



## Registration papers for EC3 and VPK students

Hello families, the following forms will need to be completed for registration. They are required by the Pinellas County Licensing Board. Please fill out all these forms. Every line must be filled out. You may put "none" if necessary.

You will also find our discipline policy, and a "Know Your Child's Center" flyer. Please read and keep both for your reference. Once completed you may drop them off at school or scan and email to my email address. [mstewart@bscschool.com](mailto:mstewart@bscschool.com)

Please do not hesitate to call the school at 727 391-4060 or email any questions you may have. We are excited for you to join our Blessed Sacrament School family.

Thank you, Mrs. Stewart



# CHILD'S ENROLLMENT RECORD

<b>DIRECTOR'S USE ONLY</b> Date enrolled _____
---------------------------------------------------

Child's full legal name \_\_\_\_\_  
First Middle Last Nickname

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Primary Hours of Care From \_\_\_\_\_ To \_\_\_\_\_ Days of Week in Care \_\_\_\_\_

Child's Physical Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

### Family Information:

Child Lives with \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

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

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

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

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

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

### 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 children's center 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

**Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.**

CONTINUED ON BACK

**CHILD'S ENROLLMENT RECORD**

**(Back Page)**

**Medical Information:**

**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*

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

**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, a copy of the children's center discipline and expulsion policies.**

**I was notified that the snacks/meals served daily are:**  Breakfast  AM Snack  Lunch  PM Snack  Dinner

**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 Custodial Parent or Legal Guardian** **Date**



**EMERGENCY MEDICAL RELEASE**

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

**Please Print Information**

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

**Sign in the presence of the Notary.**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

**Signature of Custodial Parent/Legal Guardian (Affiant)**

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

by \_\_\_\_\_, who is personally known to me or who has  
(Name of Affiant)

produced \_\_\_\_\_ as identification.  
(Type of Identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)



**CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE**  
*(To be completed by parent or guardian)*

Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent or Guardian completing form \_\_\_\_\_

*Please answer the questions on this form. We feel this information will help us be more effective in working with your child.*

<u>Childhood Disease Child has had</u>	<u>Date</u>
Chicken Pox	_____
Measles	3 Day (Rubella) _____ 10 Day (Rubella) _____
Scarlet Fever	_____
Rheumatic Fever	_____
Mumps	_____
Strep Throat	_____

Is your child taking over-the-counter or prescribed medication regularly at home?  Yes  No

If yes, what? \_\_\_\_\_

Is your child taking vitamins regularly at home? Yes  No

If yes, what? \_\_\_\_\_

List any known allergies to food or environment \_\_\_\_\_

Describe the allergic reaction \_\_\_\_\_

Does your child complain of feeling ill often?  Yes  No

Have you ever suspected your child of having seizures?  Yes  No

Describe your child's appetite \_\_\_\_\_

Does your child dislike any foods?  Yes  No If so, what? \_\_\_\_\_

What does your child usually eat for breakfast before arriving at the center? \_\_\_\_\_

How easily does your child fall asleep? \_\_\_\_\_

What is the usual bedtime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

What is the usual naptime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

Is the child completely toilet trained?  Yes  No

Does the child remain dry all night?  Yes  No

When did the child begin to walk alone? \_\_\_\_\_

Are other adults (not family) able to understand the child's speech? \_\_\_\_\_

Does your child have a regular playmate?  Yes  No Same Age  Yes  No

Older  Yes  No Younger  Yes  No

What is your child's favorite toy or activity at home? \_\_\_\_\_

Does your child have temper tantrums?  Yes  No

Does your child bite his nails?  Yes  No Twist his hair?  Yes  No

If you could describe your child in one word, what would it be? \_\_\_\_\_

Please list your child's strong points, such as happy, curious, loving, etc. \_\_\_\_\_

Is there anything else, medical or otherwise, that we need to know about your child? \_\_\_\_\_



## Emergency Care Form

This form should accompany children being transported by the children's center that have a chronic medical condition, i.e. asthma, diabetes or seizures.

**This section should be completed by the children's center:**

Child's Name _____
Condition _____
Symptoms _____
Medications/Supplies to be available _____
_____
Name of adult trained to respond to the emergency _____
_____

**This section to be completed by parent or health care provider:**

The following steps should be followed in the event that this condition requires action:
• _____
• _____
• _____
• _____
• _____

Parent or guardian's signature \_\_\_\_\_

Director's signature \_\_\_\_\_

Date \_\_\_\_\_

**See Child Enrollment Form or Emergency Medical Release Form for Health Care Provider and Preferred Hospital Information.**



## Food Experience Permission Form

I give permission for my child \_\_\_\_\_ to participate in food related activities.

Please check one of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

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

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





## VOLUNTEER ACKNOWLEDGEMENT

I attest my name is \_\_\_\_\_ and  
(print volunteer/foster grandparent name)

serve in the child care program known as \_\_\_\_\_  
(print name of child care program)

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 child care, 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 10 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 and 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

**To Be Completed by the Owner/Operator/Director**

I attest my name is \_\_\_\_\_, and I  
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above.  
(circle one)

The above individual serves, under the above definition, as a volunteer/foster grandparent in this child care program. I attest that I have read the foregoing, and the facts alleged are true and correct.

\_\_\_\_\_  
Owner /Operator /Director Signature Date

## **Discipline Policy ( please keep)**

Children are encouraged to play and work together. Teachers help children resolve conflicts by identifying feelings, describing problems, and trying alternative solutions. Students will be encouraged to be problem solvers. This discipline policy prohibits children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited.

Teachers will teach the children to use kindness, caring, and responsibility when interacting with each other.

We will focus on ways to encourage and strengthen positive behavior, ways to prevent misbehavior, and ways to manage misbehavior when it occurs.

We know that children at this age will sometimes use their hands to do the talking when they are feeling frustrated and angry. When this does occur, we will notify you in writing or phone call letting you know your child hit another child or was hit. If your child hit another child he or she will need to talk it out with the teacher, as well as the principal. You may be required to come and pick up your child. We will partner with you to resolve the issues that have caused your child to hit, by helping them to communicate their feelings with words not hands.

## QUALITY CHILD CARE

Quality child care offers health, social, and Educational experiences under qualified Supervision in a safe, nurturing and stimulating environment. Children in these settings participate in daily, age-appropriate Activities that help develop essential skills, Build independence and instill self-respect. When evaluating the quality of a child care Setting, the following indicators should be Considered:

- ❖ Are friendly and eager to care for children.
  - ❖ Accept family cultural and ethnic differences.
  - ❖ Are warm, understanding, encouraging and responsive to each child's individual needs.
  - ❖ Use a pleasant tone of voice and frequently hold, cuddle and talk to the children.
  - ❖ Help children manage their behavior in a positive, constructive and non-threatening manner.
  - ❖ Allow children to play alone or in small groups.
  - ❖ Are attentive to and interact with the children.
  - ❖ Provide stimulating, interesting and educational activities.
  - ❖ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
  - ❖ Communicate with parents.
- ### QUALITY ENVIRONMENTS
- ❖ Are clean, safe, inviting, comfortable, child-friendly..
  - ❖ Provide easy access to age-appropriate toys.
  - ❖ Displays children's activities and creations.

## PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact 211 Tampa Bay Cares at 2-1-1.

For an appointment to review a children's center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4857.

For further information about child care in Florida or to view children's center inspection reports, visit the website:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

## PARENT'S ROLE

A parent's role in quality child care is vital:

- ❖ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ❖ Know the children's center policies and procedures.
- ❖ Communicate directly with caregivers.
- ❖ Visit and observe the children's center.
- ❖ Participate in special activities, meetings, and conferences.
- ❖ Talk to your child about their daily experiences in the children's center.
- ❖ Arrange alternate care for a sick child.
- ❖ Familiarize yourself with the child care standards used to license the children's center.

## KNOW YOUR CHILD'S CHILDREN'S CENTER

Nursery School \* Kindergarten

Day Nursery \* School Age Center



PINELLAS COUNTY LICENSE BOARD  
for Children's Centers and  
Family Child Care Homes  
8751 Ulmerton Road, Suite 2000  
Largo, FL 33771  
Telephone 727-507-4857  
[www.pcib.org](http://www.pcib.org)

The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services and the Florida Department of Health, Pinellas County.

## PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS

This children's center has met regulations found in Licensing Regulations Governing Pinellas County Children's Centers.

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

### A LICENSED CHILDREN'S CENTER MUST:

- ❖ Adhere to its licensed capacity at all times.
- ❖ Post a schedule of daily activities.
- ❖ Have first aid and emergency procedures, and post evacuation diagrams in each room.
- ❖ Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- ❖ Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- ❖ Report suspected child abuse to the statewide toll-free telephone number.
- ❖ Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- ❖ Document required information when administering medication.
- ❖ Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- ❖ Maintain vehicles in safe condition if transportation is provided.
- ❖ Obtain parent's or legal guardian's permission before transporting children.
- ❖ Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.

## CHILDREN'S RECORDS REQUIREMENTS

The following documentation is required to be maintained in the children's center for each child in care:

- ❖ A signed statement that parent or legal guardian received a copy of this brochure.
- ❖ A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- ❖ A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- ❖ A current health examination record (not required for school age children).
- ❖ A current Florida Certificate of Immunization (not required for school age children).
- ❖ A notarized Emergency Medical Release.
- ❖ Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- ❖ Primary hours of care and days of week in care.
- ❖ Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- ❖ Hospital preference.
- ❖ Child's full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- ❖ Name, address, and telephone number of parent or legal guardian.
- ❖ Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- ❖ Name, address and telephone number of physician and dentist.
- ❖ Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the influenza virus.

## PERSONNEL REQUIREMENTS

- ❖ Director has a Director Credential with the certificate posted.
- ❖ Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- ❖ Completion of background screening.
- ❖ Completion of 40-Hour Introductory Child Care training.
- ❖ Completion of 10 hours training annually.
- ❖ Completion of early literacy training (not required for school age centers).
- ❖ Documentation of educational requirements.
- ❖ Meet minimum age requirements.
- ❖ Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- ❖ Staff trained in first aid and CPR on the premises at all times and on field trips
- ❖ Staff maintain direct supervision including minimum adult-child ratios:
 

2 months-1 year	1 adult for 3 children
1 year-2 years	1 adult for 5 children
2 year olds	1 adult for 10 children
3 year olds	1 adult for 15 children
4 year olds	1 adult for 20 children
5 years and up	1 adult for 25 children

## NUTRITIONAL REQUIREMENTS

- ❖ Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
  - o Posted meal and snack menus.
  - o Safe drinking water is available.

## PHYSICAL ENVIRONMENT

- ❖ Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.

- ❖ Has indoor and outdoor space that is clean and free of litter and other hazards.

- ❖ Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.

- ❖ Has appropriate bathroom facilities that are operable, clean and sanitized (daily).

- ❖ Has isolation area for ill children.

- ❖ Has equipment for proper sanitary hand washing, toileting, and diapering activities.

- ❖ Has at least one corded, operable telephone available to staff.

## HEALTH RELATED ENVIRONMENTAL REQUIREMENTS

- ❖ Annual approved fire inspections conducted.
- ❖ Monthly checks to ensure all areas of the children's center are free from fire hazards.
- ❖ Smoking is prohibited on premises.

- ❖ Storage of toxic and hazardous materials in areas inaccessible to children.

- ❖ Fire and emergency drills conducted as required.

- ❖ A labeled, fully stocked first aid kit.

- ❖ Parent(s) or legal guardian(s) notified of all animals on site.

- ❖ Records of immunizations for animals/fowl.

- ❖ Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).

- ❖ Prohibit narcotics, alcohol or other impairing drugs on the premises.

- ❖ Bimonthly outdoor equipment maintenance checks.