



Parrish Early Care and Education Registration Packet

Please save, complete and email this packet to ChildrensCenter@parrishmed.com

Intent to Sign Electronically

By clicking the I ACCEPT button below, you are signing the document electronically. You agree that your electronic signature has the same legal validity and effect as your handwritten signature on the document, and that it has the same meaning as your handwritten signature.

___ I ACCEPT



Parrish Early Care and Education Registration Form

Child's Name: _____
(Last) (First) (Middle) (Nickname)

Date of Birth: _____ Sex: _____ 1st Day of Class (Date): _____

Whom does the child reside with? _____

Parent/Guardian Name: _____ Relationship: _____
Address: _____
Cell Phone: _____ Home Phone: _____
Email: _____
Work: _____ Work Phone: _____

Parent/Guardian Name: _____ Relationship: _____
Address: _____
Cell Phone: _____ Home Phone: _____
Email: _____
Work: _____ Work Phone: _____

Please list other person(s) to be notified in case of illness, accident, or unforeseen emergencies, and indicate as to whether they have permission to pick up the child from our center.

1. Name: _____ Relationship: _____ Phone: _____ Pick up child: __Y__ N
2. Name: _____ Relationship: _____ Phone: _____ Pick up child: __Y__ N
3. Name: _____ Relationship: _____ Phone: _____ Pick up child: __Y__ N
4. Name: _____ Relationship: _____ Phone: _____ Pick up child: __Y__ N

Child's Physician: _____ Phone: _____
Allergies/Medical Conditions: _____

Parent/Guardian Signature: _____ Date: _____



Parrish Early Care and Education

Health and Emergency Permission Record

Does your child have developmental disabilities that we should be aware of? Yes No

If yes, please specify: _____

Types of service/s presently receiving: _____

Do you have concerns about your child's development? _____

Does your child have allergies (food, medication, insects, etc.) Yes No

If yes, please specify: _____

Are there any special procedures require in caring for your child? Yes No

If yes, please specify: _____

Does your child take any medications on a daily basis? Yes No

If yes, which medications and why? _____

The medical emergency procedure will be as follows:

1. Contact parent/guardian
2. Contact person listed as emergency contact
3. Call 911, if necessary

I, _____, give permission to The Children's Center to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached. I further agree to hold The Children's Center free from all liability. I agree to keep the manager and teachers informed of any changes in address or telephone numbers of where I can be reached.

Signature of Parent/Legal Guardian _____ Date _____

Parent Commitment Form

I have read, understand and agree to comply with the policies and procedures as detailed in the Parent Information Handbook. I have also received a current tuition and registration rate schedule and agree to pay these rates as indicated.

Signature of Parent/Legal Guardian _____ Date _____



Parrish Early Care and Education

Disciplinary Practices

I have read and understand Parrish Early Care and Education's disciplinary practices outlined in the Parent Information Handbook.

Signature of Parent/Legal Guardian _____

Date _____

Know Your Child Care Center

Section 65C-22.006(4) F.A.C. requires that the parents or legal guardians must receive a copy of the Child Care Facility Brochure, "Know Your Child Care Center". I have received a copy of this brochure.

Signature of Parent/Legal Guardian _____

Date _____

Photo Release Consent Form (check all the apply)

1. I give permission to have my child photographed for classroom projects only.
2. I give permission to photograph or video my child for educational and marketing purposes through any type of media format such as our newsletters, The Children's Center brochures, websites, Facebook, newspapers or grants.
3. I do **NOT** give permission to have my child photographed.

Signature of Parent/Legal Guardian _____

Date _____

Consent for Screening and Assessment

One may be eligible to receive additional services at The Children's Center. Before we can provide these services to your child, we must conduct a screening to determine a plan for services that will best meet his/her needs. The screening process will be based on your child's age, developmental level and needs. You will be asked to provide information about your family and your need for services. The results of previous evaluations and assessments may also be used. You will be invited to attend a conference to discuss the results. The screening may also look at the following areas: hearing, vision, communication, speech & language, psychological, physical, health and medical development, social-emotional, self-help (adaptive) and behavioral development.

Signature of Parent/Legal Guardian _____

Date _____



Parrish Early Care and Education

Attendance Policy

As stated by the Florida Department of Children and Families:

Daily attendance of children shall be taken and recorded. Documentation of the time when each child enters and departs a child care facility or program is required. Child care facility personnel are responsible for ensuring that attendance records are complete and accurate. Such records shall be maintained for a minimum of 12 months.

Parrish Early Care and Education Attendance Policy

1. A parent or guardian must sign in and sign out the attending child each day. First and last name must be used. Initials are not permissible. The attendance sheets are located in each child's classroom. The program manager will send a written reminder upon the first incident where the child has not been signed in. A phone call will be made upon the second incident and a parent or guardian must return to school and sign the attendance sheet. This signature is required for a child to stay at school. In the event of an emergency evacuation, daily attendance records must be kept in order to accurately account for each child. This policy is to ensure the safety of each individual child.
2. A parent or guardian must call The Children's Center by 9:00am to notify the child's teacher of an absence UNLESS previously noted. If the child's absence is not accounted for, a call will be made inquiring of the child's whereabouts. Direct communication with our teachers and administration is crucial to the safety of your child.

I understand and agree with the Parrish Early Care and Education Attendance Policy.

The drop-off time for my child, _____ is approximately _____ AM.

Signature of Parent/Legal Guardian _____ Date _____

Snacks

Parents enjoy baking special goodies to share in the classroom. Please check your preference below:

___ I give permission for my child to be served homemade goods (not packaged from the grocery) during special occasions.

___ I do **NOT** give my permission for my child to eat homemade goods. My child may only consume food items prepackaged from the grocery.

Signature of Parent/Legal Guardian _____ Date _____

Ointment

I give permission to the teachers to apply: ___ Diaper cream ___ Sunscreen ___ Insect repellent

I understand that I am responsible for supplying the products mentioned; clearly labeled with my child's name and date.

Signature of Parent/Legal Guardian _____ Date _____



Parrish Early Care and Education
Parent Volunteer Form

We are thankful that you are willing to share your child with us. We will provide high quality care for your child in a safe, nurturing and stimulating environment. We want to work with you as a team and hope that you will share information with us as it pertains to your child's development to the fullest.

As teachers, we always have the need for "stuff" to assist us in preparing activities and supporting the proper curriculum in the classroom. We also have many other ways for parents to get involved and to volunteer in various areas.

What are your volunteer interests? Please check all that apply.

- Read to the children
- Assistance with lunches or class activities
- Preparation of materials (at school or at home)
- Preventative/simple maintenance
- Share a special skill with the children (art, music, science, craft, hobby, gardening)
- Other skills such as: _____
- I will be able to help with special events

Parent/Guardian Name: _____
Cell Phone: _____ Home Phone: _____
Email: _____



Parrish Early Care and Education Emergency Contact and Pick Up Form

Program Year _____ Teacher _____

Child's Name: _____
(Last) (First)

For your child's safety, your child will not be released to ANYONE who is not listed on this form. A picture ID will be required! Phone calls and written notes will not be accepted in changing this form. You, the parent, must make changes on this form yourself. You may request to make the changes at any time during the year.

People who are authorized to pick up your child or can be contacted in case of emergency (provide at least three):

Emergency Contact	Relationship to Child	Cell/Home Phone	Authorized to Pick Up Child?	Email Address
	Parent/Guardian			
	Parent/Guardian			

Is there ANYONE that may not have contact with your child? _____
Current court documents must be provided.

Signature of Parent/Legal Guardian _____ Date _____



Parrish Early Care and Education
Parent Questionnaire

Social/Emotional

1. Are there any other children in your family? Please include ages and names.

2. How would you describe your child's personality?

3. Has your child had any previous day care/play group experiences?

4. How does your child interact with other children?

5. How does your child interact with adults?

6. How does your child react to stressful situations?

7. Does he/she cry, withdraw or throw tantrums? Please explain.

8. How do you reassure your child?

9. Does your child have a favorite toy, book, pet? Please elaborate.

10. Is your child toilet trained? ___ Yes ___ No

11. My child speaks using: ___ words ___ phrases ___ complete sentences

12. Does your child use any special words that may not be understood by an outside? If yes, please explain.

Eating Habits

1. My child will eat anything. Yes No
2. Is your child a picky eater? Yes No
3. My child does not like the following:

Sleeping Habits

1. Does your child take a nap? If so, how often?
2. Does your child use a pacifier? Yes No

Motor Skills

1. Child's hand preference: Left Right Undecided
2. Does your child dress independently? Yes No With Help

Other Services/Activities

1. Is your child currently involved in extra curricula activities? If yes, please name.
2. Does your child receive therapy services or other community services? If yes, please specify.

Diversity

1. What is your family's religious preference?
2. Are there any holidays that your family does not participate in?
3. Are there any other languages spoken at home?
4. Is there any other information that you would like to share in regard to your family values and practices?