



# CHILD'S ENROLLMENT RECORD

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

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

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

Primary Hours of Care From \_\_\_\_\_ To \_\_\_\_\_ Days of Week in Care \_\_\_\_\_

Child's Physical Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Family Information:** Child Lives with \_\_\_\_\_

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

Address: \_\_\_\_\_ Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ Name \_\_\_\_\_

### Emergency Contacts:

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 children's center 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

**Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.**

CONTINUED ON BACK

**CHILD'S ENROLLMENT RECORD  
(Back Page)**

**Medical Information:**

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

Emergency Care Plan instructions (if applicable) \_\_\_\_\_

**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, a copy of the children's center discipline and expulsion policies.**

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

**Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.**

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



### 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 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)

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

SEAL OF NOTARY



# CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE

(To be completed by parent or guardian)

Date \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent or Guardian completing form \_\_\_\_\_

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

<u>Childhood Disease Child has had</u>	<u>Date</u>
Chicken Pox	_____
Measles	3 Day (Rubella) _____
	10 Day (Rubella) _____
Scarlet Fever	_____
Rheumatic Fever	_____
Mumps	_____
Strep Throat	_____

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 known allergies to food or environment \_\_\_\_\_

Describe the allergic reaction \_\_\_\_\_

Does your child complain of feeling ill often?  Yes  No

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

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

Does your child dislike any foods?  Yes  No If so, what? \_\_\_\_\_

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

How easily does your child fall asleep? \_\_\_\_\_

What is the usual bedtime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

What is the usual naptime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

Is the child completely toilet trained?  Yes  No

Does the child remain dry all night?  Yes  No

When did the child begin to walk alone? \_\_\_\_\_

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

Does your child have a regular playmate?  Yes  No Same Age  Yes  No

Older  Yes  No Younger  Yes  No

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

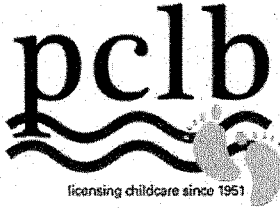
Does your child have temper tantrums?  Yes  No

Does your child bite his nails?  Yes  No Twist his hair?  Yes  No

If you could describe your child in one word, what would it be? \_\_\_\_\_

Please list your child's strong points, such as happy, curious, loving, etc. \_\_\_\_\_

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



## Food Experience Permission Form

I give permission for my child \_\_\_\_\_ to participate in food related activities.

Please check one 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

# Little People's Place

## #5251172002 TUITION FINANCIAL AGREEMENT

Upon enrollment at Little People's Place I understand that the registration fee and 1st weeks deposit for my child is NON - REFUNDABLE should my family arrangements change. X\_\_\_

I understand and agree that tuition is due every Monday before my child attends at Little People's Place. Should the tuition fee be late by Monday 6pm then an additional \$20.00 will be added for late fees. X\_\_\_

I agree to the center's policy regarding late pick up of a child after closing of a \$1.00 per minute per child after 5:45pm . X\_\_\_

I also understand and agree that there will be no deductions from tuition fees for sick days, absent days or holidays. Returned checks are subject to a charge of \$35.00 and all future payments must be made in cash or money order. X\_\_\_

I have read, received and understood the school's expulsion AND discipline policy. X\_\_\_

I further understand that ANY employee at Little People's Place has full access to student records. X\_\_\_

I am FULLY aware of the schools Emergency preparedness policies and procedure for inclement weather, hurricanes, tornadoes and lockdown procedures. X\_\_\_

I am Aware that not all children enrolled at LPPP have been vaccinated. X\_\_\_

I am aware that if I decided to bring my child food I will provide an ice pack in their lunch box. X\_\_\_

I have been advised that the Center has a Center differential for those families receiving School Readiness X\_\_\_

The following information on the person responsible for the child's tuition and other fees is required. In signing the agreement below I have read and understand the center's policy's and discipline procedures.

I also understand that at Little People's Place can refuse the right of enrollment at any time.

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Full Name (please print) Address City & Zip

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Cell Phone & Email

# Little People's Place

At Little People's Place we strive about our nutritious meals. If your child brings their own food we will supplement the food with nutritious food. If the child brings their own food the parent will bring an ice pack in the lunch bag.

I understand that I will supply an Ice pack in my child's lunch box

Thank you for your understanding.

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Parent signature

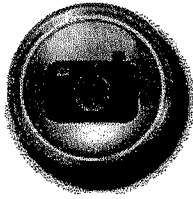
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Date

Sonia Nienstadt

Center Director





# Permission to Photograph

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian name) (Child Care Provider)

photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)

**PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS**

**CHILDREN'S RECORDS REQUIREMENTS**

This children's center has met regulations found in Licensing Regulations Governing Pinellas County Children's Centers.

The following documentation is required to be maintained in the children's center for each child in care:

A valid temporary permit or license, which bears the distinctive seal of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

**ALLICENSED CHILDREN'S CENTER MUST:**

- ❖ Adhere to its licensed capacity at all times.
- ❖ Post a schedule of daily activities.
- ❖ Have first aid and emergency procedures, and post evacuation diagrams in each room.
- ❖ Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- ❖ Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- ❖ Report suspected child abuse to the statewide toll-free telephone number.
- ❖ Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- ❖ Document required information when administering medication.
- ❖ Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- ❖ Maintain vehicles in safe condition if transportation is provided.
- ❖ Obtain parent's or legal guardian's permission before transporting children.
- ❖ Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.
- ❖ A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- ❖ A current health examination record (not required for school age children).
- ❖ A current Florida Certificate of Immunization (not required for school age children).
- ❖ A notalized Emergency Medical Release.
- ❖ Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- ❖ Primary hours of care and days of week in care.
- ❖ Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- ❖ Hospital preference.
- ❖ Child's full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- ❖ Name, address, and telephone number of parent or legal guardian.
- ❖ Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- ❖ Name, address and telephone number of physician and dentist.
- ❖ Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the Influenza virus.

**PERSONNEL REQUIREMENTS**

- ❖ Director has a Director Credential with the certificate posted.
- ❖ Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- ❖ Completion of background screening.
- ❖ Completion of 40-Hour Introductory Child Care Training.
- ❖ Completion of 10 hours training annually.
- ❖ Completion of early literacy training (not required for school age centers).
- ❖ Documentation of educational requirements.
- ❖ Meet minimum age requirements.
- ❖ Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- ❖ Staff trained in first aid and CPR on the premises at all times and on field trips
- ❖ Staff maintain direct supervision including minimum adult-child ratios:
  - 2 months-1 year 1 adult for 3 children
  - 1 year-2 years 1 adult for 5 children
  - 2 year olds 1 adult for 10 children
  - 3 year olds 1 adult for 15 children
  - 4 year olds 1 adult for 20 children
  - 5 years and up 1 adult for 25 children

**NUTRITIONAL REQUIREMENTS**

- ❖ Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
  - o Posted meal and snack menus.
  - o Safe drinking water is available.

**PHYSICAL ENVIRONMENT**

- ❖ Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.

- ❖ Has indoor and outdoor space that is clean and free of litter and other hazards.

- ❖ Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.

- ❖ Has appropriate bathroom facilities that are operable, clean and sanitized (daily).

- ❖ Has isolation area for ill children.

- ❖ Has equipment for proper sanitary hand washing, toileting, and diapering activities.

- ❖ Has at least one corded, operable telephone available to staff.

**HEALTH RELATED ENVIRONMENTAL REQUIREMENTS**

- ❖ Annual approved fire inspections conducted.
- ❖ Monthly checks to ensure all areas of the children's center are free from fire hazards.
- ❖ Smoking is prohibited on premises.
- ❖ Storage of toxic and hazardous materials in areas inaccessible to children.
- ❖ Fire and emergency drills conducted as required.
- ❖ A labeled, fully stocked first aid kit.
- ❖ Parent(s) or legal guardian(s) notified of all animals on site.
- ❖ Records of immunizations for animals/towl.
- ❖ Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).
- ❖ Prohibit narcotics, alcohol or other impairing drugs on the premises.
- ❖ Bimonthly outdoor equipment maintenance checks.

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# Little People's Place

## Supplies

1. 2 -Water colors
2. 2 Boxes Of Tissue
3. 1 Pack Washable Markers
4. 1 bottle Glue
5. 2 Packs Paper Towels
6. 1 Pack Copy Paper
7. 1 Pack Glue Stick
8. 2 Bottles Soft Soap
9. 2 Pack Wipes