

Wesleyan Child Care Center

599 Eighth Ave. Crestview, FL 32536

Phone (850)682-7319 Fax (850)682-7696

Enrollment Documents

Date: _____ Child's Name: _____

- _____ Child Care Application for Enrollment Form CF-FSP 5219 (or equivalent)
- _____ Preschool reference form
- _____ New enrollment form
- _____ WCCC contract
- _____ NOTARIZED Emergency Form
- _____ Parental release for use of pictures
- _____ Permission slip for indoor / outdoor premises
- _____ Child History form
- _____ Parent Handbook form
- _____ 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 receipt of Influenza information (Aug. -Sept.)
- _____ "Know Your Child Care Facility" Brochure CF/PI 175-24 (for facilities)

***OFFICE USE ONLY**

Blank spaces mean I need to bring in those missing forms to the office as soon as possible, and my initial indicates what is missing in the Enrollment package.

Parent Signature _____ Date _____



**State of Florida
Department of Children and Families**

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

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child 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 _____

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: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

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#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Helpful Information About Child:

- 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).

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



Preschool

Reference Form

To be completed by a current teacher.

*Please complete this form, and mail or fax to:
599 Eighth Ave. Crestview, FL 32536
Fax Number: (850) 682-7696 Attn: Osa Bell, Director*

Student Name: _____ Parent Name: _____ Age: _____

Please check each response that applies for each of the following categories. There may be more than one.

BEHAVIOR INFORMATION

Obedience Responds well to authority

Unpredictable

Defiant

Emotional Usually well-controlled

Excitable; moody; upsets others

Sociability Prefers to spend time with others

Prefers to be solitary

Has difficulty relating to others

Tends to be bossy, argumentative

Talkative; tends to disrupt class

Does this child have any special needs? Yes No

If yes, please explain: _____

I recommend this applicant: Enthusiastically Do Not Recommended

Name of School: _____ Phone number: _____

Director: _____ Teacher: _____

Additional Comments: _____

NEW ENROLLMENT

Child's Name _____

Parent's Name: Mother _____

Driver's License # _____

Father _____

Driver's License# _____

Address: _____

City, State & Zip _____

Phone: _____ Cell Phone: _____

Enrollment Date: _____

Amount of Tuition \$ _____ Weekly or Monthly (circle one)

Child's Age _____ Class _____

WESLEYAN CHILD CARE CENTER

FOR OFFICE USE ONLY

Child's Name _____
Child's Birth Date _____
Child's Class _____
Monthly Tuition _____
Weekly Tuition _____
Registration Paid _____

2017 – 2018 Contract

I, _____ Parent/Guardian of _____ hereby contract with Wesleyan CCC to provide certified care for my child. I understand that tuition will be due the 1st of each month for monthly tuition or each Monday of the week for weekly tuition. Monthly tuition may be divided into two equal payments, payable on the 1st and 15th of each month, with approval from the Director. A two week notice is required in writing and dated upon withdrawing your child. (I understand that I will be responsible to pay the weekly tuition during these two weeks). A late fee of \$30.00 will be charged for monthly tuition after the 1st of each month or \$15.00 weekly after Monday @ 5:30 p.m. of each week. I understand, Wesleyan CCC reserves the right to withdraw my child/children with or without notice if my account should become in arrears or continues to incur a late fee. Registration Fee's (due upon enrollment) are non-refundable and are renewed yearly in August of each school year.

Full -Time 6:45 – 5:30 P.M. (10 hr. limit of care per day)

_____ **5 Day (Monday – Friday)**

Parent/Guardian Signature **Date** _____

Director's Signature **Date** _____

Wesleyan Child Care Center

PERMISSION FOR EMERGENCY TREATMENT

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 designated supervisor of the activity will attempt to contact the parent/guardian prior to exercising the emergency treatment consent.

In the event of injury and/or illness to our son/daughter/ward

First Middle Last Date of Birth

We hereby authorize a representative of Wesleyan Child Care Center to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and so hereby release the center and representative from any and all claims which may arise from the representatives obtaining and consenting to said medical treatment.

Date Telephone Full Signature of parent/legal guardian

Emergency Telephone Number Emergency Contact Person

Comments: _____

State of Florida

County of Okaloosa

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

by _____ who is personally known to me or who has
(Name of Person Acknowledged)
produced _____ as identification and who did/did not take an oath,
(Type of Identification)

Signature of Person

Name of Acknowledger-Typed, Printed or Stamped

Taking Acknowledgement

Wesleyan Child Care Center

Parental Release for Use of Pictures, Video or Publication

I (we) authorize the Wesleyan Child Care Center, Crestview, Florida 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, (we) release and discharge the Wesleyan Child Care Center, and all persons acting under their permission and/or authority, from any liability by virtue of use of photographs so long as same are used for an educational purpose by Wesleyan CCC.

I (we) warrant that we are the guardian and/or parents of _____, and have every right to contract on behalf of said child.

Parent Signature

Date

Parent Signature

Date

WESLEYAN CHILD CARE CENTER

Written Permission Slip for Wesleyan CCC Outdoor/Indoor Activities on the Premises

To meet the Florida Dept. of Children and Families requirements on activities outside the classroom and enclosed playground, we are asking the parents and 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 Church Hall, Story Time in the Church Library, etc.

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

_____ Date _____
(Parent/Guardian Signature)

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

_____ Date _____
(Parent/Guardian Signature)

Wesleyan Child Care Center

Child History Form

Name _____

Are parents married/separated/ divorced? _____

Is he/she overactive? _____ Underactive? _____

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

If so, who? _____

Does your child accept new people easily? _____

Does your child have any fears? (Darkness, sirens, etc.) _____

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 letters? _____

Does your child recognize any numbers by sight? _____

What numbers? _____

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

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

WESLEYAN CHILD CARE CENTER

I, _____ have received, read and agree to all polices 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.

Signature _____

Date _____

Wesleyan Child Care Center

599 Eighth Ave. Crestview, FL 32536

Phone (850) 682-7319 Fax (850) 682-7696

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

Director Signature

Date

Participate Food-Related Activities & Special Occasion Permission

Part 170.650-22005(d)(e)2 - F.A.C. licensed child care facilities must obtain written permission from parents/guardians for a child's participation in food related activities. These activities include: stilling, classes or 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 _____

Wesleyan Child Care Center

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

Parent/ Guardian

Signature _____

Date _____

Parent Information for Full-time Care

Items needed for your child:

- *Regulation size rest mat (name printed on it)
- *Cover for the mat ,body pillow case works great. (name printed on it)
- *Small light blanket (name printed on it)
- *Complete extra set of seasonal clothes (in a Ziploc bag with name printed on it)
- *Baby wipes (1 refill pack per month, if not potty trained)
- *Pull-ups with Velcro sides ONLY or diapers are required for all children not completely potty trained.

Snack & Lunch:

- *Please have your child's name on their lunch box and an icepack daily.
- *Please provide an additional snack for after nap time. You can label it "snack" we will provide the beverage.
- *Make sure your child's lunch is clear of any choking hazards.

Examples: Toddlers need grapes and hot dogs cut length wise

Please no nuts/seeds, popcorn, lollypops, hard candy, as they can also be a choking hazard. Wesleyan CCC will not serve choking hazardous foods to our children.

Nap time:

- *Nap time is from 12:00- 2:00pm

Children will be required to arrive before 11:00am or after 2:00pm as to not disturb resting children.

Thank you! ☺

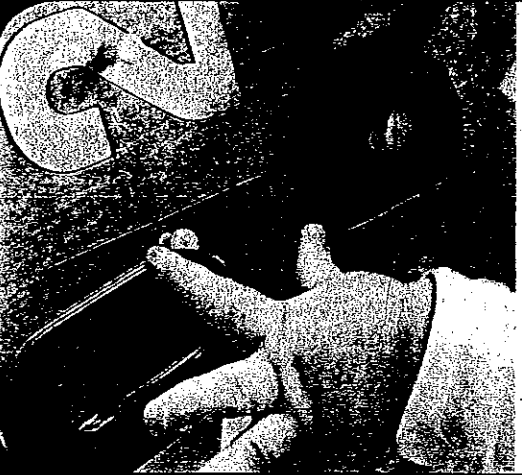
Parent's Role

- A parent's role in quality child care is vital:
- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
 - Know the facility's policies and procedures.
 - Communicate directly with caregivers.
 - Visit and observe the facility.
 - Participate in special activities, meetings, and conferences.
 - Talk to your child about their daily experiences in child care.
 - Arrange alternate care for their child when they are sick.
 - Familiarize yourself with the child care standards used to license the child care facility.



More information and free resources:

MyFLFamilies.com/ChildCare



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: _____

License issued on ___/___/___

License Expires on ___/___/___

For more information regarding the compliance history of this child care provider, please visit:

MyFLFamilies.com/childcare

OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING
MYFLFAMILIES.COM



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.805, F.S., and ch.

65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation vehicles. (if transportation is provided).
- Provide parents with written disciplinary practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios:

Age of Child	Child:Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and Infant/Child CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Food and Nutrition

- Post a meal and snack menu that provides daily nutritional needs of the children. (if meals are provided).

Record Keeping

- Maintain accurate records that include:
 - Children's health exam/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and administration of medications.

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and sleeping.
- Provide space that is clean, and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Activities

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve.

Quality Caregivers

- Are friendly and eager to care for children.
- Accept family-cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child's individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- Help children manage their behavior in a positive, constructive, and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting, and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

Quality Environments

- Are clean, safe, inviting, comfortable, child-friendly.
- Provide easy access to age-appropriate toys.
- Display children's activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.

