

Dear Families,

I am pleased to welcome you on behalf of First United Methodist Church First for Kids Preschool.

Our school is special because of the loving and nurturing teachers who work together to help each child grow and develop into their full potential. You, as parents, also make it special because of your continuous support and collaboration.

I encourage you to get to know our staff as well as other parents and get involved in the many activities our school and Church offer. We have programs and activities scheduled throughout the year for you and your child to enjoy.

Communication is important between the school and families so please take this opportunity to read the attached handbook. I am always available to answer any questions you may have.

Kind regards,

Courtney Carter
Director

P.S. Please note that during this time of experiencing COVID-19 some of the activities and procedures in this Handbook have been adjusted or suspended. Once it is safe to resume all normal activities, I will be certain to notify you. I have also attached the COVID-19 Policies and Procedures for FFK to this Handbook.





FIRST FOR KIDS
CHILDREN'S CHRISTIAN CENTER,
A UNITED METHODIST DAYCARE

Registration Packet

2020 – 2021

603 11TH Street West
Bradenton, FL 34205
Phone: 941-748-0824

Courtney Carter, Director
Email: CourtneyC@fumcb.com

License #C12MA0051

REGISTRATION POLICIES AND PROCEDURES

Registration Paperwork

In addition to the attached registration packet, a Child Care Application for Enrollment is available online at: www.firstforkids.net. Please note that registration forms cannot be submitted online.

Registration Requirements (must be met in full prior to the beginning of the school year):

1. Turn in completed registration forms to the school office from 8:00 a.m. to 3:30 p.m. Monday through Friday during the applicable registration period.
2. The registration forms need to include a check or money order payable to: *First for Kids* for the registration fee and first tuition payment. Please note the registration fee and first tuition payment are Non-Refundable and Non-Transferable. This payment will secure your child's placement in the school.
3. New Pre-K enrollment also requires a classroom visitation. An appointment for the visitation will be set by the Director.
4. Registration paperwork will only be accepted if there is space available.
5. Health and Immunization forms must accompany the registration forms for children new to the school. Returning families will receive a notice if updated forms are required. Children will not be admitted to class without valid forms.

I have read and understand the registration policies and procedures for First for Kids:

Printed Name: _____

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: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With: _____

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Work Phone: _____ /Cell: _____	Work Phone: _____ /Cell: _____
Relationship to the child: _____	
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: _____

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable): _____

Emergency Contacts:

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, 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 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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 Parent/Guardian

 Date

Parent Acknowledgement

As a parent of _____ (child's name), who is or will be enrolled at First for Kids, I understand and acknowledge the following:

1. All children will be assessed throughout the year. If there are any concerns or observed delays, they will be addressed with the parents, and the child may be referred to the appropriate services.
2. During the course of the school day and during group activities, students will have their picture taken. These photos may be used for classroom projects, the church website, Facebook or other social media, graduation projects, or publicity. Students will not be named in any photos for safety and privacy.
3. Teachers will also take individual pictures of students throughout the day that will only be shared with their parents. The purpose of this is for parents to have an idea of what their child did that day. We want you to experience it too!
4. There are video cameras in each classroom, on the playground, as well as in the hallways. The Director's office has access and monitors.
5. Tuition must be paid by Tuesday at 6:00 p.m. of each week (52 weeks per year). If an account is two weeks in arrears, a child will be dismissed from the school. A \$10.00 late charge will be assessed on any late payments.

I acknowledge that I received and read the First for Kids Parent Handbook. I understand that it is my responsibility follow the rules and requirements of the First for Kids Preschool.

Signature

Date

Print Name

Emergency Medical Release Form

I hereby grant permission for First for Kids Children's Christian Center, Inc. (FFK) to take any steps necessary to obtain emergency medical care if warranted for my child. These steps may include, but are not limited to, the following:

1. Calling 911 (if the child needs to be transported to the hospital, a staff member will accompany the child).
2. Contact parents or guardians.
3. Contact parents or guardians through any of the persons listed on this emergency medical form.
4. Contact child's physician listed below.

Any expenses incurred for emergency medical care will be borne by the child's family.

The school will not be responsible for anything that may happen as a result of false medical or personal information provided to the school.

PERSONS TO CONTACT IN THE EVENT THAT YOU CANNOT BE REACHED:

Name: _____
Relationship: _____ Phone: _____

Name: _____
Relationship: _____ Phone: _____

KNOWN ALLERGIES OR HEALTH NEEDS: _____

PHYSICIAN(S) TO CONTACT IN THE EVENT OF AN EMERGENCY:

Name: _____ Phone: _____
Name: _____ Phone: _____

To Whom It May Concern:

I hereby give my consent to the nearest Hospital to administer treatment to my child _____ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants.

Parent Signature: _____ Date: _____

State of Florida

County of Manatee

On this the _____ day of _____ 20_____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that (s)he executed the same for the purposes therein contained.
In witness hereof, I hereunto set my hand and official seal.

Notary Public

FINANCIAL POLICIES

To provide a transparent atmosphere with effective communication, please review the following:

1. Parents are financially responsible for payment of tuition not later than 6:00 p.m. each Tuesday regardless of absences. Any late payment will result in a \$10.00 late fee charge for each individual payment. If tuition is in arrears for more than two (2) weeks, child will no longer be able to attend school until all tuition is paid in full.
2. FFK accepts payments by check, money order, or credit card via the "Smartcare" app. Payments by check are made payable to: "**First for Kids**" and may be placed in the drop box located outside the Director's office. Cash payments are not accepted.
3. First for Kids closes at 6:00 p.m. A fee of \$10.00 will be applied for any child picked up after 6:00 p.m. Starting at 6:05 p.m. an additional \$1.00/minute will be assessed.
4. Any NSF or declined credit card will result in a \$25.00 service charge. Recurring incidents may result in all future payments to be made with a cashier's check.
5. Registration fees and prepaid tuition payments are non-refundable nor transferable.
6. Parents are responsible for notifying the school office, in writing, by August 1, 2020 if their child will not be attending to avoid any further financial obligation for the remainder of the school year. Withdrawals after the start of the school year must be made in writing to the Director.
7. First for Kids reserves the right to revoke admittance to the school if the financial policies and procedures are not adhered to.

I HAVE READ AND IN AGREEMENT WITH FIRST FOR KIDS FINANCIAL POLICIES LISTED ABOVE:

Name: _____

Signature: _____ Date: _____

FIRST FOR KIDS CHILD INFORMATION SHEET (This information will be kept confidential)

Child's full name: _____

Nickname or child's preferred name to be called: _____

Birthdate: _____ Years: _____ Months: _____

Parent #1 Name: _____

Parent #1 Occupation: _____

Parent #1 Special Talents or Interests: _____

Parent #2 Name: _____

Parent #2 Occupation: _____

Parent #2 Special Talents or Interests: _____

Do both parents live at home? _____

Siblings:

_____ Sex _____ Age _____

Other persons living in home:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Availability of playmates: _____

Age range: _____ to _____ Pets: _____

Routines:

Sleeping schedule: _____

Toileting terms used: _____

Does your child suck his/her thumb, finger, use pacifier, drink from bottle? (Circle all that apply)

Is your child independent with using the bathroom, washing hands, dressing self? (circle all that apply)

Anything unusual we should know about? _____

Is your child left-handed, right-handed or not known yet? _____

What is the primary language spoken at home? _____

Secondary language spoken at home? _____

Have you noticed any concern/delays in your child's development (speech, hearing, vision, gross and fine motor skills, cognitive or social/emotional)? _____

If yes, has there been any follow-up? _____

Is your child currently being seen by a therapist or specialist? _____

If yes, please indicate what type of services are being provided? _____

Has your child experienced any recent changes in his/her life (new baby, death, move, separation or divorce) or anything else unusual? _____

How does your child participate in "your family"? What are his/her responsibilities in the home?

What are your child's greatest strengths and skills? _____

Is there anything else you can tell us about your child that will help us support his/her learning?

Do you have suggestions on how we can best connect with your child this year? _____

What helps to motivate your child in the best way? _____

What does your family consider good behavior for your child's age? _____

Are you experiencing any behavior challenges at home? _____

What does your child enjoy doing when playing alone? _____

When playing with adults? _____

When playing with other children? _____

Additional information you would like to share with us? _____



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

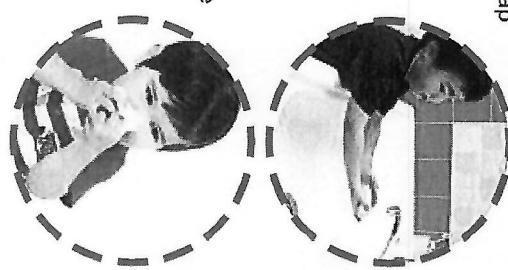
What can I do to prevent the spread of germs?

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.

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.

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/>



FACTS ABOUT

HEATSTROKE:

It only takes a car **10 minutes** to heat up **20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases

3 to 5 times faster

than an adult's body.

- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

⚠ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!

- Make a habit of checking the front and back seat of the car before you walk away.

- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.

- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.

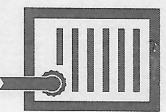
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.

My signature below verifies receipt
of the Distracted Adult brochure

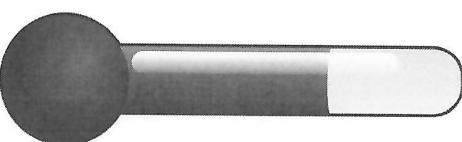
Parent/Guardian:

Child's Name:

Date:



During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

Permission for Food-related Activities & Special Occasion Food Consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom 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)