



After School 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: \_\_\_\_\_

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: \_\_\_\_\_

Does your family attend Calvary Assembly of God on a regular basis?  Yes  No

Do you or does a member of your family work for the church, the school or the preschool?  Yes  No

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

\_\_\_\_\_

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

**HEAVENLY KIDS After School AGREEMENT**



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

**Registration Fee:** \$45.00 (non-refundable fee). **Weekly Rate:** \$60.00

(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 and a legal Birth Certificate must be submitted to the office on or before your child enters the after-school program.

**Payment Responsibility:**

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

**You will be responsible for paying the full tuition whether you choose to use the facility or not. If you miss a week without prior notice, your child will be withdrawn and you will be required to pay a \$35.00 reinstatement fee.**

**a. 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.

**b. Extended Days:**

On days that the Osceola County Schools are closed our extended days rates are as follows.

Monday through Friday **7:00 a.m. to 6:00 p.m.**

**Daily rate: \$30.00**

**Weekly Rate: \$105.00**

**\*\* You will be responsible for paying the full weekly tuition on partial weeks even if you decide not to use our facility for the days the County Schools are closed. (Christmas & Spring Break excluded)**

**Heavenly Kids Pre-school opens at 6:30 a.m. and closes promptly at 6:00 p.m., Monday through Friday.**

If your child is picked-up after 6:00 p. 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.**

**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.**

\*\* Prices are subject to change

**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:**

What school does your child attend? \_\_\_\_\_

What grade/home room is your child in? \_\_\_\_\_

What is the name of your child's teacher? \_\_\_\_\_

# 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.
  - (c)
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 twelve (12) 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
<b>Children's Presentation</b>	<b>December 12, 2021</b>	<b>Sunday</b>
Christmas	December 24, 2021	Thursday & 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
<b>Children's Presentation</b>	<b>April 10, 2022</b>	<b>Sunday</b>
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.

\*\*\*Your account will not be billed for the week of Thanksgiving, Christmas break or Spring Break if your child does not attend Heavenly Kids. If your child does attend the cost will be **\$105** for the week or **\$30** daily rate. **Please see the administration for available care on teachers work days.**

All tuition 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 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 parents 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
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 handle 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.

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

---

(Parent or Guardian Signature)

Accredited by FLOCS#4616



*Heavenly Kids*  
*Preschool & Childcare Center*



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

**Child Care Facility Brochure Statement**  
**(Chapter 402.3125, F.S.)**

On, \_\_\_\_/\_\_\_\_/\_\_\_\_, I

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**Name of Parent or Legal Guardian)**

received a copy of the Child Care Facility Brochure.

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(Signature of Parent or Legal Guardian)

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(Name of Child)





**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 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 4 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 PERMISSSION, FOR EMERGENCY MEDICAL TREATMENT. THE ABOVE PERSON FURTHER AGREES TO ABIDE BY ALL WRITTEN POLICIES AND STATED IN PARENT /STUDENT HANDBOOK, AS WELL AS ALL FORMS & INFORMATION ISSUES IN THE ENROLLMENT PACKET.**

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

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



*Heavenly Kids*  
*Preschool & Childcare Center*



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