

A LITTLE BIT OF HEAVEN CHILD ENRICHMENT CENTER

A Ministry of Lake Gibson United Methodist Church

424 West Daughtery Road

Lakeland, FL 33809

Phone: 863-858-8400

Fax: 863-853-1625

STUDENT'S INFORMATION

(Please print)

Child's name _____
Last Name First Name Middle Name

Name Child is called (Nickname) _____

Date of Birth _____ Child's age at time of application _____
Month/Day/Year Years +months

Gender Male Female Age of child _____
In months

Ethnic Origin: ___ Asian ___ Black ___ Hispanic ___ White ___ Other

Child's primary home address _____

City Zip Code

Home phone number _____
Area Code

Estimated drop off time _____ Estimated pick up time _____

PARENT OR GUARDIAN INFORMATION

Father's name _____ Occupation _____
Home address if different from above _____

Mother's name _____ Occupation _____
Home address if different from above _____

Applicant's brothers and sisters Name and age _____
Name and age _____ Name and age _____

Other household members:

Name Relationship to child Gender

Child lives with:

Both parents Mother Father Grandmother Grandfather Foster parents Other _____

Other Household Information

Parent's marital status: Married Separated Divorced Single Deceased

Is there a divorce or custody situation that we should be aware of? _____

If yes, please explain: _____

Please, list any other household situations that our staff should be aware of while working with your child.

EMERGENCY TELEPHONE INFORMATION: Please include area codes.

Father's employer _____

Work _____ Cell phone _____

Mother's employer _____

Work _____ Cell phone _____

HEALTH HISTORY

Child's physician or clinic is _____

Name

Phone Number

Child's health insurance is _____

Company name

Policy number

Has your child:

❖ Been toilet trained? Yes No

❖ Existing illness(es)? Yes No

If yes, please name: _____

❖ Had previous injuries? Yes No

If yes describe: _____

❖ Had hospitalizations during the last past 12 months? Yes No

If yes, please describe: _____

❖ Any allergies? Yes No

❖ If yes, please list: _____

❖ Are there any parent concerns? Yes No

If yes, please describe: _____

Does your child have any fears? Yes No

If so, what are they? _____

PHYSICAL DEVELOPMENT/HEALTH HISTORY

Does your child have any food dislikes or eating problems? Yes No

If so, please explain _____

Does your child have any physical handicaps/impairments? Yes No

If so, please explain. _____

Does your child have ongoing health conditions or problems? Yes No

If so, please explain. _____

Does your child take any medication(s), other than over the counter medications? Yes No

If so, please list name of medication(s) and reason for taking. _____

Is your child receiving any professionally prescribed treatment? Yes No

If so, please explain. _____

Please give any further information which you feel would help us better understand your child.

As part of the school program, children will go on supervised walks.

As part of the school program, children will be screened for speech, language, hearing, vision and specific educational needs.

Financially responsible person(s):

Relationship to child

Print Name

Signature

Relationship to child

Print Name

Signature

We are in accordance with the objectives and values of A Little Bit of Heaven Child Enrichment Center, a ministry of the Lake Gibson United Methodist Church and therefore submit this application along with a \$50 nonrefundable Registration Fee. We understand that this application and Registration Fee will secure our child's name on the school.

Father's or male guardian's signature

Date

Mother's or female guardian's signature

Date

*A Little Bit of Heaven Child Enrichment Center
of Lake Gibson United Methodist Church*
Authorization Form

I hereby certify that I am the legal parent/guardian of _____
And have read and understand the following policies as stated in the handbook. Child's first and last name

PLEASE READ AND INITIAL EACH SECTION

LUNCH POLICY _____

I understand that if my child does not have a home lunch or a bought lunch ordered for any school day, the Teacher, Director will call me so I can make arrangements to bring him/ her lunch.

TERMINATION POLICY _____

In the event that A Little Bit of Heaven Child Enrichment Center of Lake Gibson United Methodist Church has to close for unforeseen circumstances, we will transfer appropriate records in ample time.

DIRECTORY INFORMATION _____

I give my permission for my name, address, and phone number to be included in the School Directory, which may be distributed to the Preschool families.

PHOTO RELEASE _____

I give my permission for my child's photograph or video image to be taken while he/she is enroll at A Little Bit of Heaven Child Enrichment Center. Such images may be posted in classrooms or other appropriate places within the Preschool, used in Preschool presentations or promotional materials, and in the yearbook. I understand that I may terminate this permission at any time in the future by notifying the school office in writing.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE _____

In order to meet all legal requirements, I hereby authorize the Director of the Preschool, or the person in charge in the event of her absence, to give my consent for any and all necessary emergency medical treatment for my child while said child is in said individual's custody.

In the event of serious illness or accident, and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I also guarantee payment of all charges incurred as a result of this medical treatment.

AUTHORIZATION TO TRANSPORT _____

In the event of an emergency that requires the preschool to vacate the premises and my contacts and/or I are unreachable. I hereby authorize the Director, or the person in charge in the event of her absence, to transport my child to a safe environment until I can be reached.

DISCIPLINE POLICY _____

Redirection will be used, and sitting out from the group when necessary. No corporal punishment will be used by teachers.

MEDICATION AND ADMINISTRATION GUIDELINES _____

There must be a doctor's authorization for dispensing all medication other than diaper cream and Orajel.

TUITION AND LATE PICK UP FEES _____

All tuition will be paid on time. Every minute past 6:00 PM will be charged \$1 for a late pick up.

EMERGENCY PROCEEDURES _____

Understand all emergency procedures.

ILLNESS _____

I understand for the safety of all involved I need to keep my child home when they are ill.

INFORMATION:

Allergies to food, medication, etc. (If none, so state.) _____

Special medical problems. (If none, so state.) _____

Family Physician _____ Office phone _____

Office address _____ City _____

Parent/guardian name _____

Home phone _____ Work phone _____ Cell phone _____

Address _____ City _____

Insurance company (If none, so state.) _____

Insurance policy or group number _____

Signature of Parent/Guardian Date

State of Florida

County of Polk

Sworn to and subscribed before me in the aforementioned State and County this _____ day of _____, in the year _____, personally appeared _____ who is personally known to me or who has produced Florida driver's license no. _____ as identification and who did not take an oath.

Notary Public, Stat of Florida
Commission Number:
Commission Expires:

(To be renewed yearly.)

AUTHORIZATION FOR STUDENT PICK UP

Child's name _____
Please print

Please list below all individuals who are authorized to pick up your child/children. The individual will also be called in the event of an emergency if the parents cannot be reached. **A photo ID will be required for these individuals to pick up your child/children.**

Parents/Guardians

Father's name _____ Home phone _____
Please print Work phone _____
Cell phone _____

Mother's name _____ Home phone _____
Please print Work phone _____
Cell phone _____

Other people authorized to pick up your child/children:

Name _____ Relationship _____
Please print

Address _____ Phone No. _____

Name _____ Relationship _____
Please print

Address _____ Phone No. _____

Name _____ Relationship _____
Please print

Address _____ Phone No. _____

Name _____ Relationship _____
Please print

Address _____ Phone No. _____

I do hereby authorize A Little Bit of Heaven, CEC to release my child/children to the above listed individuals in the event that I am not able to pick him/her/them up. I release A Little Bit of Heaven, CEC from any responsibility for problems that may develop when the people listed above take my child/children from the premises.

Signature of Parent/Legal Guardian

Date