

# SON KISSED PRESCHOOL <sup>at</sup> ST·PAUL United Methodist Church

## TODDLER ENROLLMENT PACKAGE

Dear Parents:

Welcome! We are honored that you have chosen Son Kissed Preschool as your child care provider and look forward to watching your child grow and learn with us.

We must have the following completed forms in your child's file on their first day of attendance:

- Child's Enrollment Record
- Emergency Medical Release (Notarized)
- Enrollment & Attendance Agreement (Signed)
- Child's Health and Development Questionnaire
- Family Information
- Diapering/Pull-Up Information
- Religious Affiliation and Email Information
- Infant/Toddler Health and Development Questionnaire
- Media Release Form
- Florida Certification of Immunization
- School Entry Health Exam

In addition to these forms, the following fees are due to complete enrollment:

- \$85.00 Annual Registration Fee (checks made payable to Son Kissed Preschool)

If you have any questions or require assistance, please do not hesitate to contact the office at (727) 585-8596 or [sonkissed@stpaulumc.org](mailto:sonkissed@stpaulumc.org)

Blessings,

Brittany R. Smyrski  
Director

Dear Parents,

We want to thank you for your interest in Son Kissed Preschool. Below is some important information regarding student account billing for tuition and fees at Son Kissed Preschool.

- ♥ Yearly non-refundable registration fee of \$85.00 or VPK voucher is due with Enrollment Application and every August.
- ♥ Yearly Program Fee of \$70.00 is due at enrollment and every August. Sibling Program fee is \$40.00 for each additional child.
- ♥ 10% sibling discount applies for tuition of oldest sibling
- ♥ Weekly tuition is due in advance on Monday. Payment should be made no later than Tuesday. A late fee of \$10.00 per week will be assessed on Wednesday.
- ♥ No refunds or credits are allowed for absence, illness or vacation. A two week vacation credit for Full Time students and Toddlers is available each enrolled year, in weekly increments and does not carry over. Tuition must be paid regardless of attendance.

#### **HALF DAY**

**(ages 2, 3 and 4 years)**

- ♥ Year round, closed major holidays
- ♥ Monday—Friday, 9:00 am—12:00 pm
- ♥ Closed major holidays,
- ♥ \$85 per week, due on Monday
- ♥ Early drop off 7:00 am—8:55 am \$5.00 per hour
- ♥ Lunch Bunch 12:00—2:00 pm \$10.00 per day

#### **PART TIME**

**(ages 2, 3 and 4 years)**

- ♥ Year round, closed major holidays
- ♥ Monday—Friday, 9:00 am—2:00 pm
- ♥ \$120.00 per week, due on Monday
- ♥ Early drop off 7:00 am—8:55 am \$5.00 per hour
- ♥ Extended care 7:00 am—6:00 pm \$30.00 per day

#### **FULL TIME**

**(ages 2, 3 and 4 years)**

- ♥ Year round, closed major holidays
- ♥ Monday—Friday, 7:00 am—6:00 pm
- ♥ Tuition is \$155.00 per week, due on Monday
- ♥ 2 week vacation credit per year

#### **TODDLERS**

**(ages 12 months to 24 months)**

- ♥ Year round, closed major holidays
- ♥ Monday—Friday, 7:30 am—6:00 pm
- ♥ Tuition is \$215.00 per week, due on Monday
- ♥ 2 week vacation credit per year

#### **VPK**

**(ages 4 years to 5 years)**

- ♥ August through May, closed major holidays
- ♥ 9:00 am—12:00 pm free with VPK voucher
- ♥ 9:00 am—2:00 pm \$60.00 with voucher
- ♥ 7:00 am—6:00 pm \$115 with voucher
- ♥ No Registration Fee
- ♥ Days that FREE VPK is not in session, rates are as listed above based on your child's selected program.

#### **School Readiness Voucher**

- ♥ Cost is based on Parent Fee plus the provider difference
- ♥ 9:00 am—12:00 pm Half Day Program Information Listed Above
- ♥ 9:00 am—2:00 pm Part Time Program Information Listed Above
- ♥ 7:00 am—6:00 pm Full Time Program Information Listed Above
- ♥ The provider does not only charge the designated parent fee, the difference in tuition will be charged to the parent as well and is due each Monday.

# Registration Cheat Sheet

## ALL SHEETS MUST BE FILLED OUT CORRECTLY

**Parent's Name:** If there is NOT a second parent involved in the child's live, **EVERY** line must state **NONE**.

**Emergency Contact:** **MUST** be an alternate adult, other than the parent that has a **DIFFERENT PHONE** number than the parent and child.

**Name of Dentist:** Can be the same as the doctor, but the information needs to be re-written and **CANNOT** state "See Above"

**Miscellaneous Information:** If your child(ren) does not have any of these **EACH LINE** must state **NONE**

**Email:** Please **ADD** your email address if you would like to receive weekly updates and newsletters.

**Emergency Medical Release:** Must be filled out **COMPLETELY** with no **NA** or **Same as Above**. No scratch out, cross offs or white out allowed on this form.

**Medical Insurance:** If you have insurance a policy number is **REQUIRED** and the form is considered **INCOMPLETE** without it. If the policy does not expire **NONE** may be written on the expiration line. If you **DON'T** have insurance **NONE** must be written on each line.

**Blank Lines:** Any lines without information on them must say **NONE** or **MUST HAVE N/A** on them.

**You will be asked to fill out new paperwork if it is not filled out correctly.**

**Please DO NOT Use White Out & DO NOT Scratch Anything Out On Any Of The Paperwork**



# CHILD'S ENROLLMENT RECORD

<b>DIRECTOR'S USE ONLY</b>
Date enrolled _____

Child's full legal name \_\_\_\_\_  
First Middle Last

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's preferred name/nickname \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Primary hours child will be in the children's center \_\_\_\_\_

Days of week child will be in the children's center \_\_\_\_\_

Who has legal custody \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Place of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Place of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone \_\_\_\_\_

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is 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 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

CONTINUED ON BACK

**CHILD'S ENROLLMENT RECORD**

**(Back Page)**

**Child's Physician/Health Resource** \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**Hospital Preference** \_\_\_\_\_

**Name of Dentist** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**MISCELLANEOUS INFORMATION**

List all known allergies \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special medical or dietary needs of child \_\_\_\_\_

List any areas of concern \_\_\_\_\_

**My signature below verifies that:**

**I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.**

**I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the children's center discipline policy.**

**I was notified that the snacks/meals served daily are:** Breakfast AM Snack Lunch PM Snack Dinner

**I verify that the information on this enrollment form is complete and accurate.**

\_\_\_\_\_  
**Signature of Custodial Parent or Legal Guardian** **Date**

**SON KISSED PRESCHOOL**  
**ENROLLMENT & ATTENDANCE AGREEMENT**

Acceptance of this enrollment form and the registration fee of \$85.00 or VPK Voucher assures your child a place in our center. In return, we expect that you will honor your enrollment for the term unless you move from the city or some unusual circumstance makes a mutual agreement to dissolve the contract the most advantageous arrangement for the child.

**VPK POLICIES AND PROCEDURES**

Son Kissed preschool offers the Voluntary Prekindergarten (VPK) Program. Our program begins every day, Monday through Friday from 9:00 am to Noon. In order for your child to receive the high quality benefits of this program it is essential that your child be here on time every day for the full three hours.

In the event that your child will be absent please call the center so we may plan accordingly. Each child is allowed up to 36 (thirty-six) absences per program year. When your child reaches their thirtieth (30) absence we will send home a letter reminding you of the remaining days which are permitted. This may sound like a lot of absences that are permitted, however it breaks down to roughly four absences per month, so please be cautious.

In the event that your child exceeds thirty-six absences they may be disenrolled from the VPK program at our center. You may choose to continue your child's care with us by using our private pay program. This would require that you pay \$70.00 per week which allows your child to remain in the same class with the same teacher.

Part of the VPK program is signing the student and parent monthly attendance long form verifying your child's attendance at the end of each month. We expect that you will verify your child's attendance no earlier than the last VPK day of the month and no later than ten (10) days after the end of the month by signing the form correctly.

I have read the above enrollment & attendance policies and agree to honor this enrollment as described above. In case I do need to remove my child from the program, I will give at least two weeks' notice. Also in the event that circumstances arise outside of the above listed attendance violation then termination from our VPK program or our Wrap care program is at the discretion of the Director.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
*(Parent or legal guardian)*

**Fees:**

Yearly Registration fee (non-refundable)	<b>\$85.00 or VPK Voucher</b>
Yearly Program fee	<b>\$70.00 (second child \$40.00)</b>

**Please indicate your program choice below:**

**9:00 A.M. – NOON HALF-DAY PROGRAM - MONTHLY TUITION PUBLIC SCHOOL CALENDAR**

\_\_\_\_\_ All Ages 5 Days M-F **\$85.00 a Week or VPK voucher**

**9:00 A.M. – 2:00 P.M. PART-TIME YEAR ROUND PROGRAM WEEKLY TUITION (All Ages)**

\_\_\_\_\_ 5 Days M-F **\$120.00 per week**

\_\_\_\_\_ VPK Students Noon-2:00 p.m. **\$ 60.00 per week (\$120 per week when VPK classes are not in session i.e. Thanksgiving, Christmas, New Year's, Spring Break)**

**7:00 a.m. – 6:00 p.m. FULL-TIME YEAR ROUND WEEKLY TUITION**

\_\_\_\_\_ **\$215.00 per week with a 2 week vacation credit (1 year olds)**

\_\_\_\_\_ **\$155.00 per week with a 2 week vacation credit (2, 3 and 4 year olds)**

\_\_\_\_\_ **VPK Students \$115.00 per week (\$155 per week when VPK classes are not in session, i.e. Thanksgiving, Christmas, Spring Break)**

## CHILD'S HEALTH AND DEVELOPMENT QUESTIONNAIRE

*To be completed by parent or guardian. Please answer the questions on this form completely. We feel this information will help us be more effective in working with your child.*

**ALL INFORMATION CONTAINED IN THIS DOCUMENT IS KEPT CONFIDENTIAL.**

Previous preschool or group experiences: \_\_\_\_\_

**List any known allergies to food or environment.** \_\_\_\_\_

**What is the allergic reaction?** \_\_\_\_\_

Describe your child's appetite. \_\_\_\_\_

Does your child dislike any foods? \_\_\_ If so, what? \_\_\_\_\_

What does your child usually eat for breakfast before arriving at the preschool? \_\_\_\_\_

Are other adults (not family) able to understand the child's speech? \_\_\_\_\_

**Please list all languages other than English spoken in your home:** \_\_\_\_\_

Does your child have a regular playmate? \_\_\_ Same age? \_\_\_ Older? \_\_\_ Younger? \_\_\_

What is your child's favorite toy or activity at home? \_\_\_\_\_

Does your child use a pacifier, suck thumb, security object? \_\_\_\_\_

When does your child use them? \_\_\_\_\_

Does your child have temper tantrums? \_\_\_\_\_

Does your child bite his/her nails? \_\_\_\_\_ Twist his/her hair? \_\_\_\_\_

Is there anything else, medical or otherwise, that you would like us to know about your child? \_\_\_\_\_

Check the words that best describe your child's temperament or personality.

Affectionate \_\_\_\_\_

Serious \_\_\_\_\_

Determined \_\_\_\_\_

Aggressive \_\_\_\_\_

Fearful \_\_\_\_\_

Sense of humor \_\_\_\_\_

Assertive \_\_\_\_\_

Stubborn \_\_\_\_\_

Sensitive \_\_\_\_\_

Cautious \_\_\_\_\_

Friendly \_\_\_\_\_

Rebellious \_\_\_\_\_

Curious \_\_\_\_\_

Quiet \_\_\_\_\_

**FAMILY INFORMATION**

Marital status of parents: \_\_\_ Married \_\_\_ Living together \_\_\_ Separated \_\_\_ Divorced

If separated or divorced please describe custody and visitation agreement for the child

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Others in your household:

Sisters, give name & ages: \_\_\_\_\_

Brothers, give names & ages: \_\_\_\_\_

Other adults, give names and relationship to child: \_\_\_\_\_

Does your child have a pet? Kind: \_\_\_\_\_ Name: \_\_\_\_\_

How much television does your child watch each day? \_\_\_\_\_

What are his/her favorite programs? \_\_\_\_\_

What hopes and expectations do you have for your child from our program? \_\_\_\_\_

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**How did you first hear about Son Kissed Preschool?** \_\_\_\_\_

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**If you would like to have the preschool newsletters, reminders, and other information from St. Paul U.M.C. emailed to you, please give us your name and email address below:**

**Name:** \_\_\_\_\_

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



**DIAPERING/PULL-UP INFORMATION**

Does your child use a bottle? \_\_\_\_\_ Handle a cup and spoon? \_\_\_\_\_

Does your child use:

Diapers \_\_\_\_\_ Potty seat \_\_\_\_\_ Special toilet seat \_\_\_\_\_ Regular toilet seat \_\_\_\_\_

Does your child use: Disposable diapers \_\_\_\_\_ Pull-Ups \_\_\_\_\_  
Training Pants \_\_\_\_\_ Regular Pants \_\_\_\_\_

Is your child's skin highly sensitive? \_\_\_\_\_ Frequent diaper rash? \_\_\_\_\_

Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_ What time? \_\_\_\_\_

Is diarrhea or constipation a problem? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Has toilet training been attempted? \_\_\_\_\_

Other comments or information you feel we should know \_\_\_\_\_

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Please read and sign:

**Due to hygiene policies and overall classroom management, we respectfully request that the parents not send in pacifiers, bottles, sippy-cups or potty training aids, such as toilet rings.**

**Please discuss with your child's teacher the need for comfort/security items prior to sending them to class.**

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

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## RELIGIOUS AFFILIATION AND EMAIL INFORMATION

Son Kissed Preschool is a ministry of St. Paul United Methodist Church. With this in mind, we would like to ask for your help in acquainting us with your child's faith experiences. This information helps us to become familiar with your child's background or knowledge with any particular religion or faith. It is important that we as a staff understand your family's beliefs, in order to be sensitive to your child's needs.

1). Is your family presently attending Sunday services at a local church?

Yes \_\_\_\_\_ No \_\_\_\_\_

2). If so, what is the denomination (or church name)? \_\_\_\_\_  
\_\_\_\_\_

3). **Are there any beliefs or practices within your church/family that you feel we should be aware of in our relationship with your child? Yes \_\_\_\_\_ No \_\_\_\_\_**

4). **If so, please elaborate:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5). What do YOU expect, (in regard to faith experiences), from your child's preschool experience at Son Kissed Preschool?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6). Would you like to receive information on any of the ministry areas of St. Paul United Methodist Church?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what areas are of particular interest to you? \_\_\_\_\_  
\_\_\_\_\_

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**Thank you so much for your input. May God bless you and your Family!**



# INFANT/TODDLER HEALTH AND DEVELOPMENT QUESTIONNAIRE

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Please answer the questions on this form.  
We feel this information will help us be more effective in caring for your child.**

## NOURISHMENT

Type of food your child eats: Strained  Junior  Table   
 How has child been fed? Held in Lap  High Chair  Other  \_\_\_\_\_  
 Does your child use a bottle? Yes  No  Handle cup & spoon? Yes  No   
 Current feeding schedule: \_\_\_\_\_

Schedule has been in use for: Days  Weeks  Months   
 Any special feeding problems? Yes  No  \_\_\_\_\_

## SLEEPING HABITS

How does child wake? Active  Sluggish  Crying  Happy  Fussy   
 How does child sleep? Heavy  Light  Restless   
 What time does child get up in the a.m.? \_\_\_\_\_ Go to bed in p.m.? \_\_\_\_\_  
 What is your child's nap pattern? a.m. nap time \_\_\_\_\_ p.m. nap time \_\_\_\_\_  
 Do you have a bedtime routine with your child? Yes  No   
 Rocking  Singing  Stories  Talking  Other

## DIAPERING/TOILETING

Does your child use: Diapers  Potty Seat  Special Toilet Seat  Regular Toilet Seat   
 Do you use: Disposable Diapers  Cloth Diapers  Training Pants   
 Are plastic pants used? Always  Sometimes  Never   
 Do you use: Oil  Powder  Others   
 Is baby's skin highly sensitive? Yes  No  Frequent diaper rash? Yes  No   
 Are bowel movements regular? Yes  No  How many per day? \_\_\_\_\_ What time? \_\_\_\_\_  
 Is diarrhea or constipation a problem? Yes  No   
 Has toilet training been attempted? Yes  No

**HEALTH**

Is your child taking over-the-counter or prescribed medication regularly at home? Yes  No

If yes, what? \_\_\_\_\_

Is your child taking vitamins regularly at home? Yes  No

If yes, what? \_\_\_\_\_

List any know allergies to food or environment. \_\_\_\_\_

What is the allergic reaction? \_\_\_\_\_

How is this treated? \_\_\_\_\_

Have you ever suspected your child of having seizures? Yes  No

What was the cause? \_\_\_\_\_

How was this treated? \_\_\_\_\_

How do you consider your child's physical development? Normal  Advanced  Lagging

Comments: \_\_\_\_\_

**SOCIAL/EMOTIONAL**

Check the words that best describe your child's temperament or personality.

- Affectionate
- Aggressive
- Assertive
- Cautious
- Curious
- Sensitive
- Determined
- Serious
- Fearful
- Stubborn
- Friendly
- Quiet
- Rebellious
- Sense of Humor

Does your child use: a pacifier  suck thumb  security object

When does your child use them?

Does your child have a "fussy" time? Yes  No  When? \_\_\_\_\_

How is this handled? \_\_\_\_\_

Does your child use special or unusual words/names for objects, places or people?

Is there anything else, medical or otherwise, that we need to know about your child?

\_\_\_\_\_  
**Signature of Custodial Parent/Legal Guardian**

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

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

**CHILDREN AND DISCIPLINE – TODDLERS (12-24 months)**

*“Discipline is guiding children, helping them to change behavior. It is teaching them to make wise choices that ultimately lead to self discipline.”*

A Very Practical Guide to Discipline by Dr. Grace

Mitchell

Positive guidance, and providing a rounded and stimulating program based on the needs and developmental stages of the children, good scheduling of time and utilization of space and equipment will help to cut down on the times when discipline is necessary.

The teachers at Son Kissed Preschool use the following method of discipline with the young one year old (12 – 24 months) children.

1. The teacher redirects the child's attention to an acceptable activity.
2. The teacher talks to the child regarding his/her behavior.
3. The teacher tells the child the behavior desired.
4. If behavior is not changed, a supervised time apart may be necessary. This may include a visit to the Preschool Director's office.
5. If repeated negative behavior persists, a conference is scheduled with the parents to gain a better understanding of the situation.
6. If after a detailed discussion with the parents and unacceptable behavior persists, it will be necessary to determine the future continuation of the child in the program.

The school staff does not spank, or use any other form of physical punishment. Children are disciplined in a constructive manner that is not severe, humiliating or frightening. Discipline is not associated with food, rest or toileting.

Parents and teachers must work together to make this school experience the very best we can give.

**I / We have read the “Children and Discipline Policy” and agree to the procedures as outlined above.**

Date \_\_\_\_\_

Parent's  
Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**(PLEASE TURN OVER)**

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

### **BITING POLICY- TODDLERS (12-24 months)**

Even in the best preschool settings, periodic outbreaks of biting occur among preschoolers. It is not something to blame on children, parents, or teachers, and there are no quick and easy solutions to it.

Children bite for a variety of reasons: sensory exploration, panic, crowding, seeking to be noticed, or intense desire for a toy. Repeated biting becomes a pattern of learned behavior that is often hard to extinguish because it does achieve results. We staff two teachers in each classroom to supervise carefully in order for biting not to occur. There are times, however, that they may not be within immediate reach to prevent the bite.

Our policy for biting incidents is as follows;

1. The biter is immediately removed from the group with a firm **"NO"**. The bitten child is consoled and the bitten area is washed with soap and water. If necessary, ice is applied to reduce any swelling or bruising. The biter is not allowed to return to play and is spoken to on a level that he/she understands, and then redirected to another play area.
2. A written Incident Report will be presented to the adults picking up the children involved. The names of the bitten child and the biting child are not released.
3. We, as a staff, look intensely at the context of each biting incident for patterns, in an effort to prevent further biting behavior.
4. We work with each biting child on resolving conflict or frustration in an appropriate manner.
5. We try to adapt the environment and work with parents to reduce any child stress.
6. We make special efforts to protect all children.
7. For a child who bites repeatedly, we will request a meeting with the parents to discuss a plan of action, including the following actions:
  - a. sending the child home from school
  - b. a one day to one week suspension
  - c. hiring a qualified person to shadow the child, at the parent's expense.

Our goal is to extinguish the behavior as quickly as possible. If, however, we feel that every effort has been made to make the program work for the biting child and the problem continues, we may ask a family to withdraw the child.

**I/We have read the "Biting Policy" and agree to the procedures as outlined above**

Date \_\_\_\_\_

Parent's  
Signature \_\_\_\_\_

Print Name \_\_\_\_\_

# EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

## Please Print Information

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

## Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency at which time  
(Child's Full Name)  
I cannot be reached. I give consent to transport by ambulance if situation warrants it.

## Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

by \_\_\_\_\_, who is personally known to me or who has  
(Name of Affiant)

produced \_\_\_\_\_ as identification.  
(Type of Identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)

### Authorized Pick Up List

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**The following individuals are permitted to pick up the above listed child**

Name	Telephone Number	Add Date	Delete Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

\_\_\_\_\_  
Date

If a parent is not permitted to pick up a child registered at Son Kissed Preschool, legal documentation must be provided and kept in the child's file.





## Media Release Form

I grant permission to **Son Kissed Preschool and St. Paul United Methodist Church** to use photographs and/or video taken of \_\_\_\_\_ throughout the school year of \_\_\_\_ - \_\_\_\_ for use in publications, such as newsletters and brochures; and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications and/or video on the church's web sites or other electronic forms or media.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

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

**Child's Name** \_\_\_\_\_

**Guardian/Parent's Name** \_\_\_\_\_

**Signature:** \_\_\_\_\_

# SON KISSED PRESCHOOL at ST-PAUL United Methodist Church

1199 HIGHLAND AVE.  
LARGO, FL 33770  
(727) 585-8596

## Food Experience Permission Form

I give permission for my child \_\_\_\_\_ to participate in food related activities during the school year.

Please check on of the following:

\_\_\_ My child DOES NOT have a food allergy or dietary restriction.

\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate, 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.

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

\_\_\_\_\_  
Date

# Son Kissed Preschool's Sunscreen Policy

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

Son Kissed Preschool is aware of how damaging UV rays from the sun can be to your child's skin. Son Kissed Preschool will use a sunscreen provided by the preschool. As a courtesy, Son Kissed Preschool agrees to administer this type of sunscreen to your son/daughter to help prevent the harmful effects of sun exposure. Sunscreen will be applied prior to any outdoor play approximately thirty minutes before going outside. We also want parents to be aware that it is their responsibility to apply sunscreen before bringing your child to school.

Son Kissed Preschool's policy on applying sunscreen is as follows: Each child over the age of three will be given enough sunscreen to apply to his/her skin personally. Any child under the age of three will have sunscreen applied for them by a staff member, on only the exposed parts of the child's skin.

Son Kissed Preschool will supply sunscreen for each child. If your child is sensitive to certain sunscreens, you may provide one for your child. If your child has an allergy to sunscreen a doctor's note must be provided and will be attached to this policy and kept in your child's folder. Son Kissed Preschool will take other precautions to protect your child from overexposure to the sun, such as: playing in shaded areas.

Parents please check initial the appropriate statement below: **Choose One**

\_\_\_\_\_ I **GIVE PERMISSION** for Son Kissed Preschool staff to administer the provided sunscreen to my child in accordance with the policy above, and the following condition below:

1. I, as the parent or legal guardian of the above named child agree that a Son Kissed Preschool staff member may supervise the application of sunscreen on my son/daughter, and when necessary, may apply sunscreen on the exposed parts of my son/daughter's skin.

\_\_\_\_\_ I have read the above policy and **DO NOT GIVE PERMISSION** for Son Kissed Preschool staff to administer sunscreen to my child. \*\*\*If this is selected a doctor's note stating the reason why sunscreen is unable to be applied must be included\*\*\*

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

\_\_\_\_\_  
Date

Dear Parents,

Our new policy as of June 8, 2015, is that the Preschool will provide Insect Repellent for the children before going outside during the day– during the warmer months when bugs are more prevalent. We hope that this will make life a little easier on everyone – it will certainly help our staff by having fewer bottles to spray from. If you would like us to use a different type of insect repellent for your child/children, please bring it in and we will be happy to spray them with yours.

Also, if your child arrives at the Preschool during early morning drop-off at the playground, please remember to spray them before bringing them to school.

Sincerely,

Brittany Smyrski

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## Bug Spray Release Form

As the parent or legal guardian of \_\_\_\_\_, I understand that Son Kissed Preschool is providing “Off! Family Care Insect Repellent” for all children who attend Son Kissed Preschool when his/her class goes outside to the playground.

\_\_\_\_\_ SKP Staff may spray my child with “Off! Family Care Insect Repellent”

\_\_\_\_\_ I will provide my own bug spray

\_\_\_\_\_ Please do not spray my child with bug spray

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

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/>

We want to make sure that we are reaching as many parents as possible with information. If you have not already,



[Facebook.com/sonkissedpreschool](https://www.facebook.com/sonkissedpreschool)

Also, please provide us with an email address so that we can make sure that you receive our weekly email.

Please detach the paper below and give to your child's teacher or drop it in the office

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Parent Name: \_\_\_\_\_

Email: \_\_\_\_\_

# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

## (for use by Sponsors of Unaffiliated Child Care Centers)

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to Son Kissed Preschool. If you need assistance filling out this form, call this number: 585-8596.

**PART 1 - INFORMATION ON CHILD:**

NAME AND ADDRESS OF CCC/OSHCC:

Child's Name: \_\_\_\_\_  
 Last Name First Name Date of Birth

Son Kissed Preschool  
1199 Highland Ave  
Largo, FL 33720

Primary Hours of Care: From: 7:00 am To: 6:00 pm  
 Days of the Week in Care: (M) (T) (W) (Th) (F) S S

Meals Typically Served While in Care: (Br) MS (L) AS Sup ES

**PART 2 - HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS:** Complete this part and Part 4.

Food Assistance Program Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

**PART 3 - ALL OTHER HOUSEHOLDS:** If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS		INCOME AMOUNT & FREQUENCY				
		List pay frequency (i.e., annually, monthly, twice a month, biweekly, or weekly) after each amount.				
List the Names of Everyone in Your Household (include child listed in Part 1 above)	Check Box if Foster Child	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (including personal use income of a foster child)	Check Box if Person has NO INCOME
Last Name, First Name	<input type="checkbox"/>	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	<input type="checkbox"/>
1. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

**PART 4 - SIGNATURE AND SSN:** An adult household member must sign the application before it can be approved.

Signature of Adult Household Member \_\_\_\_\_ Date Signed \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Street Address, City, State, Zip Code \_\_\_\_\_ Work Phone # \_\_\_\_\_

Last Four Digits of Social Security Number \_\_\_\_\_ Write NONE if you don't have a Social Security Number

**PENALTIES FOR MISREPRESENTATION:** I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

**PART 5 (Optional) - RACIAL IDENTITY OF CHILD**  
 American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or other Pacific Islander  White

**ETHNIC IDENTITY OF CHILD**  
 Hispanic or Latino  Not Hispanic or Latino

**Privacy Act Statement:** Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules.

**For Contractor Use Only:**  
 Food Assistance Program/TANF household Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_  
 Foster Child Income Frequency: Weekly / Biweekly / Twice a Month / Monthly / Annual (circle one)

Note: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Eligibility Determination:  Free  Reduced  Non-needy Enrollment Date: \_\_\_\_\_  
 Reason for Non-needy Status:  Income too High  Incomplete Application  Other (Reason) \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_