



Application for Enrollment

School Year: _____

STUDENT INFORMATION

Date of Birth: _____ Sex: _____ Race/Ethnicity: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack

FAMILY INFORMATION

Child Lives With: _____ Language(s) Spoken at Home: _____

Parent/Guardian 1 Mother Father Other

Name: _____

Address: _____
(if different than child's)

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Address: _____

Work Phone: _____

Parent/Guardian 2 Mother Father Other

Name: _____

Address: _____
(if different than child's)

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Address: _____

Work Phone: _____

Custody: Mother Father Both Other: _____

If court documents are filed in regard to custody, a copy MUST be included with this enrollment form. This includes foster care placement letters and applicable child safety plans.

MEDICAL INFORMATION AND EMERGENCY CONSENT

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. I also agree to hold harmless and release FUMPers and First United Methodist Church Gainesville and its employees from all liability. I further agree to keep FUMPers informed of changes in telephone numbers where I can be reached.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Does your child require an Emergency Care Plan due to an allergy, medical diagnosis or an increased risk for a chronic physical, developmental, behavioral, or emotional condition or additional services? Yes No

If so, please fill out the appropriate Emergency Care Plan.

Date of Enrollment: _____

Is your child currently receiving therapy or some other assistance/service due to a physical, developmental, behavioral or emotional condition or delay? Yes No

If so, **please describe below and provide documentation (encouraged).**

Please list allergies, special medical or dietary needs, or other areas of concern:

HELPFUL INFORMATION ABOUT THE CHILD

Use this space to provide information about the child that would be helpful to the staff of FUMPers.

CONTACTS

The child will be released only to the custodial parent or legal guardian, and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in the case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached. In addition, the following people will be granted use of your family's assigned door code and must adhere to the requirements of the Door Code Acknowledgment Form. **All information, including addresses is required.**

| Name & Relation to Child | Address | Home/Cell Number | Work Number |
|--------------------------|---------|------------------|-------------|
| Name & Relation to Child | Address | Home/Cell Number | Work Number |
| Name & Relation to Child | Address | Home/Cell Number | Work Number |
| Name & Relation to Child | Address | Home/Cell Number | Work Number |

ACKNOWLEDGMENTS

- _____
(initial) I agree to provide FUMPers with a current physical examination (Form 3040) and immunization record (Form 680 or 681) upon enrollment and upon request when those records expire. Due to regulations, some children in care may not have current immunizations.
- _____
(initial) I agree to abide by the requirements of the school's Door Code Acknowledgment Form.
- _____
(initial) I have received a copy of the Child Care Facility Brochure "Know Your Child Care Facility" via email or accessed through the school's website.
- _____
(initial) I have received a copy of the FUMPers Parent Handbook via email or accessed through the school's web site.
- _____
(initial) I have received a copy of the FUMPers Shaken Baby (Abusive Head Trauma) Policy.
- _____
(initial) I have received a copy of the FUMPers Food Policy.
- _____
(initial) I have received a copy of the Disciplinary and Expulsion Policies of the school.
- _____
(initial) I hereby give consent for childcare personnel to have access to my child's records.
- _____
(initial) I hereby give consent for my child to be observed and evaluated by FUMPers staff for the purposes of assisting in the identification of a need for further professional assessment and/or to identify curriculum goals for my child.
- _____
(initial) My child may/ may not participate in food-related activities at FUMPers.
- _____
(initial) I grant/ do not grant permission for my child's photo to be taken and used for promotional purposes including, but not limited to, brochures, advertisements, and social media. I understand that if I do not grant permission, my child's photo will still be taken for classroom use.
- _____
(initial) I agree to participate in using the Brightwheel Childcare Management app as the primary means of communicating with FUMPers staff, as well as checking my child in and out of FUMPers each day.
- _____
(initial) I understand that FUMPers follows proper health and safety protocols to reduce the risk of the transmission of illnesses, including COVID-19. I also understand that despite these measures, my child may be exposed to illnesses while attending school as protocols do not eliminate the risk of exposure.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. Your signature also indicates that you have received, read, and agree to the terms set forth in the FUMPers Parent Handbook.

Signature of Parent/Guardian

Signature of Parent/Guardian (if applicable)

Date



Emergency Care Plan Allergies

Name of Child: _____ School Year: _____

Description of Allergen: _____

Steps to be taken to avoid the allergen: _____

Signs and/or symptoms that warrant immediate action: _____

In the event of an allergic reaction, please list the names, doses, and methods of prompt administration of medication(s) required. A *Medication Authorization Form* is required for each medication to be administered. If more than three medications are necessary, please use the back of this page.

Medication 1

Name of Medication: _____

Dosage: _____ Method: ☐ Oral ☐ Topical ☐ Inhaled ☐ Injection ☐ Other: _____

Medication 2

Name of Medication: _____

Dosage: _____ Method: ☐ Oral ☐ Topical ☐ Inhaled ☐ Injection ☐ Other: _____

Medication 3

Name of Medication: _____

Dosage: _____ Method: ☐ Oral ☐ Topical ☐ Inhaled ☐ Injection ☐ Other: _____

Additional Instructions and Comments: _____

FUMPers personnel shall notify parents or guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem allergen even if a reaction did not occur. FUMPers personnel shall also contact 911 immediately whenever epinephrine has been administered.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Medication Supplied: ☐ Yes ☐ No Date Received: _____

Location of Medication: _____

Received By: _____



Emergency Care Plan Medical Conditions

Name of Child: _____ School Year: _____

Description of Medical Condition: _____

Steps to be taken to prevent complications: _____

Signs and/or symptoms that warrant immediate action: _____

In the event of a medical emergency, please list the names, doses, and methods of prompt administration of medication(s) required. A *Medication Authorization Form* is required for each medication to be administered. If more than three medications are necessary, please use the back of this page.

Medication 1

Name of Medication: _____

Dosage: _____ Method: ☐ Oral ☐ Topical ☐ Inhaled ☐ Injection ☐ Other: _____

Medication 2

Name of Medication: _____

Dosage: _____ Method: ☐ Oral ☐ Topical ☐ Inhaled ☐ Injection ☐ Other: _____

Medication 3

Name of Medication: _____

Dosage: _____ Method: ☐ Oral ☐ Topical ☐ Inhaled ☐ Injection ☐ Other: _____

Additional Instructions and Comments: _____

FUMPers personnel shall notify parents or guardians immediately of any suspected complications or injuries related to the condition. FUMPers personnel shall also contact 911 as necessary to receive further instructions.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Medication Supplied: ☐ Yes ☐ No Date Received: _____

Location of Medication: _____

Received By: _____



Today's Date: _____

Prescription or Non-Prescription Medication Authorization Form

Name of Child: _____ Date of Birth: _____

Name of Medication: _____

Reason for Medication: _____

Dosage: _____ Time/Frequency: _____ Medication Expiration: _____

Route: ☐ Oral ☐ Topical ☐ Inhaled ☐ Injection ☐ Other: _____

Date to Start: _____ Date to Stop: _____

Symptoms that would required medication to be given:

Additional Instructions and Comments:

Known Side Effects:

I authorize FUMPers personnel to administer the medication named on this form to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication to my child without any allergic or unexpected reactions. I have provided the medication to FUMPers in its original container.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____

FOR PRESCRIPTION MEDICATION

Prescribing Health Care Provider: _____

Phone Number: _____

MEDICATION RECEIPT

Amount of Medication Received: _____

Staff Member Signature: _____

2nd Staff Member Signature: _____
(if applicable)

Medication Return/Disposal

Return Date: _____ Parent Signature: _____

Disposal Date: _____ Staff Signature: _____

Witness to Disposal: _____



Shaken Baby (Abusive Head Trauma) Policy

Name of Child: _____ School Year: _____

This policy is designed to prevent, recognize, respond to, and report instances of Shaken Baby Syndrome, or Abusive Head Trauma. FUMPer's believes that a major function of our job as childcare providers is to keep children safe, protect their healthy development, provide quality childcare, and educate families. This function is accomplished by having policies such as this in place and practicing them daily.

According to the Mayo clinic, Shaken Baby Syndrome or Abusive Head Trauma (SBS/AHT) is "a serious brain injury resulting from forcefully shaking an infant or toddler. Shaken Baby Syndrome destroys a child's brain cells and prevents his or her brain from getting enough oxygen. Shaken Baby Syndrome is a form of child abuse that can result in permanent brain damage or death." [Reference: www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/symptoms-causes/syc-20366619]

Procedure and Practices

A. Recognizing Symptoms

Children are observed for the following signs and symptoms of SBS/AHT:

- Irritability and/or high-pitched crying
- Seizures
- Bruises on upper arms, rib cage, or head (may be a result from gripping or hitting the head)
- Lack of appetite
- Vomiting
- Poor feeding/sucking
- Lack of smiling or vocalizations
- Difficulty staying awake or altered consciousness
- Difficulty breathing and/or blue color due to lack of oxygen
- Inability to lift the head or rigidity
- Inability to focus the eyes or track movement
- Unequal pupil size

B. Response

If SBS/AHT is suspected, employees will:

- Immediately call 911 upon suspecting SBS/AHT and inform the preschool director
- Call the parents/guardians
- Administer CPR if the child has stopped breathing. Staff trained in pediatric CPR will begin the process until medical professionals arrive and take over

C. Reporting

Instances of suspected SBS/AHT or other maltreatment of a child will be reported to the Florida Department of Children and Families' Abuse Hotline, using one of the methods listed below:

- Calling the hotline at 1-800-962-2873
- Using the online reporting system at reportabuse.dcf.state.fl.us/
- Faxing a report to 800-914-0004

SBS/AHT Prevention Strategies to Assist Staff in Coping with a Fussing, Crying or Distraught Child

Staff will first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If all physical needs have been met, staff will attempt one or more of the following strategies:

- Sing or talk to the child in a soothing voice
- Offer a pacifier or try to distract the child with a rattle or toy
- Turn on music
- Take the child for a ride in the stroller
- Gently rub or stroke the child's back, chest, or stomach
- Stand up, hold the child close, and repeatedly bend knees
- Rock or walk with the child

In addition, FUMPers will:

- Allow for staff who feel they may lose control to have a short, but relatively immediate break from the children
- Provide support when parents/guardians are trying to calm a crying child
- Encourage parents to take calming breaks if needed
- Share information with parents concerning successful calming strategies with a particular child

A. Prohibited Behaviors

Behaviors that are prohibited include (but are not limited to):

- Shaking or jerking a child
- Tossing a child into the air or into a crib, chair, or car seat
- Pushing a child into walls, doors, or furniture

B. Strategies to Assist Staff members Understand How to Care for Infants

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development
[Reference: ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf]
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families
[Reference: www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups]

C. Strategies to Ensure Staff Members Understand the Brain Development of Children up to Five Years of Age

All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff reviews and discusses:

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families
[Reference: www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth]
- The Science of Early Childhood Development, Center on the Developing Child
[Reference: developingchild.harvard.edu/resources/inbrief-science-of-eed/]

Web Resources

A. For Parents

- The American Academy of Pediatrics: www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
- The National Center on Shaken Baby Syndrome: dontshake.org/family-resources
- The Period of Purple Crying: dontshake.org/purple-crying

B. For Facilities

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma: nrckids.org/CFOC/Database/3.4.4.3
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention: stacks.cdc.gov/view/cdc/5863/cdc_5863_DS1.pdf
- Early Development & Well-Being, Zero to Three: www.zerotothree.org/early-development

Parent or Guardian Acknowledgment

I acknowledge that I have read this Shaken Baby Syndrome/Abusive Head Trauma Policy. I acknowledge that a copy of this policy is available to me in the FUMPers Parent Handbook.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Food-Related Activities and Lunch Policies

Name of Child: _____ School Year: _____

Food Related Activities Policy

During the school year at FUMPers, all preschool classes may integrate food-related activities into the teaching curriculum as appropriate to the monthly themes.

These activities may include but are not limited to the following events: birthday celebrations, cooking experiences in the classroom, and sampling of cultural dishes.

We are exposing the children to a range of learning domains in these experiences such as pre-math skills when involved in measuring and mixing, and social skills when involved in sharing a cupcake with a friend.

Lunch Policy

- _____ (initial) I understand that FUMPers does not prepare food for enrolled children and that I must provide a nutritious lunch for my child.
- _____ (initial) I understand that FUMPers will provide morning snack for my child and will supplement what remains after lunch for snack during the afternoon as necessary.
- _____ (initial) I acknowledge that lunches must meet nutritional guidelines set by the USDA, and it is recommended that I reference www.myplate.gov as a guide to ensure my child is eating a healthy and nutritious meal.
- _____ (initial) I acknowledge that if my child's lunches do not meet nutritional guidelines I will be notified and requested to provide appropriate alternatives.
- _____ (initial) I understand that per the Department of Children and Families regulations, all children are required to have an insulated lunch box with an ice pack to keep food temperature safe.
- _____ (initial) I understand that FUMPers is a "Glass Free" school, meaning no lunches or feeding supplies may be brought to school in glass containers. This applies to infant bottles and containers as well.



My child has the following dietary restrictions or food allergies:

I do / do not grant permission for my child to participate in each food related activity as they occur during the school year.

Parent/Guardian Signature: _____ Date: _____



Walking Field Trip Permission Form

Name of Child: _____ School Year: _____

I hereby give permission for my child to participate in the walking field trips around the campus of First United Methodist Church and across the street to Roper Park. I understand that this form applies for walking field trips taken during the school year.

Parent/Guardian Signature: _____ Date: _____



Door Use Acknowledgment

Name of Child: _____ School Year: _____

The door to our school is equipped with an electronic keypad system. To ensure the safety and security of our children and staff, the following rules for use of the keypad system apply. Please initial by each rule, indicating your understanding and acceptance of the terms of use.

- _____
(initial) Each family is provided with a unique security code. This code is to be used by parents and primary caregivers only.
- _____
(initial) Door codes will be operational between the hours of 8 am and 5 pm. Families that have pre-arranged for early drop and/or late pickup will be granted access for those times.
- _____
(initial) The code must not be shared with any other person(s) other than the ones specifically listed below. (List located at bottom of document).
- _____
(initial) The list of parents/primary caregivers must be updated to maintain accuracy at all times. It is your responsibility to report any changes in the listed individuals as soon as the change occurs, so that the records can be updated.
- _____
(initial) The individuals on the list must also be listed on your child(ren)'s enrollment forms as authorized pickup persons, and must match the information provided in the Brightwheel app.
- _____
(initial) If someone other than one of the listed persons is coming to pick up your child(ren), you must notify us in writing beforehand. The person must ring the doorbell to be granted entrance to the school. Do not share the door code with them. Our school's pickup policy for identifying authorized pickup persons still applies (see Authorized Pickup section of the Parent Handbook for specific details).
- _____
(initial) Parents are never permitted to leave the door propped open, or hold the door open for unfamiliar people to enter into the building. It places all students and teachers at risk.
- _____
(initial) If it is found that your door code has been given to an unauthorized individual, or you have been leaving the door propped open, you forfeit the right to utilize the code system. Your code will be removed, and you will be required to ring the doorbell to gain access to the building each time.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Received By: _____ Date Received: _____

Door Code: _____ Date Entered into System: _____

Early Drop? ☐ Yes ☐ No

Code Removal Date: _____

Late Pickup? ☐ Yes ☐ No



Financial Policy Acknowledgment

Name of Child: _____ School Year: _____

The following sections describe parent/caregiver financial responsibility. Please reference the applicable sections for information, and sign the bottom of the page acknowledging your receipt and acceptance of the policy.

Private Pay and Scholarship Recipients

- Tuition payments are due by the 1st of every month.
- Payments not received by the 5th of the month will incur a late payment fee of \$10.
- Payments (including late fees) not received by the 15th of the month will result in suspension from school until full payment for that month is received.
- An annual materials fee will be due at the beginning of each new school year for all students who have continually attended FUMPers for six consecutive months or more.
- Reference *Private Pay or Scholarship Tuition Agreement* form for details regarding specific costs.

School Readiness Recipients

- Weekly tuition payments are due every Thursday for the following week.
- Non-payment for 2 consecutive weeks will result in suspension from school until all payments are current.
- Reference *School Readiness Fee Sheet* for details regarding parent co-pays and fees.

All Students

- Parents are responsible for paying full tuition each month regardless of closures. This includes holidays, staff development, in-service days, hurricanes, etc.
- Tuition will not be prorated or reduced due to absences or vacations.
- A \$2/minute late pickup fee may be assessed for failure to pick up your child by the designated pickup time.
- A \$25 fee (per occurrence) will be assessed for returned checks. Repeated occurrences will result in cash-only payments.
- Refunds will be granted upon circumstances listed in the Parent Handbook.
- Withdrawal from FUMPers requires a minimum of two weeks' notice, and a withdrawal fee equal to one half of monthly tuition. Failure to provide proper notice will result in an additional fee equal to two weeks' tuition.

Parent/Guardian Signature: _____ Date: _____