



# Heavenly Kids Preschool & Childcare Center



## Preschool Enrollment Form 2021/2022

Child's Name: \_\_\_\_\_ S.S.#: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Name: \_\_\_\_\_ S.S.#: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place x here if above named is the stepmother of child.

Father's Name: \_\_\_\_\_ S.S.#: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place x here if above named is the stepfather of child.

	Home Address	Hm. Phone #	Employment Name/Address	Wk Ph. #
<b>Mother</b> <input type="checkbox"/>				
<b>Father</b> <input type="checkbox"/>				

Mark an "x" by the address where the child lives

**Email Address:** \_\_\_\_\_

List below beginning with the first to last contact all persons to be notified in case of illness or accident:

The following persons also have permission to pick-up the above named child from Heavenly Kids

Preschool.      Mother  Yes  No      Father  Yes  No

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about Heavenly Kids Preschool:

Calvary Assembly of God attendee  4C Provider List  Yellow Pages  Website

Referred by parent: \_\_\_\_\_  Drive by  Other: \_\_\_\_\_

Special instructions regarding eating habits, toilet training or areas of concern:

\_\_\_\_\_

Signature of responsible person: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Heavenly Kids  
Preschool & Childcare Center



Registration Fees and Weekly Charges

Registration Fee: \*\$75.00 (K-2, K-3, & Pre-K)  
Returning Students: \*\$45.00 per child

Curriculum: Wee Learn, Frog Street Press Pre-K

\*\*\*Breakfast, Lunch and an Afternoon Snack for all full-time students.

Two & Three Year Old/Transition Class:

**\*\$140.00 per child per week (24 months and older not yet potty trained)**

Three & Four Year Old Class:

**\*\$130.00 per child per week**

\*\*\*There is no part-time available for K-2, K-3, or Pre-K age groups\*\*\*

VPK Class

**\*\*VPK Only: Monday-Friday 9:00am-12:00pm**

\*\*To enroll in our VPK class the child must be four years old on or before September 1st.

**No Registration or fees for VPK only attenders**

Wrap Around Program: Before & After VPK hours.

Registration Fee: \*\$45.00 Tuition Fee: \*\$100.00 per week

Before /After School Care

**Registration Fee: \*\$45.00 Tuition Fee: \*\$60.00 per week**

**Extended Days: Days that Osceola County Schools are closed our rates are as follows:**

**\*\$30.00 per day      \*\$105.00 per week**

**Transportation available from some local schools**

\*\*Paid by Osceola Coalition for School Readiness

\_\_\_\_\_  
**Parents Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**



# HEAVENLY KIDS PRE-SCHOOL AGREEMENT



Child's Full Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Registration Fee: **\$75.00 for new students -& \$45.00 for returning students K-2 through K-4.**  
(The registration, curriculum and the first week of Pre-School fees must be paid in full on or before your child's first day.)

**Enrollment Forms:**

A proper enrollment form, a physical on HRS form #3040, an up-to-date immunization record on HRS form #680 and a legal Birth Certificate must be submitted to the office on or before your child enters the Pre-school program.

**Payment Responsibility:**

**\*\*Weekly payments are always due one week in advance**

**a. Absence due to Illness & Vacation:**

If your child is absent due to illness or vacation, Heavenly Kids Pre-School will adjust your bill for up to **Eight (8) days per year (from September 1<sup>st</sup> to May 31<sup>st</sup>)** pre K2 and pre K3 only. Heavenly Pre-School offers you Eight (8) absent credit days per year for which you are not responsible for payment. Your child must have been enrolled in Heavenly Kids Pre-School at least three months before you are eligible to use these days. You may choose any eight days from August 1<sup>st</sup> through May 31<sup>st</sup>. If you do not use your absent credit days, they **will not** be carried over to the following year. Vacations should be taken in a **full week** increment with an advance notice of two weeks given. However, you may take one day at a time if the office staff is notified in advance. **Not applicable with any other discount or programs ex.V.P.K or 4C.**

**b. Holidays:**

The Pre-School is closed each year for major holidays. A list of these days will be provided with enrollment information. Although we are closed, you will be responsible for paying a full week of tuition.

**c. Operating Hours & Late Fees:**

Each child will be given a total of **Ten hours (10) maximum of childcare services per day.**

If your child is not picked-up by the eleventh hour your account will be assessed an hourly fee of **five (\$5) dollars** per hour thereafter.

**Heavenly Kids Pre-school opens at 7:00 a.m. and closes promptly at 6:00 p.m., Monday through Friday.**

If your child is picked-up after 6:00p.m., your account will be assessed an extra \$20.00. If your child has not been picked-up by 6:15 p.m., your account will be charged an additional \$1.00 fee for each minute there after.

**Late payments are due the following business day before your child/ren returns to school.**

**Who is allowed to pick-up your child?**

No child will be released to anyone not having proper I.D. On the enrollment form you should list all persons who have permission to remove your child from the Pre-School. A list of these persons is placed in each classroom. The attendant on duty will check this list. If the person's name appears on your child's pick-up list your child will be released, but only after proper I.D. is shown. If you need someone who is not on the list to pick up your child, you must send in a signed and dated note to that affect. Parents, you may also be required to show I.D. if the attendant on duty does not recognize you.

**This is for your child's protection and is not meant as an inconvenience.**

**Clothing and personal items:**

Please do not let your child bring personal items from home (**this includes toys**). With so many children in our care, it would be difficult to keep up with extra items. We try to teach every child to be responsible for his/her own things. So it is basically your child's responsibility to keep up with personal items such as coats, sweaters, etc. Of course, if your child is a toddler we will assist them. **Please remember to mark your child's name on all pieces of clothing.** Please send at least one extra outfit of clean clothing (including underwear & socks) to be left in your child's cubby for use in case of an emergency.

**Heavenly Kids Pre-School will not be responsible for any unmarked items.**

State health laws require that all children brought to day care must be clean and in good health. **We will refuse to accept any child who has a temperature or exhibits any signs of a communicable disease or illness.** If your child becomes ill while at school you must make arrangements to have him/her picked up immediately. This is for the protection of other children as well as your own. If medication is to be given, you are required to sign an authorization form. No medication will be given without this form signed and properly filled out.

**I have read carefully all of the above information. I understand and agree to the terms as stated. I have received a copy of this agreement and the Parent Handbook. I understand that all fees are non-refundable.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)



**GENERAL INFORMATION FORM**

**Medical History:**

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Flu \_\_\_\_\_  
Whooping Cough \_\_\_\_\_ Meningitis \_\_\_\_\_ Convulsions \_\_\_\_\_  
ALLERGIES (including Food) \_\_\_\_\_

SPECIAL DIET \_\_\_\_\_

List any uncommon medical/physical problems your child has \_\_\_\_\_

List any medication your child takes on a regular/daily basis \_\_\_\_\_

List any medication your child may be allergic to \_\_\_\_\_

**HEALTH:**

Has your child had any serious illness? \_\_\_\_\_ Operations? \_\_\_\_\_ Explain \_\_\_\_\_

Does your child eat breakfast? \_\_\_\_\_ Is your child a fussy eater? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ How long? \_\_\_\_\_ Does your child sleep with a toy or blanket?  
\_\_\_\_\_ Does your child sleep 10 to 12 hours every night? \_\_\_\_\_ Bedtime? \_\_\_\_\_

Wake up time? \_\_\_\_\_

Are there any languages other than English spoken in the home? \_\_\_\_\_ What language? \_\_\_\_\_

By Whom? \_\_\_\_\_ Does your child speak and understand that language(s)? \_\_\_\_\_ At what meals is the family together? \_\_\_\_\_ Is your child generally talkative or quiet at home? \_\_\_\_\_

What members of the family exercise disciplinary authority? \_\_\_\_\_

What methods of discipline are most effective? \_\_\_\_\_

**EDUCATION:**

Has your child ever been enrolled in pre-school before? [ ]yes [ ]no

If yes, which one? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Has your child been at home or occasionally left with a sitter since birth? \_\_\_\_\_

Reason for enrolling at Heavenly Kids Pre-School? \_\_\_\_\_

**ABILITIES:**

Does your child favor the right or left hand? \_\_\_\_\_ Has your child been exposed to the following? Pencils \_\_\_\_\_ Crayons \_\_\_\_\_ Scissors \_\_\_\_\_ Paints \_\_\_\_\_

Clay \_\_\_\_\_ Paste \_\_\_\_\_ Puzzles \_\_\_\_\_

**General Information Form** – Cont'd

Can your child dress him/herself? \_\_\_\_\_ Tie shoes? \_\_\_\_\_ Does your child play well with others children? \_\_\_\_\_ Prefer to play alone? \_\_\_\_\_ With what age group does your child normally play? \_\_\_\_\_ Has he/she been on any trips via Train \_\_\_\_\_ Watch TV? \_\_\_\_\_ What type of show does your child prefer? \_\_\_\_\_ Does he/she like books? \_\_\_\_\_ Own any? \_\_\_\_\_ Take care of them? \_\_\_\_\_ Ask to have stories read to him/her? \_\_\_\_\_ Does he/she ride: Tricycle? \_\_\_\_\_ Wagon? \_\_\_\_\_ Skate? \_\_\_\_\_ Bike? \_\_\_\_\_ What does the child like to play indoors? \_\_\_\_\_  
\_\_\_\_\_ Outdoors? \_\_\_\_\_  
Does he/she have any pets? \_\_\_\_\_ Care for the pets? \_\_\_\_\_

**RELIGIOUS INVOLVEMENT QUESTIONNAIRE:**

To better serve our Pre-school families and community, please complete the following questionnaire:  
Are you a member of Calvary Assembly of God? \_\_\_\_\_ If you are not a member of Calvary Assembly, what religion are you? Christian \_\_\_\_\_ Jewish \_\_\_\_\_ Other \_\_\_\_\_  
What denomination? (Catholic, Methodist, etc.) \_\_\_\_\_ Are you currently active in a local congregation? \_\_\_\_\_ Name \_\_\_\_\_  
List any leadership or involvement positions in your local church \_\_\_\_\_  
Do your children regularly attend Sunday School or a church children program? \_\_\_\_\_

**ROOM MOTHER:**

**I WOULD BE ABLE TO HELP IN THE FOLLOWING WAY FOR SEASONAL ROOM PARTIES:**

\_\_\_\_\_ Bake or bring in items for the party  
\_\_\_\_\_ Serve during parties held during \_\_\_\_\_ daytime and/or \_\_\_\_\_ evening  
\_\_\_\_\_ Clean up after parties held during \_\_\_\_\_ daytime and/or \_\_\_\_\_ evening  
\_\_\_\_\_ Assist with children during employee special dinners during lunch period.  
\_\_\_\_\_ Help make telephone calls to other parents for party donations  
\_\_\_\_\_ If you would be interested in helping us decorate for the VPK Graduation program or help us dress the children in their caps and gowns.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Comments/Availability: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

# HEAVENLY KIDS PRE-SCHOOL HEALTH AND MEDICINE POLICY

Dear Parents:

For your child's protection, the following policy regarding sick children will be enforced. Five absent days per child are available each year from August 1<sup>st</sup> to July 31<sup>st</sup>. When these days have been used, parents will be responsible for payment even though your child may be out sick. These five (5) days will renew every year on August 1<sup>st</sup>. There will be NO additional days given. Absent Credit days will not be carried over from one year to the next.

A child who becomes ill during the day will be monitored for a time by a Staff member. If symptoms of illness continue, the parent will be telephoned and asked to pick up the child as soon as possible.

1. FEVER: Temperature that shows a sudden spike or 100 degrees or higher.
2. RESPIRATORY: Breathing difficulties, wheezing or strong constant cough.
3. VOMITING: Shows signs of illness along with continuing to throw up.
4. DIARRHEA: When characterized by frequent water or green-colored bowel movements which are not related to medication or food reactions.
5. RASH: Undiagnosed rash other than mild diaper or heat rash. Rash relating to medicine should be brought to the teachers attention so we will not be alarmed.
6. SORE THROAT: Sore throat that needs culturing because other signs are present. A heavy nasal discharge of a green nature.

**Note: Re-admittance to Pre-School for the above will be given when the child is either free from all symptoms, has been on medication for no less that 24/48 hours or with a doctor's written permission to return stating the child is no longer contagious.**

**Following communicable disease symptoms and re-admittance policies are:**

- A. CHICKEN POX: All lesions are dry and crusted over before return to preschool
- B. IMPETIGO: (Blister covered with honey colored crusts)  
Return no less than 24 hours after start of medication.  
If there is no improvement in 48 hours, the child should be Re-assessed by the physician.
- C. CONJUNCTIVITIS: ("Pink Eye"-redness of eye with burning and thick purulent discharge)  
Return no less than 24 hours after the start of medication.
- D. LICE OR SCABIES: Follow medical treatment and head must be free from all bugs and eggs (nits).  
Teacher must check and approve child's head is free from lice or scabies before parent may leave child.
- E. PIN WORMS: No restrictions after start of medical treatment.
- F. HEPATITIS: Physician's statement required for re-admittance.
- G. STREP THROAT: (Extremely sore throat which is sometimes accompanied by a lacy rash)  
Return no sooner than 48 hours after the start of oral medication or 24 hours after injection.

\*\*If you are pregnant and know you have been exposed to measles, fifth, or any other contagious disease, please contact your physician immediately.

**TURN OVER**



## MEDICINE DISPENSING PROCEDURES

1. A medication form must be completed indicating the medicine to be given and the exact dosage for the week.
2. A medicine spoon should be included and labeled with the child's name.
3. Prescription medication provided by the parent and dispensed by the center must be in the original container: name of doctor, child and medication directions for administration shall be written on label.

HRS Child Care Standards Chapter 10M-12-008 Page 3 States:

### Medication Records:

- (a) Prescription medication brought to the childcare facility by the parent or guardian must be in the original container with the name of the physician, child and medication directions written on the label.
  - (b) A written authorization signed by a parent or guardian shall accompany any type of medication stating the time and amount of dosage and the name of the medication to be given the child. The childcare facility shall record the name of the child, medication, date, time, method and amount of dosage given. The record shall be initialed by the adult who gave the medication, HRS-CYF Form 5013, Authorization for Medication (May 82), or an equivalent form which is incorporated by reference.
4. For your convenience your pharmacy will split your prescription into two bottles. One you may leave at day care for the duration of the medication dispensing.
  5. Medication will only be given at 12:00 noon or (around lunch time).



Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

May the Preschool call another physician if unable to contact the above:  YES  NO

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



**HEAVENLY KIDS PRE-SCHOOL HOLIDAYS**



**2021-2022**

Heavenly Kids Preschool is a ministry of Calvary Assembly of God and we are active participants in the functions of the church. Enrollment at the Preschool means that you will allow your child to participate in the two Children Programs presented in our Sunday a.m. services in the fall and in the spring each school year.

**The Pre-School is closed ten (13) days this school year. You will be responsible for paying the full week of tuition unless you choose to use absent credit days.\*\*\***

The Pre-School will be closed the following holidays:

Labor Day	September 6, 2021	Monday
Teachers Training	November 11, & 12, 2021	Thursday & Friday
Thanksgiving	November 25 & 26, 2021	Thursday & Friday
Children's Presentation	December 12, 2021	Sunday
Christmas	December 24, 2021	Friday
New Year's	January 3, 2022	Monday
Martin Luther King Jr.	January 17, 2022	Monday
Rodeo Day	February 18, 2022	Friday
Spring Break (VPK)	March 14-18, 2022	Monday thru Friday
Children's Presentation	April 10, 2022	Sunday
Easter (Good Friday)	April 15, 2022	Friday
Memorial Day	May 30, 2022	Monday
Independence Day	July 4, 2022	Monday

During the week of **November 8, 2021, and Thanksgiving week**, you will be billed for a full week even though the Pre-School is closed two consecutive days. You may want to save your absent credit days for Christmas Break or Spring Break if your child will be absent these weeks. (excludes: VPK, & 4C students)

\*\*\*We allow each family eight (pre K-2 and Pre K-3 students only) (8) days of **absent credit** each year (**from September 1st to May 31st**).

Your child is only eligible for these days after he/she has been enrolled in Heavenly Kids Pre-School for at least **three months**.

All Pre-School payments are due one week in advance. If payment is not made by Thursday or Friday for the upcoming week, **there will be a \$25.00 late fee added to your account on Monday afternoons**. If arrangements have not been made prior to Tuesday for payment **your child will not** be accepted in our care and there will be no pick-up or drop-off for school-aged students.

By signing this document you are acknowledging that you have read, understand and agree to these policy guidelines.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_/\_\_/\_\_



## **Discipline/Expulsion Policy**

Please be advised that pursuant to guidelines established by the State of Florida, Department of Health & Rehabilitative Services, you are informed of the following:

Prior to admission of a child to a childcare facility, the facility shall notify the parents in writing of the disciplinary practices used by the facility. The specific types of discipline used for each group must be included in the written material provided to the parent's verification that child care facilities have provided parents in writing the disciplinary practices used by the facility shall be with documents on the enrollment form or an equivalent form with the signature of the parent. (F.S. 402)

### **The code of discipline for Heavenly Kids Pre-School is as follows:**

1. Children attending Heavenly Kids Pre-School shall never be subjected to discipline which is severe, humiliating or frightening.
2. Discipline shall not be associated with food, rest or toileting.
3. Spanking or any other form of physical punishment is strictly prohibited.

The Bible teaches respect for authority (Colossians 3:20, Romans 13:1 and Hebrews 13:17) and it requires discipline for children (Proverbs 13:24, Proverbs 23:13-14 and Proverbs 29:15-17).

Basic Discipline problems will be handled in one or more of the following ways:

1. Warning to child (Redirection)
2. Time Out:
  - a. After two time outs the child concerned may be sent to the office to reinforce the discipline of his/her teacher.
  - b. The next step may include parent/director conference and will follow the steps listed below in the Policy Regarding Student's Inappropriate & Disruptive Behavior.

The length of time out will be appropriate to the age of the child and the severity of the problem.

The following guidelines will be used:

2-3 years:	1 to 3 minutes time out
3-4 years:	1 to 5 minutes time out
4-5 years:	1 to 10 minutes time out
5-6 years:	1 to 15 minutes time out
6-8 years:	1 to 20 minutes time out
8-10 years:	1 to 25 minutes time out
10-12 years:	1 to 30 minutes time out

### **Policy Regarding Student's Inappropriate & Disruptive Behavior**

Heavenly Kids Preschool staff has fulfilled the state required training for working with children. The Center's policy in dealing with children who have exhibited behavior that is harmful to themselves, other students or teachers will be handling as follows:

- I. The student will be redirected to another activity or project.
- II. If the behavior continues an incident report will be issued and require a parent signature.
- III. Upon the third occurrence the parent will be called and the student must be picked up from the center immediately and a one-day suspension will be issued along with an incident report which will require the director's and the parent's signature.
- IV. Fourth infraction will require the student to be suspended from the center for three days. A behavior modification plan must be complied by the management staff and the parent prior to the return of the student.
- V. If the action plan and all other methods above have been applied and the behavior continues then the child will be expelled from the center.**

All effort will be made to refer students and parents to different resources that will assist with issues that arise with inappropriate behavior; our main concern is for the safety of all individuals within the center. It is with this thought in mind that we must take a firm stand against any behavior that threatens the safety of the individual, other students, and staff members. These actions also include but are not limited to biting.

**I have read the foregoing and understand and agree to its content.**

---

**(Parent or Guardian Signature)**



*Heavenly Kids*  
*Preschool & Childcare Center*



711 N Thacker Avenue  
 Kissimmee Fl 34741  
 (407) 870-7844

**Student Admission**

No child will be refused admission to the school, nor be dismissed from the school for reasons of race, color, religion, or creed. However, the school administration reserves the right to refuse admission and/or expel any child whose behavior is disruptive and harmful to themselves, other children and teachers.

ALL children are admitted conditionally on a  
 Two(2)- month trial period.

**Child Care Facility Brochure Statement and Influenza Virus**  
**(Chapter 402.3125, F.S.) & (CF/PI 175-70)**

On, \_\_\_/\_\_\_/\_\_\_, I \_\_\_\_\_  
 (Name of Parent or Legal Guardian)

received a copy of the Child Care Facility and the Influenza Virus Brochure.

\_\_\_\_\_  
 (Signature of Parent or Legal Guardian)

\_\_\_\_\_  
 (Name of Child)



**PARENTAL APPROVAL STATEMENTS**

**PLEASE READ EACH OF THE FOLLOWING STATEMENTS AND SIGN AT THE BOTTOM**

In the event of an emergency, Heavenly Kids Pre-School has my permission to obtain emergency treatment by dialing 911 and using paramedics that may take my child to the CLOSEST AVAILABLE Emergency facility as dispatched by their supervisors.

Parent Initials \_\_\_\_\_

I understand in the event of a natural disaster my child will walk over to Thacker Avenue Elementary School located at 301 N. Thacker Avenue Kissimmee Fl. 34741. Parent Initials \_\_\_\_\_

I understand that my child will participate in many varied learning activities while attending Heavenly Kids Pre-School among which are learning of character-building stories from the Bible, stories about Jesus and simple prayers.

Parent Initials \_\_\_\_\_

I have read and agree to adhere to the DISCIPLINE/EXPULSION POLICIES stated in the Heavenly Kids Pre-School document that becomes a part of my child's file and policies stated in the Parent/Student Handbook.

Parent Initials \_\_\_\_\_

I agree to allow my child to participate in the Children's Program: two Sunday morning services in the Fall and the Spring and pay \$10.00 for each of the costume and or props each school year.

Parent Initials \_\_\_\_\_

I understand that my child must be in their classroom no later than 9:00a.m. and will not be admitted to the center after 9:30a.m. without a doctor's note NO EXCEPTIONS.

Parents Initials \_\_\_\_\_

I have read and agree to adhere to the PARENTAL REGULATIONS stated in the Heavenly Kids Pre-School Parent/Student Hand Book.

Parent Initials \_\_\_\_\_

I agree to provide meals daily to meet my child's nutritional and dietary needs if my child is unable to eat the meals provided at the center.

Parent Initials \_\_\_\_\_

I give my permission to Heavenly Kids Pre-School for my child to participate in activities anywhere on the property of Calvary Assembly of God.

Parent Initials \_\_\_\_\_

I am aware that Heavenly Kids Pre-School must be paid for every week, regardless of holidays or illnesses once my sick days or vacation days have expired. Payments cease only upon withdrawal. I am aware that the registration fee is NON-REFUNDABLE, NO EXCEPTIONS.

Parent Initials \_\_\_\_\_

I am aware that advance weekly Pre-School payments are to be paid on Thursday or Friday for the up coming week. If payment is not made by Monday 5:00p.m., my account will be subject to a \$25.00 late fee.

Parent Initials \_\_\_\_\_

I am aware that I must notify the Pre-School if anyone other than the persons previously listed on the Enrollment Forms are to pick-up my child(ren). For my child's protection, THEY WILL NOT be released to unauthorized persons. An approved pictured identification (driver's license) will be required.

Parent Initials \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



## FIRST DAY OF PRE-SCHOOL CHECKLIST



1. Change of clothes, including shirt, pants, socks and undergarments to leave at Pre-School.  
**(Write names on all articles and place in a large zip locked bag with child's name on outside of bag.)**
  
2. HRS Medical Forms needed:
  - a. **Updated Shot Record** on proper HRS form (Excluding School Age Children)
  - b. **Updated Physical** on proper HRS form (Excluding School Age Children)
  - c. **Copy of Original Birth Certificate**
  - d. Discipline Policy (signed and dated)
  - e. Holiday Schedule (signed and dated)
  - f. Heavenly Kids Pre-School Agreement (signed and dated)
  - g. Know Your Day Care Form (signed and dated)
  - h. Enrollment Form (All spaces must be filled in especially SS# & Enrollment Date)
  - i. Statement of Understanding (establishing that you have read & understand all paperwork, including all forms and Hand Book)
  - j. Heavenly Kids Pre-School Fees Agreement
  - k. **Emergency Form must be signed & notarized.**
  
3. All Fees Paid:
  - a. Individual Program Registration Fee (K-2 thru School Age) **\$75 new Students & \$45 Returning Students.**
  - b. One Week Advance Tuition Fee
  
4. Review emergency information.
  
5. Remember to make all Pre-School payment every Thursday or Friday for the upcoming week in order to avoid any late fees. **~~You are to pay a week in advance every week.~~** If you pay bi-weekly you should pay two weeks in advance. If you choose to pay monthly, please see the Director for payment information. **PAYMENTS ARE ALWAYS IN ADVANCE.** **Students will not be accepted in the center Tuesday morning if your tuition has not been paid.**
  
6. For your convenience, medication forms are available in preschool office. No medication will be administered unless this form is completed and signed. Medication **will only be given 12:00p.m.** (around lunch time). If your child needs medication for more than one day, please make sure the beginning and ending date is on the form. Once the form is completed and signed, turn it in to the child's teacher along with the medication.
  
7. If you want someone to pick up your child who is not listed on the Enrollment Form, you must give the office staff advance notice in writing, signed and dated or you may call and speak with the administrative staff directly notifying them about the new pick-up person. This new pick-up person will not be added on the permanent list unless you specify.
  
8. If you have any question and/or concerns, please feel free to contact the office staff during office hours of 8:00am-5:00pm.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Parental Permission for Emergency Medical Treatment & Transportation**

I hereby certify that I am the parent/guardian of \_\_\_\_\_  
(Child's Name)

and give my permission for the following:

**PHOTO RELEASE \_\_\_\_\_**

I give permission for my child's photograph or video image to be taken while he/she is in the care of pre-school personnel. Such images may be posted in the classrooms or other appropriate places within the center, used in the center presentations or promotional materials, or distributed to the staff or clients. I understand that I may terminate this permission at any time in the future.

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE \_\_\_\_\_**

I understand that it is my responsibility to see that my child has regular medical examinations as required for attendance at Heavenly Kids Preschool and that my child's immunizations are kept current as required by the State of Florida.

Should my child become ill or suffer an accident of any kind and need emergency treatment while in the care of Heavenly Kids Preschool, the Preschool staff shall attempt to contact the parent or guardian immediately. In the event the Preschool is unable to reach the parent or legal guardian, it shall be authorized to secure such medical attention and care as may be necessary. I understand I am responsible for any fees not covered by Heavenly Kids Preschool liability insurance.

**AUTHORIZATION TO TRANSPORT \_\_\_\_\_**

I give permission for my child to attend any Heavenly Kids Preschool field trips and activities (field trips are for children age 6 and older only) away from the Preschool facilities. I will not hold Heavenly Kids Preschool liable for any injury occurring during the time spent away from the Preschool.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Parent or Legal-Guardian )

**ON THIS DATE, THE ABOVE PERSON APPEARED BEFORE ME AND VERIFIED THAT HE/SHE UNDERSTANDS AND AGREES TO THE ABOVE STATED PARENTAL PERMISSION FOR EMERGENCY MEDICAL TREATMENT. THE ABOVE PERSON FURTHER AGREES TO ABIDE BY ALL WRITTEN POLICIES STATED IN PARENT /STUDENT HANDBOOK, AS WELL AS ALL FORMS & INFORMATION ISSUES IN THE ENROLLMENT PACKET.**

Notary  
Public: \_\_\_\_\_

My commission Expires: \_\_\_\_\_



711 N. Thacker Avenue  
Kissimmee FL 34741  
407-870-7844

**ACKNOWLEDGEMENT OF RECEIPT AND COMPLIANCE**

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. I verify that I am in full compliance with the PHYSICAL EXAMINATION requirement.

\_\_\_\_\_  
Parents Initials Date

Florida Statute requires that parents must receive a copy of the childcare facility brochure, Influenza Virus Brochure. I acknowledge receipt of the INFLUENZA VIRUS BROCHURE.

\_\_\_\_\_  
Parents Initials Date

Florida Statute requires that parents/guardians be notified in writing of the disciplinary practices used by the childcare facility, I have read, understand and will support the schools DISCIPLINE POLICIES AND PROCEDURES.

\_\_\_\_\_  
Parents Initials Date

I have read, understand and will support the schools HEALTH Policy.

\_\_\_\_\_  
Parents Initials Date

I have read, understand and will support the schools MEDICATION Policy.

\_\_\_\_\_  
Parents Initials Date

I have received and read the Distracted Adult Driver Brochure.

\_\_\_\_\_  
Parents Initials Date

I have received, read and will abide by the parent handbook Procedures and Policies.

\_\_\_\_\_  
Parents Initials Date

Your signature below indicates that you have received the above items and the information on the entire registration packet is complete and accurate.

Child's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date