pclb

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
(Child's Full Name)

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 this _____ _____ 20_____
(Month) *(Day)* *(Year)*

by means of ☐ physical presence or ☐ online notarization by _____ who is personally known
(Name of Affiant)

to me or has produced _____as identification.
(Type of identification)

SEAL OF NOTARY

Signed:_____(*Signature of Notary*)

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CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

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*

Meals typically served while in care: ☐Breakfast ☐AM Snack ☐Lunch ☐PM Snack ☐Supper

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.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

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**

Prince of Peace Preschool

MAKING LEARNING FUN

Publicity Release Form

Here at Prince of Peace Preschool, we believe in documenting the growth of our incredible students! We do this through pictures and videos of them playing in centers, creating art, dancing in the classroom, etc.

Sometimes these images/videos are solely used in the classroom/parent portfolios but sometimes they are used for the Prince of Peace Preschool Facebook page or in the Prince of Peace Lutheran Church bulletin/video announcements.

As your child's parent/legal guardian, we always request your permission upon your child's enrollment to our program to make sure you feel comfortable! Please choose whichever option below that you feel the most comfortable with, and we will make sure all staff is aware of your decision.

☐ Yes, Prince of Peace Preschool and Prince of Peace Lutheran Church May Take Pictures/Videos of My Child for Use Outside of the Classroom (Facebook, Church Bulletins, Cards to Nursing Homes, etc.)

☐ Yes, Prince of Peace Preschool and Prince of Peace Lutheran Church May Take Pictures/Videos of My Child **BUT** Only for Classroom Use or on Brightwheel App

☐ No, Prince of Peace Preschool May **NOT** Take Pictures/Videos of My Child

_____ _____

Child's Name Date

_____ _____

Parent's Written Name Parent's Signature

Prince of Peace Preschool

MAKING LEARNING FUN

Authorization Form

I grant permission for the staff of Prince of Peace Preschool to apply the following items, which I have provided to the school, to my child as needed in the course of the school day.

☐ Diaper Cream

☐ Sunscreen

_____ _____

Child's Name Date

_____ _____

Parent's Written Name Parent's Signature

Prince of Peace Preschool
MAKING LEARNING FUN

Student Illness Policy

Here at Prince of Peace Preschool, we strive to ensure our students and staff can learn and work in a safe, healthy environment. While precautions are taken to protect your child against illness, most children experience a normal number of infections and illness throughout the year. Should your child become exposed to an infectious disease while in child care, we will notify you promptly. In return, we request that you report to us when your child has been exposed to an infection or disease outside of the center. The following policies have been put in place to allow us to maintain a safe, healthy environment for all individuals in our center:

1. Staff will be trained to recognize the common signs of communicable disease and other illness through First Aid training. All staff will be trained in proper hand washing and disinfecting procedures, as a part of their initial training.
2. A child with any of the following signs or symptoms of illness shall be immediately isolated and their parent/guardian will be notified to promptly pick their child up (within one (1) hour of initial phone call):
    a. Diarrhea (more than 3 abnormally loose stools in a 24-hour period)
    b. Vomiting
    c. Severe coughing, causing the child to become red or blue in the face or to make a whooping sound
    d. Severe sore throat
    e. Difficult or rapid breathing
    f. Yellowing skin or eyes
    g. Conjunctivitis (pink eye), or yellow/green mucus draining from the eyes
    h. Body temperature of 100.4 degrees Fahrenheit or higher
    i. Untreated infected skin patches
        i. Scabies
        ii. Hand, Foot and Mouth Disease (No draining blisters may be present upon return)
        iii. Impetigo (No open sores may be present upon return)
    j. Lice (No live bugs or nits may be present upon return)
3. Those children experiencing minor cold symptoms, but not exhibiting any of the symptoms specified above, are classified as mildly ill children. It is our policy to care for mildly ill children if the parent has been notified of the child's condition. The children will be monitored for worsening conditions or symptoms that would result in the child's pick-up.
4. When a family is notified that their child(ren) need to go home due to illness, an authorized adult must pick up the child(ren) within one (1) hour of the notice.

Readmittance After Illness

Your child will be readmitted to class after he/she has been symptom free for a **24-hour** period. This means they must have been without a fever for **24 hours <u>without</u>** fever reducing medicine. If your child was sent home due to a communicable disease (Hand, Foot and Mouth Disease, Impetigo, Pink Eye, etc.) a note from their pediatrician must be presented upon their arrival at school that clarifies they are no longer contagious.

Child's Name _____ Date _____

Parent's Written Name_____ Parent's Signature _____

Prince of Peace Preschool

Discipline Policy

Praise and positive reinforcement are effective methods of promoting positive behavior in young children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, Prince of Peace Preschool uses a positive approach to discipline and practices the following discipline and behavior management techniques:

We Do:

- Communicate to children using positive statements (use inside voices, use kind words, use listening ears, use helping hands, use walking feet, etc.)
- Communicate with children while on their level (squat/sit/lean to their eye level)
- Talk with children in a calm manner
- Explain why their action may have been a not nice choice
- Praise and encourage children
- Set limits for the children
- Apply rules consistently
- Set up the classroom environment to prevent problems
- Redirect a child to an acceptable activity if there is a problem
- Give children opportunities to make choices and solve problems
- Help children talk out problems and think of solutions
- Listen to children and respect their needs, desires **and** feelings
- Provide appropriate words to help solve conflicts
- Use storybooks and discussions to work through common conflicts

We Do NOT:

- Inflict corporal punishment in any manner upon a child (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.)
- Use any strategy that hurts, shames or belittles a child
- Use any strategy that threatens or intimidates a child
- Use or withhold food as a form of punishment
- Use of withhold physical activity as a form of punishment
- Shame or punish a child if a bathroom accident occurs
- Embarrass a child in front of others
- Compare children
- Place children in a locked and/or dark room
- Leave any child alone, unattended or without supervision
- Allow discipline of a child by other children
- Criticize, make fun of, or otherwise belittle a child's parent, families, or ethnic groups

Note: If, at any point, there is an indication/suspicion that a child has special needs, the Prince of Peace Preschool director will inform the child's family and contact either R'Club Services or the Early Learning Coalition (ELC) for assistance, evaluations, and recommendations for the child's future care needs. Conferences will be scheduled with parents if challenging behaviors occur. Please see the Prince of Peace Preschool Expulsion Policy for more information regarding challenging behaviors.

My signature below indicates that I have received, read, and agree to the guidelines mentioned above in the Prince of Peace Preschool Discipline Policy.

Child's Name:_____ Date:_____

Parent's Written Name: _____ Parent's Signature: _____

Prince of Peace Preschool

Expulsion Policy

Thank you for choosing Prince of Peace Preschool to support your child's development! We are committed to providing a safe, nurturing environment conductive for learning and growth for all our children. We strive to ensure all our children are set up for success regardless of their need or developmental level.

Unfortunately, sometimes there are reasons we must suspend (short-term basis) or expel (permanent basis) a child from our program. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced! However, Prince of Peace Preschool reserves the right to cancel the enrollment of a child for the following reasons, not limited to, but including:

- Non-payment or excessive late payment of fees/tuition
- Failure to adhere to policies and procedures outlined in the Parent Handbook
- The child has needs which we cannot adequately meet with our current staffing patterns
- The child's behavior threatens the health and safety of him/herself, another child or staff members
- The parent/guardian exhibits behavior which is detrimental to the health and well-being of the children and staff in a classroom or negatively interferes with the normal functioning of the classroom and/or program. This includes but is not limited to vulgarity, intimidation, harassment, or violation of childcare licensing regulations.
- Habitual tardiness when picking-up

Positive behavior interventions will be used as proactive actions will be taken in order to prevent expulsions including but not limited to the following:

- Screenings
- Classroom/environment assessments
- Reaching out to inclusion specialists, specialized care teams, or mental health consultants
- Staff will try to redirect child from negative behavior
- Staff will teach child appropriate skills to address challenging behaviors
- Staff will reassess the environment, activities, and supervision
- Staff will always use positive methods and language while discipling children
- Staff will celebrate appropriate behaviors
- Staff will always maintain strong connections with all children
- Staff will consistently apply consequences for rules
- Staff will always notify parents of their child's disruptive behavior that may lead to expulsion
- Director and parent will have a conference to discuss how to promote positive behavior
- A specialize care team will be formed to address how to best support the child

Communication with Parents – Fostering a positive relationship between staff and families will allow us to better help a child with challenging behaviors. Both the staff and families agree to the following items to ensure we are all doing our best to help the child:

- Communicate regularly with staff to ensure consistency in guidance between home and school
- Make sure children are present at school every day to allow us to have the time to work with all children, including those needing higher levels of support, as schedules are <u>key</u> to controlling challenging behaviors
- Understand and acknowledge that we do not just simply expel children while they are leaning these life skills. We strive to service individual needs while ensuring the safety of all our students and staff. Expulsion is **<u>only</u>** used as a last resort
- To best serve children, we may need to partner with social and emotional experts to help give a child the best foundation for academic and life success

If a transition to another provider becomes necessary, the Prince of Peace Preschool staff will do their best to work with families to seek the best care for their child. This may include receiving preschool recommendations from local resources that are better equipped to handle extremely challenging behaviors. Parents will be given a <u>minimum</u> of one (1) week notice that their child will no longer be eligible for enrollment at Prince of Peace Preschool.

By signing this document, you understand and agree to the terms above.

Child's Name:_____ Date:_____

Parent's Written Name: _____ Parent's Signature: _____

Prince of Peace Preschool promotes the use of healthy foods during morning snack, lunch, and afternoon snack! When packing your child's lunch, please keep in mind that we encourage healthy eating, so items like fruit, vegetables, crackers, and sandwiches are greatly appreciated! The following information will give you a little more understanding on what we serve in the classroom and certain restrictions that are in place:

- No cupcakes, cookies or candy will be served with the exception of classroom parties (birthdays, holidays, etc.)

Choking hazard regulations:

- Per the Pinellas County Licensing Board, "foods that are associated with young children's choking incidents must not be served to children under 4 years of age; such as, but not limited to, whole/round hot dogs, popcorn, chips, pretzel nuggets, whole grapes, nuts, cheese cubes and any food that is of similar ship and size of the trachea/windpipe."
- Please make sure if you are sending hot dogs, grapes, cheese cubes, etc., you are slicing them prior to sending them to school to help us prevent any accidents from occurring!

We appreciate your help and support in allowing us to teach our students the importance of healthy eating habits. When children have the opportunity to learn these habits at a young age, they are more likely to continue eating well-balanced, healthy meals and snacks as they grow older!

I have read, understand and agree to the above statements and restrictions.

_____ _____

Child's Name Date

_____ _____

Parent's Written Name Parent's Signature

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