

Additional Contacts/Approved Pick Up:

Your child will be released only to the custodial parent or legal guardian & the persons listed below. The following people will also be contacted & are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

<u>First and Last Name</u>	<u>Relationship</u>	<u>Phone Numbers</u>	<u>Email Address</u>

.....

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor Name and Office: _____

Address: _____ Phone: _____

Hospital Preference: _____

Emergency Care Plan Instructions (if applicable): _____

Allergies: _____

Surgeries (include year): _____

Bracing or Equipment: _____

Behavioral Concerns: _____

Current Therapies (circle all that apply): Physical Therapy Speech Therapy Occupational Therapy

.....

Present abilities (please circle the one that fits your child most):

- | | | | |
|-------------------|--------------------|------------|-----------------------|
| Standing: | can stand by self | needs help | can't stand alone |
| Walking: | can walk by self | needs help | can't walk alone |
| Sitting: | can sit by self | needs help | can't sit alone |
| Toileting: | can toilet by self | needs help | isn't potty trained |
| Eating: | can eat by self | needs help | does not eat by mouth |

Describe speech: _____

Helpful Information About Child:

- *Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.*
- *Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or*
- *Section 8.3, of the Family Day Care Home/Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).*
- *Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or***
- *Section 2.3, of the Family Day Care Home/Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.*

By your signature, you verify that all information on this enrollment form is complete and accurate.

Signature of Parent/Legal Guardian

Date

Section 65C-22.006(2), Florida Administrative Code, requires a current physical examination (form 3040) and immunization record (Form 680) within 30 days of enrollment. (Preschool only). Individual facilities may require these forms within a lesser time, or prior to enrollment.

DAILY MEDICATION LIST

Please complete the following for ALL medications your child currently takes (we will give this information to paramedics if needed, please be specific:

Child's name: _____

1. Medication name: _____

Amount of medication to be given: _____

Times medication is to be given: _____

Number of times medication is to be given: _____

How medication is to be given:

By mouth _____

By G-tube _____

Other (specify) _____

2. Medication name: _____

Amount of medication to be given: _____

Times medication is to be given: _____

Number of times medication is to be given: _____

How medication is to be given:

By mouth _____

By G-tube _____

Other (specify) _____

3. Medication name: _____

Amount of medication to be given: _____

Times medication is to be given: _____

Number of times medication is to be given: _____

How medication is to be given:

By mouth _____

By G-tube _____

Other (specify) _____

4. Medication name: _____

Amount of medication to be given: _____

Times medication is to be given: _____

Number of times medication is to be given: _____

How medication is to be given:

By mouth _____

By G-tube _____

Other (specify) _____

***Please update DLC as soon as possible when any medications change so that we can add those to your child's binder.**

Parent/Guardian signature _____

Date _____

Alternate Nutrition Plan Agreement

Name of facility: Developmental Learning Center - License #C04DU0129

Child's Name: _____ DOB: _____

Indicate Special Dietary Requirements/Allergies/Restrictions: _____

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(Mark P for Parent Provides, or C for Center Provides)

As a reminder, DLC provides 2 snacks daily

Breakfast

A.M. Snack

Noon Meal

P.M. Snack

Formula

Signature of Parent/Legal Guardian

Date

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutritional Plan.

Signature of Director

Date

HRS-CYF Form 5010, May 02 (Replaces HRS-SES Form 4004; obsoletes DFS-S-2052) (Stock Number: 5749-000-5019-4)

ATTENTION PARENTS/GUARDIANS: NUT-FREE ZONES

Due to some of our students having nut allergies, please be aware that the Developmental Learning Center, has been designated a nut-free school.

For the assurance of the health and safety of our students, no nut products are to be brought to school (either as food item or craft/activity) or shared with other students.

Please see the DLC staff for safe alternative ideas. Thank you for your understanding and cooperation.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

BIRTH HISTORY FORM

Please fill out the information below to the best of your knowledge. This will help us assist you in the best manner possible.

Child's Name: _____ DOB: _____

Birth Weight: _____ lbs. _____ oz.

Was your child full term at birth? YES or NO
If no, how many weeks along in pregnancy were you when the child was born? _____ weeks.

How was your child delivered? Natural Delivery or C-Section

Did your child have to be in the Neonatal Intensive Care Unit (NICU)? YES or NO
If yes, how long? _____

Did your child have to be Intubated? YES or NO
If yes, how long? _____

Did your child have any Reflux problems at the time of birth or very shortly thereafter? Yes or NO
If yes, please explain at the bottom of this page.

Did your child have any Trauma during or after birth? Yes or NO
If yes, please explain at the bottom of this page.

Has your child been given any specific diagnoses? If so, what are they? _____

Are there any other circumstances surrounding the birth or development of your child that you feel would be important for us to know? If so, please explain below.

Explanation(s): _____

Signature of Parent/Legal Guardian: _____ Date: _____

SEIZURE INFORMATION SHEET

Child's Name: _____ DOB: _____

Type of Seizure(s): _____

Does Child Have Any Warnings First? _____

Typical Seizure Lasts For: _____

Frequency of Seizures: _____

Last Known Seizure: _____

How Child Acts After Seizure Ends: _____

Usual Time Before He/She is Back to Normal? _____

Medicine Child Takes: _____

Time It Is Taken: _____

How to Give It: _____

Anything Child Not Allowed to Do? _____

If child has a Seizure, the following Things Should Be Done: _____

Parent/Guardian Telephone #: _____

If Parent/Guardian Cannot Be Reached, Call: _____

Hospital Preference: _____

Doctor's Name: _____ Phone: _____

Other Things Childcare Provider Should Know: _____

CONSENT FOR RELEASE OF SPECIAL CONFIDENTIAL INFORMATION

The Developmental Learning Center, Inc. is a not-for-profit childcare center that relies on grant funding to sustain certain programs. The confidential information that we share is for tracking purposes for goals as well as demographic information to show the clients we and the grant holders serve. DLC works and partners with the companies listed below to provide additional resources, services, therapies, and activities for your child.

Child's Name: _____ DOB: _____ Child's Last 4 SS #: _____

Address _____

I _____ give my permission for DLC to share in written or electronic form, information about my child to the agencies/providers listed below. I understand that Florida law gives special protection to this information. I do understand that information may be provided as required for tracking and billing purposes.

Information to be shared: (Please initial by the information to be released.)

_____ Enrollment information

I know that this information will be confidential and will be used only to provide the best medical/social services and educational planning possible. I know that I am granting permission for sharing necessary information with the agencies listed below. I give DLC permission to exchange information with the agencies/providers.

Primary Care Physicians
FDLRS/Child Find
Duval County School System
Baptist Health
Department of Children and Families (DCF)

Early Learning Coalition of Duval
Early Steps
Kids Hope Alliance
Keepsake Learning Behavioral Center
Connecting Thru Music

Information may NOT be released to the following agencies/providers:

Signature of Parent/Guardian: _____ Date: _____

Developmental Assessments

The Developmental Learning Center, Inc. wants to ensure all of our students are getting the best possible education and intervention in the classroom. All children will be assessed utilizing the Ages & Stages questionnaire and HELP curriculum for students 6 weeks – 6 years old. This is a checklist of skills that will be discussed with parents to keep children on track. Students who receive the School Readiness Voucher with the Early Learning Coalition of Duval will also be observed utilizing the COR Advantage tool. The COR Advantage tool is reported to ELC for completion.

I give permission for the Developmental Learning Center, Inc. to administer the developmental assessments/observations (listed above) on my child.

Parent/Guardian Signature: _____ Date: _____

If you have any additional questions in regards to the Parent/Guardian Handbook or Enrollment packet, please contact the Program Director.

I have read the DLC policies and agree to abide by ALL its guidelines.

Parent/Guardian Signature: _____ Date: _____

ADDITIONAL RELEASE FORMS

PHOTO RELEASE FORM

I give permission for my child _____ to be photographed/videotaped by DLC for promotional purposes, community relations, fundraising or/and education. Photos and videos may be used for publicity, commercials, brochures, on the DLC website and/or social media pages.

Parent/Legal Guardian Signature: _____ Date: _____

CHAPEL PARTICIPATION FORM

Chapel is occasionally held in the Sanctuary of the church at Murray Hill UMC I give permission for my child to participate.

Parent/Guardian Signature: _____ Date: _____

THERAPY SERVICES

I _____ am interested in my child receiving Therapy Services at DLC and would like the Therapy/Billing team to reach out to me to obtain additional information for services. With signing, I agree to submit documentation needed, such as insurance cards and questionnaires requested by the Therapy and Billing team.

Parent/Guardian Signature: _____ Date: _____