



ST ANNE
EARLY LEARNING CENTER
The Diocese of St Augustine

Child's Name: _____
Last First M.I.

Address: _____
Street City Zip

D.O.B. _____ **Sex** _____ **Start Date** _____ **Home PH#** _____

Mother's Name: _____
Last First M.I.

Place of Employment: _____ **Bus. Ph#** _____

E-Mail Address _____

Voice Mail Message Box: ☐ Yes ☐ No **Cellular Ph#&/or Pager#** _____

Father's Name: _____
Last First M.I.

Place of Employment: _____ **Bus. Ph#** _____

E-Mail Address _____

Voice Mail Message Box: ☐ Yes ☐ No **Cellular Ph#&/or Pager#** _____

Custody: Mother ☐ Father ☐ Both ☐ Other ☐ _____

Child Resides with: Mother ☐ Father ☐ Both ☐ Other ☐ _____

Other Persons permitted to pickup child from facility:

1) _____
Name Phone# Relationship to Child

2) _____
Name Phone# Relationship to Child

Physician's Name: _____ **Phone#** _____

Religious Background: _____ **Allergies:** _____

Information pertaining to child's care i.e. habits, allergies, potty training, etc...

Parent or Guardian's Signature: _____ **Date:** _____

Office Use Only

Date received _____

☐ Paid Registration Fee with Check # _____

☐ Cash – Amount Received \$ _____



PARENT AGREEMENT

I am the parent or legal guardian of _____. In order to record my understanding of my rights and responsibilities as parent, guardian, or custodian of the above-named child, who is enrolled with St. Anne Early Learning Center, I agree to abide by the requirements, written below and all policies set forth in the Parent Handbook. Section 402.3125(5), F.S., requires that parents receive a copy of Child Care Facility brochure, "Know Your Child Care Facility" Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the childcare facility.

In return for this promise of continual fulfillment of all policies, St. Anne Early Learning Center agrees to provide care for the above-named child which meets the standards and guidelines as set forth below and in the Family Handbook.

The fee as set forth herein will be in effect until a new agreement is signed by me. This fee for each child will be paid in advance; I understand that care will not be provided without this advance payment.

I understand that the registration fee is required at the time of registration.

Tuition payments will be made by card, cash, or check. Receipts will be given for payments if requested. I understand that I have the right to choose to make monthly payments or weekly payments. I also understand that once a payment method is established it cannot be changed until a new agreement has been signed. Monthly payments are to be made no later than the 1st of the month. A \$25.00 late fee will be assessed for accounts not paid by the above date and will be charged an additional \$10.00 each week until it is paid in full. Weekly payments are due on Monday any payment not received by close of business Tuesday, will be assessed as a \$15.00 late fee. If my child is not picked up at dismissal, I will pay the required late fee.

I understand that there is NO AUTOMATIC REDUCTION of fees when my child is on vacation or gone from the center for any other reason.

I understand there is a returned check fee of \$40.00.

One month advance, written notice to the Director is required when withdrawing a child from St. Anne Early Learning Center. If one month's advance notice is not given, I understand that I will be responsible for paying the remaining balance of the one-month notice period from the date notice is provided.

Parent/ Guardian Signature

Date



**Diocese of Saint Augustine
Catholic Center
11625 Old St. Augustine Road
Jacksonville, Florida 32258
(904)262-3200**

FOOD ACTIVITIES

My child has permission to consume food items brought into the classroom that are from outside sources this would include snack items, pizza parties, birthday parties, Christmas parties, etc.

<hr/>		<hr/>	
<i>Child's Name (Printed)</i>		<i>Date of Birth</i>	
<hr/>			
<i>Address</i>			
<hr/>			
<hr/>		<hr/>	<hr/>
<i>City</i>		<i>State</i>	<i>Zip</i>
<hr/>		<hr/>	
<i>Telephone</i>		<i>Cell Phone</i>	
<hr/>		<hr/>	
<i>Parent Signature</i>		<i>Date</i>	



ST ANNE
EARLY LEARNING CENTER
The Diocese of St Augustine

SCREENING POLICY

Screening is a process to determine if a child has any developmental concerns that may require further attention and follow-up. Screenings can include vision, speech/hearing, nutrition, dental, and overall development. We partner with other agencies in the community who will provide opportunities for some of the above screenings to be conducted at our center. Your consent will be obtained prior to the administration of those screenings. Assessment is the process to monitor growth and development on an ongoing basis. Screening and assessment are directly linked to lesson planning and meeting the individual needs of children. Our goal is to ensure that your child is prepared to enter Kindergarten at the age of five.

Among the screenings and assessments conducted at our center are: the Alphabet Letter Recognition Inventory (ALRI), portfolio assessments in the preschool classrooms, Teaching Strategies Gold, and the Ages and Stages Questionnaire (ASQ) for ages four months through five years. At least once a year, our center administers the ASQ screening. This tool assesses a child's overall development in the areas of: communication, gross motor, fine motor, problem-solving, and personal social skills. Our staff have been trained how to administer this screening. The questions on the ASQ may be answered based on teacher observation, one-on-one activities conducted with the child or by parent/guardian input. Upon completion of the questionnaire, we will share with you the results and may provide supplemental learning activities or follow-up recommendations.

***I give consent for my child to participate in screenings administered at the center. I understand that the information gathered from the screening will be used to help my child with his/her developmental growth and success. My child's results and findings are confidential and will only be shared with my permission.

<hr/>		<hr/>	
<i>Child's Name (Printed)</i>		<i>Date of Birth</i>	
<hr/>			
<i>Address</i>			
<hr/>			
<i>City</i>		<i>State</i>	<i>Zip</i>
<hr/>		<hr/>	<hr/>
<i>Telephone</i>		<i>Cell Phone</i>	
<hr/>		<hr/>	
<i>Parent Signature</i>		<i>Date</i>	
<hr/>		<hr/>	

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



how can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



**"The Flu"
A Guide
for Parents**

INFLUENZA VIRUS

Family Survey

About your family

What language(s) do you speak at home? Please list _____

What is parent's 1 native country? _____

What is parent's 2 native country? _____

Do you have any pets? _____ Names: _____

About your child

Has your child been in childcare? Please describe:

Anything else you feel your child's teachers should know...

Does your child require any special care that we should know about?

Has your child ever been evaluated by a:

- ☐ Speech/language therapist
- ☐ Physical Therapist
- ☐ Occupational therapist
- ☐ Medical specialist: _____
- ☐ Other: _____
- ☐ N/A

Does your child currently have an IFSP or IEP?

Does your child currently receive services? _____

All questions are **optional. Your response will help our team be best prepared for supporting your child and making their transition into/ at St. Anne a strong one. Responses have no impact on enrollment. Welcome to St. Anne!*

Family Survey

If yes, with whom and how often?

Was your child premature? _____ If so, how by many week? _____

What are some things that your child likes to do? (favorite games, toys, activities, etc)

What is your child's favorite book(s)?

Is your child toilet trained?

- ☐ Fully
- ☐ Partially -wearing diapers
- ☐ Partially -wearing underwear/ having accidents
- ☐ Partially- wearing diapers only for naps/ night
- ☐ Not applicable

How many hours does your child sleep at night? (Please include any specific routines that you may use with napping that you think are important for us to know)

Is your child afraid of anything? Explain

How would you characterize your child's personality?

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Strong-willed |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Creative | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Curious | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Inquisitive | <input type="checkbox"/> Defiant | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Demanding | <input type="checkbox"/> Cautious |

All questions are **optional. Your response will help our team be best prepared for supporting your child and making their transition into/ at St. Anne a strong one. Responses have no impact on enrollment. Welcome to St. Anne!*

Family Survey

Parent volunteers are welcome at St. Anne. Would you be willing to:

- ☐ Volunteer in the classroom
- ☐ Join the parent committee
- ☐ Assist with special classroom activities, such as cooking, arts & crafts, music
- ☐ Chaperone field trips
- ☐ Be home room parent

What Holidays, customs and traditions do you celebrate with your Family?

Are you willing to come and share these traditions with the class?

Is there any information about holidays that we need to be aware of? Explain

What behavior management strategies do you use at home?

What goals do you have for your child this year?

All questions are **optional. Your response will help our team be best prepared for supporting your child and making their transition into/ at St. Anne a strong one. Responses have no impact on enrollment. Welcome to St. Anne!*



Emergency Contact & Authorized Pick-Up Form

Child's Full Name: _____

Date of Birth: _____

Please list all individuals authorized to pick up your child or be contacted in case of emergency.
These individuals must be over the age of 18 and will be asked to show photo identification.

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Parent Signature: _____ Date: _____

Section 12 – Receipt of Parent Handbook



(This page remains on file in the center.)

I have received a copy of the St Anne Handbook and agree to abide by the policies.

Child's Name _____

Parent's Signature _____ Date _____

Director's Signature _____ Date _____



Biting Policy

Research suggests young children may bite others due to exploring, teething, frustration, attention, or mimicking behaviors. We try to answer the who, why, where questions to help us gauge our approach to each biting incident.

Our action plan after a bite happens is to:

1. Attend to the bitten child by comforting them and cleaning the area with soap and water, followed by applying an ice pack to the area.
2. Remove the child who did the biting away from other children explaining that biting isn't acceptable. (ex. "We don't hurt our friends!" "Biting hurts!")
3. Parents of both children will be notified.
4. An incident form will be completed for each child to be signed by the parent or guardian and kept in each child's student file. We do not disclose either child's name on the other's form.

We understand that biting in young children is often common in early childhood development. However, it is our responsibility to ensure the health and safety of every child in our care. With that understanding if your child bites, you will be contacted to pick up your child if the following incidents occur:

- If your child bites another child causing a break in his/her skin.
- If your child has bitten another child leaving a mark or a bruise more than once in a day.
- If your child has bitten another child leaving a mark or a bruise more than once in a week. A meeting with the director and teacher will be scheduled to form an action plan.
- After three or more incidents, parents are asked to pick up their child and keep him/her home for that day and the next day.
- Upon returning, if the student continues to bite, the student may be withdrawn from the early learning center.

I have read and understand this policy.

Parent/Guardian Signature: _____ Date_____

Child/ren('s) Names: _____



Authorization for Prescription and Non-Prescription Medication

All Medication administered by the center staff must be authorized by the child's parent or guardian by completing an Administration of Medication Form.

Only medicine that has been prescribed by a doctor may be given at the center. All medications must be in the original container with the child's name, name of the physician, medication name and directions written on the label.

Non-Prescription medication must have a note from physician stating the name of the medication and the dosage instructions must be attached.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: _____ Age: _____

Medication Name: _____

Amount to be Given: _____

Time to be Given: _____

This authorization form must be maintained and is only valid for the duration of prescription.

I hereby give permission to dispense the medication listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

Parent/Guardian Signature

Date

Director Signature

Date

Retain in Child's File



SUNSCREEN AUTHORIZATION FORM

St. Anne Early Learning Center must ensure sun safety practices for the children under our care. Sunscreen products assist in limiting a child's exposure of the sun's UV rays. The following guidelines apply regarding sunscreen application:

- Sunscreen may only be utilized with written permission from parents/guardians.
- Parents/Guardians will provide a new, unopened bottle of sunscreen that is labeled with the child's first and last name.
- Parents/Guardians are not aware of any allergies their child has to sunscreen.
- Sunscreen will be applied prior to activity time outside.
- Sunscreen will be applied to exposed skin, which may include the face, ears, neck, shoulders, arms, hands, legs and feet.
- Parents/Guardians are encouraged to send a hat with a wide brim for their child to wear outside.
- Sunscreen provided will be stored in a location at the office not accessible to children.

Child's Name

Date of Birth

Sunscreen Name

SPF

I hereby authorize the use of the above sunscreen on my child. I give permission to the staff of St. Anne Early Learning to apply the sunscreen listed above in accordance with the written directions on the sunscreen's manufacturer's label.

Parent/Guardian Signature

Date

Parent/Guardian Full Name (print)

Date



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other: _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____
Student Name: _____
Email: _____

I, _____, authorize St. Anne Early Learning Center to charge the credit card above for agreed tuition charges, late fees, and registration fees when due. I understand that my information will be saved on file for future transactions on my account.

Parent Signature: _____ Date: _____

****Please note that monthly payments will be posted on the first of every month and weekly payments on Fridays of the week before.***



Acknowledgment of Brochure Receipt

In accordance with the Florida Department of Children and Families, I acknowledge that I have received and reviewed the following brochures provided by St. Anne Early Learning Center:

- The Distracted Adult
- Florida Abuse Hotline
- Influenza Virus – A Guide for Parents
- Know Your Child Care Facility
- Safe Sleep for Babies
- Rilya Wilson Act

I understand that these documents contain important information regarding child safety, health, and state-mandated policies. I agree to read and comply with the guidelines and responsibilities outlined within.

Child's Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

