



## CHECK LIST:

- Registration, Curriculum & Supply Fees Paid
- Copy of Birth Certificate
- Updated Immunization Form
- Updated Physical Form
- Signed know your center brochure (will receive at Open House)
- Signed influenza brochure (yearly) (will receive at Open House)
- Paradise Park, Sky Zone Releases
- VPK form signed (VPK students only, will receive at Open House)

Licensed by:  
Department of Children and Families  
CO5LA0117

Family Christian School  
2500 S. Hwy. 27 Clermont, FL 34711  
Phone: 352-241-0323 Fax: 352-243-9251  
Revised 2016-2017

# Family Christian Center Preschool

Revised 2016-2017

**Note: This Entire Form Must Be Update Annually**

Today's Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

I am enrolling my child in the \_\_\_\_\_ 5 day \_\_\_\_\_ 3 day \_\_\_\_\_ 2 day preschool program  
\_\_\_\_\_ 3 day vpk \_\_\_\_\_ 5 day vpk program (check one).

I will need extended care ( 7:00 a.m.-8:45a.m. and/or 3:00p.m.-5:30p.m ). Yes \_\_\_ No \_\_\_

## CHILD'S NAME

\_\_\_\_\_  
(First) (Middle) (Last)  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_ SS# \_\_\_\_\_

MOTHER: \_\_\_\_\_ SS# \_\_\_\_\_ Birthday: \_\_\_\_\_

FATHER: \_\_\_\_\_ SS# \_\_\_\_\_ Birthday: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOTHER'S CELL \_\_\_\_\_ FATHER'S CELL: \_\_\_\_\_

HOME E-MAIL ADDRESS  
\_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_

FATHER'S  
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHILD'S  
DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

# Additional Information

**Child's Name:** \_\_\_\_\_

Fill in only the information that applies:

Student is living with:      Both Parents: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

Stepfather's Name: \_\_\_\_\_ Stepmother's Name: \_\_\_\_\_

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

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

People in household: \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages of children \_\_\_\_\_

Previous Childcare Center: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are there any physical limitations or emotional behaviors that we should be aware of?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

Was your child a full term pregnancy? Yes \_\_\_ No \_\_\_ If not please explain: \_\_\_\_\_

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

Normal delivery, difficult delivery, or Cesarean Section? \_\_\_\_\_

Has your child been hospitalized since time of birth? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain

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

Sleep habits of child: \_\_\_\_\_ p.m. until \_\_\_\_\_ a.m. Does your child take naps? \_\_\_\_\_ Yes \_\_\_ No

Child's favorite toy or past time? \_\_\_\_\_

Language(s) spoken in home: \_\_\_\_\_

Is there anything you would like us to know about your child that was not covered above?

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

*This information will be kept confidential and will be used to help the staff of The Family Christian Preschool to provide a secure learning environment for your child*

# Health Information

Child's Name: \_\_\_\_\_

Does your child have any unusual health conditions? \_\_\_\_ Yes \_\_\_\_ No If yes, please indicate:

\_\_\_\_ Asthma: \_\_\_\_ Bee Stings: \_\_\_\_ Seizures: \_\_\_\_ Physical Handicaps: \_\_\_\_

Describe: \_\_\_\_\_

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

Medication that your child may be allergic to: \_\_\_\_\_

Behavioral disorders: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Is there any care or treatment required for these conditions? \_\_\_\_\_

# Contact Information

**PERSONS TO CONTACT IN CASE OF EMERGENCY IF PARENTS ARE NOT AVAILABLE**

PASSWORD: \_\_\_\_\_

**Any one signing out or picking up my child must be 18 years old or older. Show an I.D. and know the child's password.**

1)  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2)  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**THE ABOVE AND FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD:**

1)  
Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2)  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*IS THERE ANYONE WHO MAY NOT PICK UP YOUR CHILD?\*\*\*\*\*

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# Educational Background

Child's Name: \_\_\_\_\_

Which hand does your child favor? \_\_\_\_\_ Right \_\_\_\_\_ Left  
Age when your child first started to: \_\_\_\_\_ Crawl \_\_\_\_\_ Walk \_\_\_\_\_ Talk

Check all the following that apply to your child:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Uses pencils           | <input type="checkbox"/> Uses crayons   | <input type="checkbox"/> Tie shoes             | <input type="checkbox"/> Uses scissors        |
| <input type="checkbox"/> Uses paint             | <input type="checkbox"/> Likes books    | <input type="checkbox"/> Uses clay             | <input type="checkbox"/> Uses glue            |
| <input type="checkbox"/> Uses puzzles           | <input type="checkbox"/> Dresses self   | <input type="checkbox"/> Has pet               | <input type="checkbox"/> Enjoys story reading |
| <input type="checkbox"/> Rides tricycle         | <input type="checkbox"/> Rides bike     | <input type="checkbox"/> Pulls wagon           | <input type="checkbox"/> Skates               |
| <input type="checkbox"/> Plays outdoors         | <input type="checkbox"/> Attends movies | <input type="checkbox"/> Prefers to play alone |   |
| <input type="checkbox"/> Plays well with others |   |  |   |

## Religious Background

What church does your family attend? \_\_\_\_\_

## Family Christian Preschool

How did you learn of Family Christian Preschool?

Newspaper \_\_\_\_\_ Telephone Book \_\_\_\_\_ Friend \_\_\_\_\_ Family \_\_\_\_\_  
\_\_\_\_\_ Movie Theater \_\_\_\_\_ Fliers \_\_\_\_\_ Church \_\_\_\_\_ Other: \_\_\_\_\_

## Family Christian Preschool Biting Policy

If a child's caught biting another student on three separate occasions, the child will be placed on probation. If the child bites again, the parent will be called to pick up the child immediately and their enrollment in pre-school will be terminated. Any fees paid will not be refunded. I have read and understand the biting policy of Family Christian Preschool and agree with this policy.

Parent's Signature: \_\_\_\_\_

## Teacher-Parent Policies

If parent arranges with a staff member for after hours, off premises care of their child or is on your pick up list that staff member undertakes such service on his or her own behalf, and not as a staff member of Family Christian Center School.

Parent's Signature: \_\_\_\_\_

## Lock Down

If our school would go on lock down, FCCPS staff will post on our Facebook page that we have locked down. We will then post when the lock down has been lifted. There will also be a red sign on the door signaling we are on lock down. When red sign is on door there will be NO ONE coming in or out of the building.

Parent's Signature: \_\_\_\_\_

# Discipline

Child's Name: \_\_\_\_\_

Our program operates on the premise that young children are never “bad”. It is our policy to redirect the inappropriate behavior using positive techniques. The goal of discipline is education, not punishment. However, there are times when a disobedient action needs an appropriate consequence. Each child's given the choice to listen and obey and they are responsible for their actions. Instead, of using the words “time out” we are using the words “the thinking spot”.

Enforcing discipline in the classroom will be the responsibility of each teacher. The main emphasis will always be on first reinforcing a child's positive behavior. If for some reason a student's behavior becomes disruptive, the teacher will give the child a verbal reminder. If disruptive behavior continues the child will be asked to go to the “thinking spot” located inside the class room for an age appropriate amount of time. The guideline for time spent in the “thinking spot” is 1 minute per year, so a 2 year old will spend 2 minutes in the “thinking spot” and so on.

If the child continues to display disruptive behavior, the teacher will escort them to the director's office for “conference time”. “Conference time” is where the child gets an opportunity to talk about the classroom situation and why they think it happened. We find that “conference time” often gives the child an opportunity to communicate about core issues that can sometimes be the reason for the disruptive behavior. This also gives the child an opportunity for self-examination and apologies, if necessary. Once “conference time” is over, the child is escorted back to the classroom.

In the rare instance that disruptive behavior still continues or the situation worsens, a parent conference will be required.

The following disciplinary actions will not be tolerated at FCCP:

1. Children will never be subject to discipline that is severe, humiliating or frightening.
2. Discipline will never be associated with food, rest, or toileting.
3. Spanking, picking up or putting down forcefully or any other form of physical or corporal punishment will not be tolerated.

Parent's Signature: \_\_\_\_\_

## Please Read the Following Statements and Sign

- 1.) In the event of an emergency, Family Christian Preschool has my permission to obtain emergency treatment by paramedics that may take my child to the closest available emergency facility as dispatched by their supervisors.
- 2.) I understand that my child will participate in Wednesday Chapel, when in attendance, where they learn of the Salvation through Jesus, the Bible and prayer.
- 3.) I also, understand that persons not on the pick up list will NOT be able to pick up my child. You may update your child's pick up list at anytime. Please, do not call and ask us to release your child to someone that is not on your pick up list.

\*\*\*\*\*This is a hard and fast rule\*\*\*\*\*

Parent's Signature: \_\_\_\_\_

# Financial Agreement

Child's Name: \_\_\_\_\_

I understand that all fees must be paid on the first day of each month when paying monthly. Weekly payment is due the Friday before the following week. Payments not received by this time will incur a \$25.00 late fee. Returned checks will be considered late and will have a \$25.00 late fee and a \$25.00 returned check fee may be charged.

If you withdrawal your child from this program you are required to give a two weeks' notice. If you do not give the notice of two weeks you are still required to pay the two weeks. Please put notice in writing.

If my child is not picked up by 5:30 there will be late fee of \$10.00 within first five minutes and \$1.00 for every minute thereafter.

I understand all information and conditions listed above and agree to abide by this agreement.

Parent's Signature: \_\_\_\_\_

# Photo and Video Release

I give permission for my child's photograph or video image to be taken while he/she is in the care of Family Christian Preschool. Such images may be posted in classrooms or other appropriate places within the center, used in center presentations or promotional materials, such as FCPS Facebook page and may be used in such things as classroom pictures, photos, videos and yearbook or distributed to staff or clients. I understand I can terminate this permission at any time in the future and that all said pictures and/or videos become the property of FCPS.

Parent's Signature: \_\_\_\_\_

# Empowering Kids with Personal Responsibility

**Clean up, clean up, everybody, everywhere,  
clean up, clean up, everyone do your share.**

While one of our goals at FCCP is to make sure that kids have fun learning and playing, we also teach and encourage personal responsibility in the area of personal hygiene and clean up. Children are always encouraged to pick up and put away their books, toys and art supplies when they are done with them. Additionally, we encourage kids to wash their face as needed and hands after potty time, play time, snack time and various times throughout the day.

Each classroom is conveniently equipped with their own kid sized bathroom for the use of all the students in that room. We understand while many kids are still perfecting the art of potty time, there may be an occasional small bathroom accident in the process. FCCP has supplied each classroom potty with disposable plastic gloves and disinfectant wipes so that when a child "misses" or "splashes", they are able to clean up after themselves. This is always done with direct involvement and supervision by a certified staff member.

Parent's Signature: \_\_\_\_\_

# Authorization for Emergency Care

Child's Name: \_\_\_\_\_

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 my consent for any and all necessary emergency medical treatment for my child while said child is in said individual's custody. In the event of serious injury 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 responsibility for payment of same.

Parent's  
Signature: \_\_\_\_\_

# Authorization to Transport

In the event of an emergency that requires the Preschool to vacate the premises and I or my companion are unreachable; I hereby authorize the director, or the person in charge in the event of her absence to transport my child to a safe environment until I can be reached. Your child will be taken to Ms. Michelle's house (Pastor Larry's wife here at FCCPS).

Parent's Signature: \_\_\_\_\_

# Medical Release Form

## Authorization For Emergency Medical Treatment

In the event that my child, \_\_\_\_\_ becomes ill or is injured while under the supervision of Family Christian Preschool, I hereby authorize the school's director, supervisor or Office manager to take whatever steps necessary for medical care to be rendered to my child in the event of an emergency.

I give consent to transport my child by ambulance when the situation is warranted by the discretion of the school administration.

I understand that the order of action to be taken by the Family Christian Preschool director, supervisor or Office Manager, will follow the outline below, (but will not be limited to these outlined actions), unless there is a need for immediate or emergency medical attention.

1. Call child's parents or guardian.
2. Call child's emergency persons as listed on enrollment form.
3. Use his/her discretion in contacting a properly licensed physician.
4. Call 9-1-1 first if the situation is serious.

Parents' Signature: \_\_\_\_\_

# Annual Update

(Sign if information remains the same, otherwise complete a new form)

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Signature of Parent/Guardian

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Date

# Parent Commitment

Child's Name: \_\_\_\_\_

- If a child becomes ill, parents will be notified immediately and will be asked to pick up their child as soon as possible. If the parents cannot be reached, those listed as emergency contacts will be notified and asked to pick up the child. In the event of emergency Family Christian Preschool has my permission to obtain emergency treatment by paramedics that may take your child to the closest available emergency facility as dispatched by their supervisors. If child is sent home due to illness the child will be required to be out of school for 24 hours.
- I understand that my child will participate in many varied learning activities while attending Family Christian Preschool, among which are the learning of character-building stories from the Bible.
- I have read and agree to adhere to the discipline policies in the FCPS hand book for my child to participate in activities on the property of FCPS.
- Payments will be made on Friday for the following week. I am aware that tuition payments must be paid on time regardless of holidays, vacations and absences. Payments cease only upon a two-week written (form in office) notice. If you are late more than three times in one month the charge will be doubled.
- I am aware that the registration fee and supply fees are non-refundable.
- If your child pulls the fire alarm and the school receives a charge from the City of Clermont. The parent will be responsible to pay the charge.
- It is my responsibility to keep my pick up and emergency list up dated, and know that my child will not be released to any one not on my pick up list.
- I have received and signed a parent handbook. I have read and I understand what is expected of me as a parent.
- I have received and signed a Know Your Child Care Facility Brochure
- I have received and signed Influenza Virus Brochure ( update yearly)
- I have received and signed Sky Zone and Paradise Park/Sky Zone forms
- I have read all twelve pages and received a new revised parent handbook and I am familiar with my obligations as a parent/guardian of my child attending Family Christian Preschool.

Mother's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by: \_\_\_\_\_  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(Affix Notary Seal)

As to: \_\_\_\_\_  
Personally known \_\_\_\_\_ OR produced identification \_\_\_\_\_  
Type of identification produced: \_\_\_\_\_

# Emergency Form

Teacher's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Address: \_\_\_\_\_ City: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## \*Person to contact in case of EMERGENCY if parents are unavailable\*

1. \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List any medications your child takes on a regular basis \_\_\_\_\_

List any uncommon medical problems your child has \_\_\_\_\_

List any medication or foods your child may be allergic to \_\_\_\_\_

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In accordance with State regulations, parents are responsible for escorting child(ren) into and out of the center. Children may NOT sign themselves in and out.

### Pick up Authorization Child's Password: \_\_\_\_\_

I hereby give permission for the following people and the people on my emergency list (above) to pick up my child:

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SKY ZONE  
Year Round Permission Form

I give my child \_\_\_\_\_ permission to go to Sky Zone during the school year of 2016-2017. I hereby relieve Family Christian Center and Family Christian Center School of any and all liabilities in case of any accidents or incidents.

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**You must go online the first week of school to set up a wavier form for your child to participate in Sky Zone during the year. Waivers are only good for one year.**

Paradise Park  
Year Round Permission Form

I give my child \_\_\_\_\_ permission to go to Paradise Park during the school year 2016-2017 at different times. I hereby relieve Family Christian Center and Family Christian Center School of any and all liabilities in case of any accidents or incidents.

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_