



Wesleyan Child Care Center Enrollment Documents

Child's Name: _____

Class: _____

Checklist for my enrollment documents:

- ___ Childcare Application for Enrollment Form
- ___ Notarized Emergency Form
- ___ Parental release for use of pictures
- ___ Permission slip for indoor/ outdoor premises
- ___ Child History Form
- ___ Parent Handbook / Know Your Facility acknowledgement forms
(found on website at firstcrestview.com)
- ___ Pick Up policy form
- ___ Allergy Documentation/ Authorization for Food Activities
Permission form
- ___ Parent grievance procedures
- ___ Student Health Examination FORM DH 3040
- ___ Florida Certificate of Immunization FORM DH 680
- ___ Signed statement acknowledging you have read (available
online) Shaken Baby & Abusive Head Trauma Prevention Policy
- ___ Signed statement acknowledging you have read (available
online) Discipline & Guidance policy

All forms are due upon enrollment to Wesleyan Child Care Center.



CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: M T W Th F Sa Su

Family Information:

Child's Lives With: _____

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Custody: Mother Father Both Other (specify): _____

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 Number: _____

Doctor: _____ Address: _____
Phone Number: _____

Dentist: _____ Address: _____
Phone Number: _____

Hospital Preference: _____

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



Emergency Care Plan Instructions (if applicable):

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 facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work Phone	Home Phone

Helpful Information About Child:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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 Parent/Guardian

Date

NOTARIZED PERMISSION FOR EMERGENCY TREATMENT FORM

On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some states students under 21 years might not be administered an anesthetic or operated upon without the written consent of the parent/guardian, we request the parent/guardian sign the following statement. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact the parents. The designed supervisor of the activity will attempt to contact the parent/guardian prior to exercising the emergency treatment consent. Permission is hereby granted to meet the medical needs of my child in case of an emergency.

Student's Name _____

Address _____

Age _____ D.O.B. _____ Sex _____ Phone# _____

Mother's Name _____ Work # _____

Father's Name _____ Work# _____

Email Address _____

Person's who may be contacted in case of emergency if for some reason the parent or guardian cannot be reached (and authorized to remove child from center)

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Allergies (Food, Medication, etc.) _____

Hospital Preference _____

Child's Physician/ Phone _____

State of Florida

County of Okaloosa

The foregoing instrument was acknowledged before me this _____ (date)

By (name of person acknowledged) _____ who is personally known to me or who has produced (type of identification) _____

As identification and who did/did not take an oath.

Parent/Guardian Signature Date _____

Signature of Notary Public- State of Florida

Wesleyan Child Care Center

Parental Release for Use of Pictures, Video or Publication Form

I authorize the Wesleyan Child Care Center and those acting under their permission and with their authority, to use and publish movies or pictures of my child,

In any medium deemed appropriate by the center.

I release and discharge the WCCC, and all persons acting under their permission and/or authority, from liability by virtue of use of photographs so long as same are used for an educational purpose by Wesleyan CCC.

I warrant that I am the Guardian and/or parent of _____, and have every right to contract on behalf of said child.

Parent Signature

Date

Wesleyan Child Care Center

Written Permission Slip for Wesleyan CCC

Outdoor/ Indoor Activities on the Premises Form

To meet the Florida Dept. of Children and Families requirements on activities outside the classroom and enclosed playground, we are asking parents/ guardians of the children enrolled at Wesleyan CCC to sign this form so your child can participate in Nature walks, Chapel, Vacation Bible School, Yearly holiday activities in the Fellowship hall, Story time, etc.

My child, _____ **may**
participate in the outdoor/ indoor activities on the premises at
Wesleyan CCC.

I **do not** wish to have my child, _____
participate in the activities on the premises at Wesleyan CCC.

Parent signature

Date

Wesleyan Child Care Center

Child History Form

Name: _____

Parents: Married Separated Divorced

Is he/she overactive or underactive? _____

Does anyone else care for your child other than you? _____

Does your child accept new people easily? _____

Does your child have any fears? _____

Does your child have any particular mannerisms? _____

Does your child have any siblings? _____

Does your child have any pets? _____

Does your child recognize any letters by sight? _____

What numbers? _____

What are your goals for your child in our program? _____

Is there any other information you would like to share about your child that may be helpful in us meeting his/her needs?

Wesleyan Child Care Center

Parent Handbook / Know Your Child Care Facility Acknowledgement Form

(Found online at firstcrestview.com)

I, _____ have read (available online) and agree to all policies and procedures in the Parent Handbook plus the Health and Discipline guidelines, school calendar and tuition rates. I also understand Wesleyan CCC reserves the right to change these policies when notice is given.

Parent / Guardian Signature

Date

I, _____ have read (available online), all the requirements in the "Know Your Child Care Facility" Brochure CF/PI 175-24 for facilities.

Child's Name _____

Parent/Guardian Signature _____

Date _____

Wesleyan Child Care Center

Pick- Up Policy form

Pick-up Policy

In the event that you as the child's Parent or Guardian are called to pick up your child from our school for illness, or for any reason pertaining to your child needing to be removed from the classroom.

Our policy here at Wesleyan Child Care Center is that the child must be picked up within thirty minutes from the time you are called, or late fees will be incurred of \$1.00/per minute. It is up to you as the Parent or Guardian to make other arrangements for your child to be picked up if you cannot make it to the school yourself.

I have read, understand, and agree to the above policy.

Parent/Guardian Signature

Date

Permission for *Food-related Activities & Special Occasion Food Consumption*

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 _____ give/decline permission for my child _____
(Parent or Guardian) (circle one) (Child's Name)

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 (please list below):

____ 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 or Guardian)

(Date)

Parent / Caregiver Grievance Procedures

As a parent it is your right to use the Grievance Procedure, but we ask that you observe the following responsibilities if using the Grievance Procedure:

- Negotiate an appropriate time to meet with the staff member and Director.
- Please do not approach families or other children about any issue that you have not mentioned to the staff or director.
- Only discuss information relevant to your child.
- Seek to resolve it in a way that respects the needs of those involved.
- Keep information discussed at the meeting confidential.

A good relationship between home and preschool give our children a better chance of success. This policy provides information about avenues of communication, which strengthen the partnership between family and preschool. These are the steps to follow in the event of a concern:

Concerns or complaints: A person can raise a concern or complaint if they think that the preschool staff member has done something wrong, if there are concerns about another child's behavior, or if there is another preschool-related issue.

Process for raising concern or complaint

- All concerns should be raised directly to the Director first.
- If there is a grievance it needs to be in writing and signed, then brought to the Director.
- If you are not satisfied with the Director's resolution, you may submit your written, signed complaint to the W.C.C.C Board, as described below.

The Board: The Wesleyan Child Care Center Board exercises oversight for the WCCC. It comprises the senior pastor of FUMC Crestview, 4 elected lay members of FUMC Crestview, a teacher representative, and a parent representative.

- If you would like to submit a grievance to the board, please bring your written complaint to our Pastoral Assistant at the First United Methodist Church of Crestview.
- The senior pastor will review your complaint and decide whether to refer it to the W.C.C.C Board.
- If the pastor refers your complaint, three or more members of the board will convene to interview all relevant parties in the complaint and to decide what action, if any, is necessary.

Signature _____ Date _____

**Shaken Baby & Abusive Head Trauma Prevention
Policy Parent or Guardian Acknowledgement Form**

Found online at firstcrestview.com

I, the parent or guardian of _____
acknowledges that I have read and received a copy of Wesleyan Child
Care Center's Shaken Baby Syndrome/ Abusive Head Trauma Policy.

_____ Date policy given/explained to parent/guardian

_____ Date of child's enrollment

Printed name of parent/guardian

Signature of parent/ guardian

Date

Discipline/ Guidance Policy

Parent/ Guardian Acknowledgement form

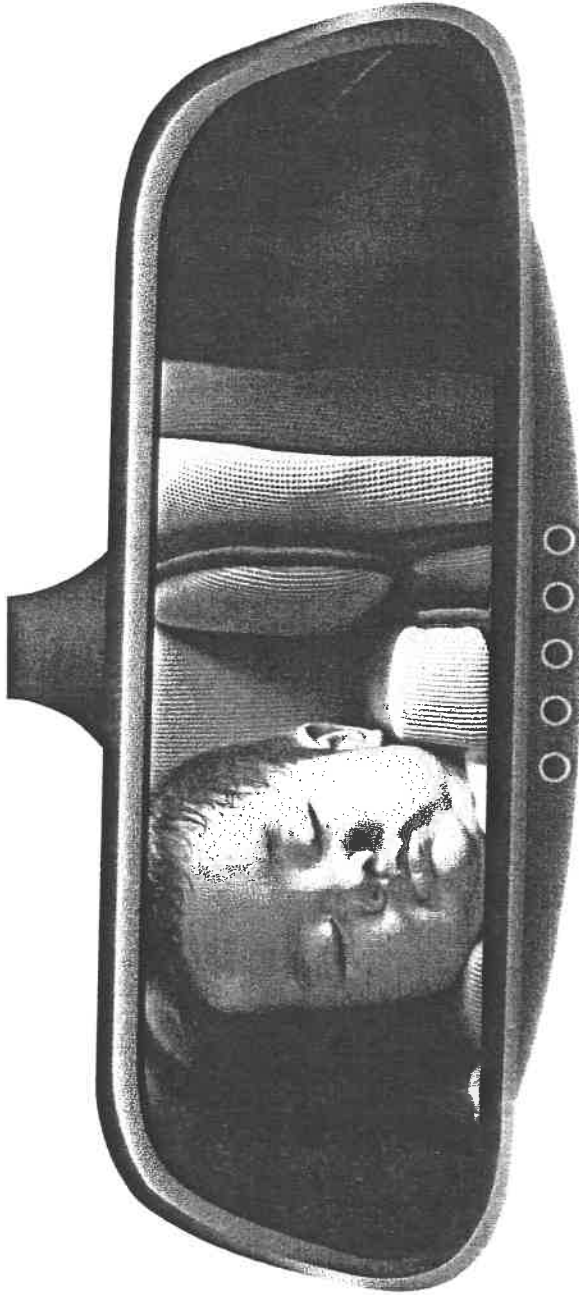
I, the parent/ guardian of _____

Acknowledges that I have read (available online) a copy of Wesleyan Child Care Center's Discipline/ Guidance policy.

Printed name of Parent/Guardian

Signature of Parent/ Guardian

Date

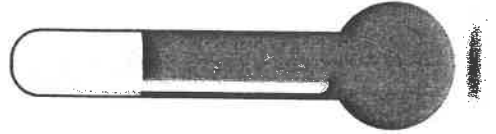


FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.