempt to discipline (teach) children by: creating a caring classroom environment, teaching them what we want them to do, using positive reinforcement, understanding developmental levels, providing choices, being consistent, modeling appropriate behavior, using clear statements, being firm yet kind, teaching problem-solving skills, ignoring inappropriate behavior and using redirection.

When a child exhibits behavior that is unacceptable (willful disobedience and/or actions or words that are harmful) the teacher will utilize one or more of the teaching tools to assist the child . Our staff uses "Re-Direction" techniques to help the child make the appropriate choices. If the child persists in the inappropriate behavior, he/she will be contacted by the teacher to speak to about their behavior. The teacher or assistant will privately talk with the child, teaching alternate methods for handling difficult situations. The child will then be encouraged to rejoin the other children in the classroom. All discipline is handled in the classroom, and in the event the child becomes upset, the Director will come in the room to assist the teacher. Children are not brought to the office unless all measures of redirection have been used. The Director will call the parent to speak to the child over the phone, have prayer with the child and then return the child to the classroom. If the child continues to exhibit inappropriate behaviors, the parent will be called to pick up the child immediately.

If the unacceptable behavior persists, the teacher and Director will work together to determine if the child has a special need or an unresolved problem that is causing the behavior. If in their opinion a conference is needed, the Director will contact the parent. Parents are encouraged to work closely with the Director and the teachers to assist the child in displaying appropriate behaviors that result in a safe classroom environment.

If your child has caused harm to another child, the teacher will fill out an Incident Form. The Director, the teacher and the child's parent must sign the form. If the behavior continues, the parent will be notified to pick up the child immediately. Under no circumstance will we allow any child to be harmful to another and we will make every attempt to prevent such actions from occurring. Due to the ages and stages of our children, our staff plans for activities and lessons that will teach your child acceptable social and emotional behaviors. This will include lessons in self-control and listening skills.

Under NO circumstances is a child of any age ever to be spanked, shaken, jerked or scared in any way by a Teacher, Teacher's Assistant, Volunteer, Assistant Director or Director. Any staff member found doing any of the above will be immediately terminated. We are required by law to contact DCF and file a full report of any abuse from a TLC employee or volunteer. The Director will call parents and copies of the incident will be given to the family and school.

Signature of Parent/Guard/cm

Date

EXPULSION POLICY

In the event of the child continuing to harm others, himself/herself and or teachers, assistants or other adults, a conference with the Program Director and the parents will be required to establish a "Plan of Action" to help redirect the child's behavior. The goal is to help the child make safe and appropriate choices without harming themselves or others in the classroom environment. Safety practices are in place for all individuals of the school, and a safe environment is the goal of each classroom. Teachers will document all behaviors and incidents so that both the Program Director and the parents can establish common goals for the child.

A written "Plan of Action" will be created on an individual needs by needs basis only. The Program Director will work with the parents to create established boundaries to ensure the safety of the child and those in the classroom environment. Boundaries will be supported with consequences. The consequences for failure to comply with the written individual goals will be as follows. Step 3 is used as a last resort if the child is not experiencing success with the Action Plan Goals.

Step 1: The child will be removed from the classroom for the remainder of the day.

Step 2: The parent will be asked to keep the child home for a day(s).

Step 3: The child will be withdrawn from the program.

It is our deepest desire to work with you and your child on appropriate and safe behaviors so that they may enjoy a successful learning experience. Our goal is to ensure that all children's needs are being met so they can thrive and succeed. Again, each child is a case by case situation, and the Program Director will work with each family individually.

Signature of Parent/Guardian

Date

BITING POLICY

In all cases of biting, immediate first aid and comfort will be given to the child who was bitten. A report of all incidents will be made, parents will be required to sign the document and copies will be made. One copy will be given to the parent and one will be placed in the student file.

The following steps will be taken in the event of a biting incident.

1. *A child biting any toy or play objects* will be closely monitored.
2. *A child biting art supplies or any non-play material* will be redirected. Loving verbal guidance will be given about what is not okay to put in his/her mouth.
3. *A child biting him/herself* will be redirected. Loving verbal guidance will be given about what is not okay to put in his/her mouth.
4. *A child biting another person* will result in immediate redirection. Verbal guidance will be given about what is not okay to put in his/her mouth, and the parents of both children will be notified.

Consequences for biting another person:

First Incident:

No visible mark- Written warning given to parent.

With visible mark- Parent phoned, parent/teacher conference at time child is picked up.

With visible open wound- Parent phoned, child brought to office for immediate parent pick up, parent/director conference.

Second Incident:

No visible mark- Parent phoned, parent/ teacher conference.

With visible mark- Parent phoned, child brought to office for immediate pick up, parent/director conference; child is removed from the preschool for one day.

With visible open wound- Parent phoned, child brought to office for immediate pick up, parent/director conference; child is removed for 1 week.

Third Incident:

No visible mark- Parent phoned, child brought to office for immediate pick up, parent/teacher/director conference.

With visible mark- Parent phoned, child brought to office for immediate pick up, parent/teacher/director conference; child is removed from program 1 week.

With visible open-wound- Parent is phoned, child is brought to office for immediate pick up, parent/director conference; child is removed from the program for the rest of the school year.

If a child is removed from the program for any amount of time, payment is still required for missed days except in cases of immediate expulsion.

If, at any time, the safety of another child is at stake, the Director has the right to immediately remove a child in order to protect the other students in the class. All incidents of biting will be documented and placed in the students' files. At no time will the names of the children involved be released to other families. Phone calls will be made immediately after a biting incident, and parents will be required to pick up their children.

If there is anything at home that may be affecting your child's behavior, please let us know. Having a strong partnership with you is invaluable in allowing us to know how to help your child.

Signature of Parent/Guardian

Date

ILLNESS POLICY

You will be called and required to pick up your child if there are any of the symptoms listed on this page. If your child becomes ill, he/she will be placed in the front office until you arrive. Please understand that, TLC Kids Care reserves the right to refuse entrance to any child appearing to be symptomatic. Following CDC guidelines, upon arrival staff will take all students' temperature (not to exceed 100.4) and make a visual inspection of the child for signs of illness. This may include unusual paleness, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

COVID-19, FLU & VIRUSES

Fever - Child must remain home for at least 48 hours after they no longer have a fever (temperature of 100.4 or higher) or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine (e.g., Tylenol).

Mucus - Children with thick green or yellow discharge from the nose or eyes must be out at least 48 hours and cannot return until symptom free or with a doctor's note stating they are NON-CONTAGIOUS.

- *If your child has been diagnosed with allergies or sinus concerns, we will need a Dr. note stating they are non-contagious and current treatment plan if thick drainage is visible.*
- *If your child has been seen by a doctor after hours or over the weekend, please let us know. That way we are aware when/if symptoms are noticed.*

RASHES & OPEN SORES/WOUNDS

Flat/raised skin irritations or inflammation - Cannot return until skin is clear or with a Dr. note stating it is non-contagious.

Hives - Please provide appropriate cream or ointment. Dr. note may be required at the director's discretion.

Open sores/wounds - Must be kept properly bandaged. If oozing or infection is present, a doctor's note may be required.

VOMITING AND/OR DIARRHEA

Child must be 48-hour symptom free before returning to school. A doctor's note may be required at the director's discretion.

MEDICATIONS

Medications can only be administered by a parent or family member. Over-the-counter medications may be given (by a director only) in select circumstances ONLY if approved by the director.

INJURY

Please provide TLC with a doctor's note clearing return to school and stating any physical limitations resulting from said injury.

COUGH

Should a child display chronic/persistent wet or dry cough, they will be sent home until symptom free.

Parent/Guardian Signature

Date



TLC Kids Care

Permission for Food Related Activities

At times throughout the year, teachers will use food to enhance a classroom lesson or to celebrate a holiday. We must have your permission for your child to participate in these food related activities. These events do not include items brought in by parents for a child's birthday.

_____ My child **MAY** participate in food related activities/ celebrations in the classroom.

_____ My child **MAY NOT** participate in food related activities/ celebrations in the classroom.

_____ My child does have a food allergy or dietary restriction. He/she may not participate in activities that include the following items:

Child's Name

Parent/Guardian Signature

Date