



CHILD CARE APPLICATION FOR ENROLLMENT 2017-2018

Student Information:

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

Full Name: _____

Nickname: _____

Child's Physical Address: _____

City/State/Zip: _____

Primary Hours of Care: From _____ To _____

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

Meals Typically Served While in Care: (Circle)

Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With: _____

Mother's Name:

Address: _____

Home Phone: _____

Employer: _____

Work Phone: _____/Cell: _____

Father's Name:

Address: _____

Home Phone: _____

Employer: _____

Work Phone: _____/Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____



Emergency Contact

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Authorized Person/s For Pick Up

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

CAUTION!!! Unauthorized Person/s For Pick Up

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Additional Information: _____

Parent/Guardian Signature: _____ Date: _____



Medical Information

Physician's Name: _____

Address: _____

Phone #s: (_____) _____ - (_____) _____ - _____

Dentist's Name: _____

Address: _____

Phone #s: (_____) _____ - (_____) _____ - _____

List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies. In Addition, Include Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly.

Medical Release Authorization

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____

Date _____



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____ hereby authorize and give consent to service providers and the staff of The Resource Room Child Care & Learning Center

I hereby:

consent and authorize or **do not consent and authorize**

the staff of The Resource Room Child Care & Learning Center to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Resource Room Child Care & Learning Center.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Resource Room Child Care & Learning Center, their staff, service providers, employees, agents, affiliates and Board members.



**The Resource Room Child Care & Learning Center
PARENT PERMISSION FORM –FIELD TRIP**

Field trips are not mandatory – They are designed to enhance our academic curriculum, to encourage student participation, and socialization.

SECTION I: IDENTIFYING INFORMATION

FACILITY Child Appropriate Outings and facilities in Dade & Broward County

DATES: 2017-2018 School Year

STUDENT’S NAME _____ **AGE** _____

SECTION II: NOTIFICATION TO PARENT

The Resource Rooms Child Care Center is planning a field trip to various locations

TRANSPORTATION: Travel Time Transportation an affiliate of The Resource Room

This trip will be chaperoned by The Resource Room staff

Cost for each child: Varies

DEPARTURE: Date: TBA

RETURN: Date: _____

The above time schedule and/or personnel may be changed due to unforeseen circumstances

**PLEASE KEEP THE TOP PORTION
FOR YOUR INFORMATION**

RETURN THE BOTTOM PORTION TO THE RESOURCE ROOM

SECTION III:

PARENT/GUARDIAN’S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child _____ to participate in the field trip to _____

I have completed the **EMERGENCY CONTACT INFORMATION**

Signature of Parent/ Guardian _____ Date _____

SECTION IV: EMERGENCY CONTACT INFORMATION

1. Name of Parent/ Guardian _____
2. Parent/ Guardian Telephone #'s (c) _____ (w) _____
3. In case parent/ guardian cannot be reached, please contact _____
4. Physician’s Name _____ Telephone # _____
5. Only if applicable, complete the following:
 - a. My child has the following medical problems: _____
 - b. My child takes the following medications regularly: _____
 - c. My child has the following allergies: _____



The Resource Room Child Care and Learning Center Discipline and Guidance Policy

At The Resource Room Child Care & Learning Center the term guidance is used for several reasons. It is a positive term and implies working with the children to develop internal control of their behavior. Our goal is to encourage the children to become creative, independent, responsible, and socially mature human beings. This involves learning to make responsible choices and accepting the consequences of such choices. Guidance takes several forms within our center:

- Environment--A place designed for children. Each room is age-appropriate in furniture size, large and small manipulatives, and supplies required for hands-on experiences.
- Logical Rules--Such as keeping our hands to ourselves and taking care of the learning environment. These are discussed with the children as well as why such rules are needed.
- Curriculum--Is developmentally appropriate, based on the children's interest and level of readiness.
 - Positive Behavior--We reinforce the behaviors we wish to see repeated.
 - Redirection--Often interesting a child in another activity can eliminate potential difficulty. We might ask a child to help us or send a child to a different area to play.
 - Positive Reminder--Telling the children what we want them to do rather than using "no" or "don't."
 - Renewal Time--Occasionally, as a last resort, a child needs to be removed from the situation for a brief time out. This allows the child time to calm down and consider an alternate behavior.

Difficult Behavior

We will make every effort to work with the parent or guardian to ensure a cooperative approach for children having difficulties with behavior. We are here to serve and protect all of our children! A parent may be called at work or home at any time the child exhibits uncontrollable behavior that cannot be modified by the center's staff. The parent may be asked to take the child home immediately. The following steps may be taken regarding children who display chronic disruptive behavior, upsetting to the emotional or physical wellbeing of another child or an adult.



Initial Consultation:

The Director may request that the parent or guardian meet for a conference. The problem will be defined on paper. Intervention strategies will be discussed. The best solution toward solving the problem will be agreed upon by the center Director, teacher, and parent or guardian.

Second Consultation:

If the initial plan for helping the child fails, the parent will again be asked to meet with the Director and teaching staff involved. Another attempt will be made to identify the problem, and establish a new, or revised, approach for solving the problem.

Dis-enrolled:

When the previous attempts have been followed and no progress has been made toward solving the problem, the child may be dis-enrolled from the center at the discretion of the center director.

NOTE: Corporal punishment will not be allowed. This is defined as the use of negative physical touching (spanking, slapping, pinching, etc.). No unusual punishment will be allowed such as humiliation, ridicule, threat, or coercion.

I have read and I understand The Resource Room Child Care and Learning Center Discipline and Guidance Policy

Parent/Guardian _____

Date _____



Parent Acknowledgements

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**
- Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).
- The Resource Room Child Care & Learning Center's Parent Handbook which included our behavior and data confidentiality policy

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date