

# WEEKDAY EDUCATION

## ENROLLMENT APPLICATION

Enrollment date \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's name \_\_\_\_\_(last) \_\_\_\_\_(first) \_\_\_\_\_(middle)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: male female

Address \_\_\_\_\_

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Mother or Guardian's name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

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Father or Guardian's name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

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Child lives with: both parents\_\_\_ mother\_\_\_ father\_\_\_ other\_\_\_\_\_

If parents are not married, who is the custodial parent? \_\_\_\_\_

Shall the non-custodial parent have access to child's information? Yes No

## CHILD INFORMATION CARD

Child's name \_\_\_\_\_(last) \_\_\_\_\_(first) \_\_\_\_\_(middle)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: male female

Address \_\_\_\_\_

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Mother or Guardian's name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

E-mail \_\_\_\_\_

Employer's name and address \_\_\_\_\_

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Father or Guardian's name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

E-mail \_\_\_\_\_

Employer's name and address \_\_\_\_\_

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Child lives with: both parents\_\_\_ mother\_\_\_ father\_\_\_ other\_\_\_\_\_

If parents are not married, who is the custodial parent? \_\_\_\_\_

Shall the non-custodial parent have access to child's information? Yes No

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List other persons authorized to pick up your child:

Name\_\_\_\_\_ Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile)

Name\_\_\_\_\_ Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile)

Name\_\_\_\_\_ Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile)

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Medical concerns:\_\_\_\_\_ Allergies:\_\_\_\_\_

*you may include additional information on the back of this form*

Parent signature and date \_\_\_\_\_

Parent signature and date \_\_\_\_\_

**FAMILY INFORMATION CARD**

Child's name \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: male female

Address \_\_\_\_\_

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

**Mother's name** \_\_\_\_\_

Occupation \_\_\_\_\_

Phone \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_ (home)

**Father's name** \_\_\_\_\_

Occupation \_\_\_\_\_

Phone \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_ (home)

Sibling's name \_\_\_\_\_ Age \_\_\_\_\_

Sibling's name \_\_\_\_\_ Age \_\_\_\_\_

Sibling's name \_\_\_\_\_ Age \_\_\_\_\_

Sibling's name \_\_\_\_\_ Age \_\_\_\_\_

Sibling's name \_\_\_\_\_ Age \_\_\_\_\_

Pet's name \_\_\_\_\_ Type \_\_\_\_\_

Pet's name \_\_\_\_\_ Type \_\_\_\_\_

Country of Origin \_\_\_\_\_

Primary language spoken \_\_\_\_\_

Additional language(s) spoken \_\_\_\_\_

Name of church you attend \_\_\_\_\_

*you may include additional information about your family on the back of this page*



## EMERGENCY PROCEDURE FORM

Child's name \_\_\_\_\_

**If an emergency arises and neither parent nor guardian is able to be reached, please contact one of the people listed below.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_

Name of policy holder \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies and reaction \_\_\_\_\_  
(continue on back if necessary)

I hereby give the Weekday Education Center permission to follow standard first aid procedures in the event of an accident or injury to my child. I understand that the Weekday personnel will attempt to notify me or my designated emergency contact person if an accident or illness occurs. If I cannot be contacted, the Weekday office is authorized to contact my child's physician and follow their instructions. If my child needs to be transported to a local hospital, I authorize the Weekday personnel to arrange for such transportation. I further authorize the Weekday personnel to release any relevant information to the doctor or hospital to expedite the treatment of my child. I understand that I am liable for any medical costs incurred.

**For an oath or affirmation:** \_\_\_\_\_  
parent signature and date

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

Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Personally Known \_\_\_\_ or Produced Identification \_\_\_\_ Type of identification produced \_\_\_\_\_

Notary \_\_\_\_\_

## ALTERNATE PICK-UP FORM

Child's name \_\_\_\_\_

Occasionally the need may arise for someone else to pick up your child.  
List the appropriate persons below.

Please ask anyone who picks up for you to bring a photo I.D. and enter through the Weekday office. Please do not give the door code to anyone. The names on this list can be the same as on the Emergency Contact list or they can be different. You may update this list at any time by stopping by the Weekday office.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

6. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

7. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_(work) \_\_\_\_\_(mobile) \_\_\_\_\_(home)

## DISCIPLINE STATEMENT + ACKNOWLEDGEMENT OF RECEIPT

Child's name \_\_\_\_\_

**Florida law states that every childcare center has to provide parents with a written discipline statement and a copy of the "Know Your Child's Daycare" brochure. This brochure is published by the Department of Children and Families.**

The following discipline procedures are used at First Baptist Church of Tallahassee's Weekday Education:

- Redirect younger children
- Discuss the problem with children old enough to have good verbal skills and include them in the solution to the problem
- If needed, "Time Alone" form activities in the classroom under the teacher's supervision
- If the incident is recurring or one that the teacher feels needs more attention, then the child will be brought to the office for "Time Alone" under adult supervision
- In some cases, parents may be called to talk to their child over the phone or come to the school and take the child home
- NO FORM OF CORPORAL PUNISHMENT WILL BE USED AT FIRST BAPTIST CHURCH OF TALLAHASSEE'S WEEKDAY EDUCATION

\_\_\_ I have read the **discipline statement** of First Baptist Church of Tallahassee's Weekday Education.

\_\_\_ I have been given a copy and read the brochure titled "**Know Your Child's Daycare.**"

\_\_\_ I have been provided with a copy of the "**Parent Handbook**" and agree to abide with the policies stated in this handbook.

**For an oath or affirmation:** \_\_\_\_\_  
parent signature and date

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

Sworn to and subscribed before me on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_

Personally Known \_\_\_ or Produced Identification \_\_\_ Type of identification produced \_\_\_\_\_

Notary \_\_\_\_\_



## PHOTO/VIDEO PERMISSION FORM

Child's name \_\_\_\_\_

**We would like to take pictures throughout the year that demonstrate various school activities, as well as developmental growth at various ages. These pictures will be included in your child's portfolio and posted in classrooms at various times throughout the year. These photographs will not be used for publicity purposes without your consent.**

\_\_\_ Yes, photos may be taken of my child during his or her stay at Weekday

\_\_\_ No, photos may not be taken of my child during his or her stay at Weekday

Parent signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, hereby authorize and consent to the use of his or her visual image by First Baptist Church of Tallahassee's Weekday Education for educationally appropriate purposes, including still photography and video. This information may be accessible on the Weekday Education Facebook page or website. When posting photos online, I understand that no names of anyone pictured will be tagged, printed, or accessible in any way.

I give my consent with no claim to payment

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DIRECT DEBIT/CREDIT CARD AUTHORIZATION**

Child's name \_\_\_\_\_

Name (please print) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount of payment: \$ \_\_\_\_\_ if monthly; \$ \_\_\_\_\_ if twice monthly

monthly (check one):  5<sup>th</sup> day of the month

twice monthly (check one):  1<sup>st</sup> + 15<sup>th</sup>     5<sup>th</sup> + 20<sup>th</sup>

Amount of Yearly Registration Fee (due in August or upon enrollment): \$ \_\_\_\_\_

Date of withdrawal \_\_\_\_/\_\_\_\_/\_\_\_\_

Select type of account:

checking (attach voided check)

routing number (first 9 digits, bottom left of check) \_\_\_\_\_

account number \_\_\_\_\_

credit card

type of card \_\_\_\_\_ card number \_\_\_\_\_

expiration date \_\_\_\_\_ security code \_\_\_\_\_

I authorize First Baptist Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization in writing. I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. I also authorize First Baptist Church to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

Authorized signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Check here if you plan to pay using the automatic check writing services of your bank, and give us the bank name below. Please remember to mark the payment frequency and amount of your bank's payments in the spaces indicated above.

Paying bank \_\_\_\_\_





**HEALTH CARE PLAN**

Child's name \_\_\_\_\_

**Only complete this form if your child has a known medical condition.**

Child's birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary teacher \_\_\_\_\_

Parent name(s) \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Condition:  Asthma  Allergies  Other: \_\_\_\_\_

Irritants/causes \_\_\_\_\_

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

Effects \_\_\_\_\_

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

Treatment \_\_\_\_\_

Treatment instructions \_\_\_\_\_

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

Additional comments \_\_\_\_\_

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

Parent signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**SICK CHILD PROCEDURE**

Dear Parents,

Please be aware that physicians and the Department of Children and Families do not always agree, but we are licensed by the Department of Children and Families and abide by their regulations. This means that the following procedures are directly from DCF and we ***must*** observe their policies.

Any child with any of the following will be sent home, and may return when specified below:

- **Diarrhea**—more than 2 watery stools | must be symptom-free for 24 hours without the aide of symptom relievers (recurring diarrhea will be excluded from the center until the child has been tested and received a negative result for giardia, salmonella, and shigellosis)
- **Vomiting**—must be symptom-free for 24 hours without the aide of symptom relievers
- **Undetermined rash**—any topical condition on the skin that is not normal for that child | may return with a note from the physician that states that the child is not contagious
- **Fever**—101 degrees or higher | must be fever-free without the aide of Tylenol, etc. for 24 hours
- **Head lice**—observing the lice on the scalp or itching of the head, neck, or back of the ears | must be nit-free and treated with an anti-lice shampoo
- **Strep Throat**—must be on antibiotics for 48 hours before returning to school
- **Nasal drainage (green in color)**—a green discharge from the nose, accompanied by a fever of 100 degrees or higher, or a cough | must be fever-free for 24 hours and may return with a note from the doctor that states that the green discharge is not contagious
- **Ringworm**—flat ring-shaped areas on the body or scalp | may return when on medication for 24 hours, and the affected areas must be covered
- **Thrush**—white patches in the mouth or on the tongue | must be on medication for 24 hours
- **Mouth sores (relating to coxsachie virus or hand, foot, and mouth)**—blisters on the tongue, gums, or roof of the mouth; blisters may also be on the hands and feet | may return with a note from the physician that states the child is not contagious (usually 2-3 days)
- **Pink eye**—red, itchy eyes accompanied by drainage | must be on eye drops for 24 hours and free from eye drainage
- **Croup**—cough that sounds like a bark, accompanied by a low-grade fever | may return when fever-free for 24 hours and when the barking cough has gone away

For those listed above, and any other illnesses, please obtain a doctor's note for clearance to return to school.

Keeping a sick child at home will reduce the spread of illnesses in the classroom. It is a very long day for a child who is sent to school not feeling well.

Please do not put our staff in the difficult situation of having to send your child back home if you come back before the 24-hour period. Please note that means 24-hours symptom-free!

Thank you in advance for helping to keep our children as healthy as possible.

Updated 05/15/2013

## DRESS GUIDELINES

- Please dress your child according to the weather and in clothing that you don't mind getting messed up.
- All walking children should wear socks and closed-toe shoes to protect their feet from the prickly mulch on the playground.
- Shoes should be fitted properly to avoid tripping.
- We discourage t-shirts with monsters, ghosts, witches, or other questionable designs/pictures.
- We discourage clothing with offensive language.
- Girls should wear shorts, tights, or bloomers underneath their dresses or skirts.
- Dangling jewelry, hats, headbands, hair boxes, and beads are strongly discouraged.

Teachers already have a large responsibility to keep your child(ren) happy, safe, and loved. They may not be able to keep up with these personal items. Also, many hair ornaments may pose a choking hazard for younger ones who so readily place objects in their mouths.

**PERMISSION FOR FOOD-RELATED ACTIVITIES + SPECIAL OCCASION FOOD CONSUMPTION**

Child's name \_\_\_\_\_

**Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care 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, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give / decline (*circle one*) permission for my child to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

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

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

\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## SUPPLY LIST

### INFANTS

- diaper bag
- 7-8 diapers daily
- 2-3 changes of clothes daily
- shoes if your child is pulling up or beginning to walk (socks alone are too slippery)
- milk already prepared in the bottles (bottles must have lids)
- baby food and box of cereal to leave at FBCLTH
- pacifier
- diaper cream if needed
- burp cloths

*Please label (first and last name) all bottles, individual diapers, pacifiers, clothes, and anything else you may bring from home.*

### TODDLERS 1-3

- backpack or diaper bag
- 6-7 diapers daily
- 2 changes of clothes daily
- 1 fitted crib sheet and blanket every Monday (please fit inside a 2-gallon Ziploc bag)
- diaper rash cream

*Breakfast snack, lunch, afternoon snacks, and whole milk are provided by FBCTLH once the child starts baby food.*

*Please label (first and last name) all bottles, individual diapers, pacifiers, clothes, and anything else you may bring from home.*

**POTTY TRAINING** - once the teacher identifies that your child is ready for potty training, you will need to bring the following daily

- backpack or diaper bag
- 4-6 pull-ups (open on the side) or 4-6 pairs of underwear
- 4 complete changes of clothes
- extra socks and shoes

### PRESCHOOLERS 3-5

- backpack
- 1 fitted crib sheet and blanket every Monday (please fit inside a 2-gallon Ziploc bag)
- 1 change of clothes, including socks and shoes

**REGISTRATION CHECKLIST**

- Meet with Director for interview/tour
- Pay registration fee
- Submit completed and **notarized** enrollment forms within 5 days of enrollment date
- Submit Direct Debit/Credit Card Authorization form (page 8)
- Read Parent Handbook and Know Your Childcare Facility brochure
- Sign Acknowledgement of Receipt (page 6)
- Attend orientation if entering during regular enrollment period
- Submit DOH Form #3040–Health Form before the first day of child’s attendance
- Submit Immunization Certificate before the first day of child’s attendance
- Read and sign Influenza Virus Pamphlet
- Sign Photo/Video Permission Form (page 7)
- Purchase supply items needed for your child (see supply list - page 13)
- Pick up parking permission decal from front office
- Register yourself and other authorized pick-up person(s) for Procure check in/out system