



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care: From 7:30 a.m. to 5:30 p.m. Days of Week in Care: Monday through Friday

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: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts (Must be at least 2 LOCAL 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

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Supper

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.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

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.

(Child's Full Name)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ 20_____
(Month) (Day) (Year)

by means of physical presence or online notarization by _____ who is personally known to me or has produced _____ as identification.
(Name of Affiant) (Type of identification)

Signed: _____ (Signature of Notary)

SEAL OF NOTARY



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



Written Plan for Infants (Daily Routine)

INFANT'S NAME _____ DATE OF BIRTH _____

ACTIVITY	USUAL ORDER OF ACTIVITIES
Arrival Time	
1st Feeding	
Diaper Check *	
1st Nap **	
Floor Time	
2nd Feeding	
2nd Nap **	
Outside Time ***	
3rd Feeding	
3rd Nap **	
Individual Time with Caregiver	
Pick-Up Time	

- * Diapering occurs as needed throughout the day.
Handwashing is done following diapering and outdoor play.
- ** Infants are placed on their backs to sleep unless otherwise directed by a physician.
- *** Infants must be taken outdoors daily if weather permits.

Specific Instructions from Parent(s): _____

NOTE: This form should be completed initially with assistance from the child's parent(s), and changed by the caregiver as needed to reflect the changing needs of the infant.

TEACHER'S NAME: _____ DATE: _____



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? _____

Promotional Media Release

During the school year, St. Paul's Children's Center may participate in the recorded, edited, reproduced, and distributed audio, video, or still imaging recordings that involve the use of students' names, likenesses and/or voices. Such productions may be used for educational or exhibition purposes by St. Paul's Children's Catholic School/Center and the Diocese of St Petersburg in perpetuity and may be copied, copyrighted, edited and distributed by St. Paul's Children's Catholic School/Center and the Diocese in perpetuity unless said consent is revoked in writing.

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on school property and may take notes, still photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by any media format.

You have the right to object to the use of your child's name, likeness and/or voice in these productions and may do so by completing the form below and returning it to the Administrator of, St. Paul's Children's Catholic School/Center. If you have any questions, please contact the school office at: 822-3481 X18 Please return this form by the beginning of school.

I / We, the undersigned, do / do not hereby consent that:
(check one)

St. Paul's Children's Catholic School/Center and the Diocese may use the name, likeness and/or voice of my child for
St. Paul's Children's Center School website, news releases, media and promotional activities.

This consent is renewed at the beginning of each school year unless rescinded in writing.

(complete one for each child)

Student's Name

Date of Birth

Father or Legal Guardian's Name (PRINT)

Father or Legal Guardian's Signature

(Date)

Mother or Legal Guardian's Name (PRINT)

Mother or Legal Guardian's Signature

(Date)



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)

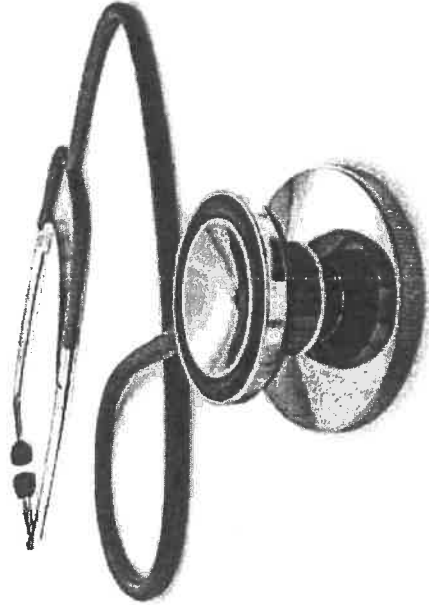
_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



For additional information, please visit
www.myflorida.com/childcare or contact your
local licensing office below:

How can I tell if my child has a cold, or the flu?

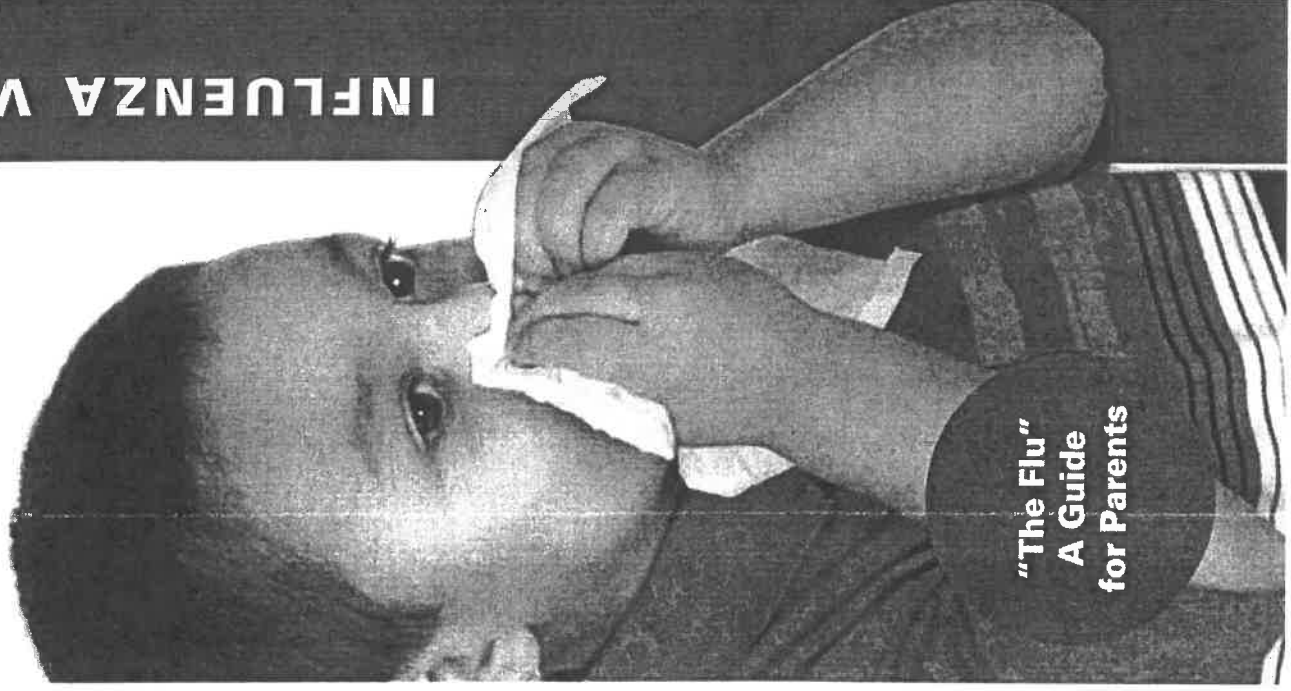
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

**"The Flu"
A Guide
for Parents**

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

INFLUENZA VIRUS



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: September 7, 2020
 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.

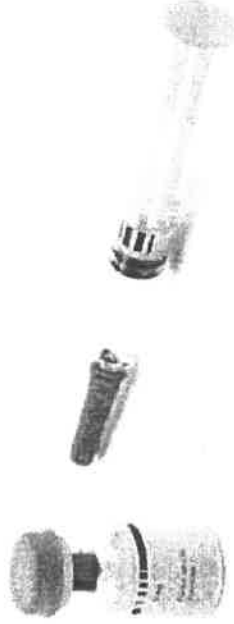


What should I do if my child gets sick?

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



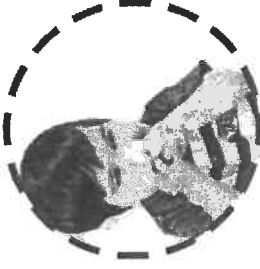
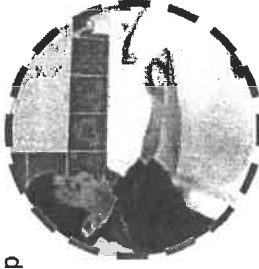
How can I protect my child from the flu?

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/>

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



When life happens... Don't be a

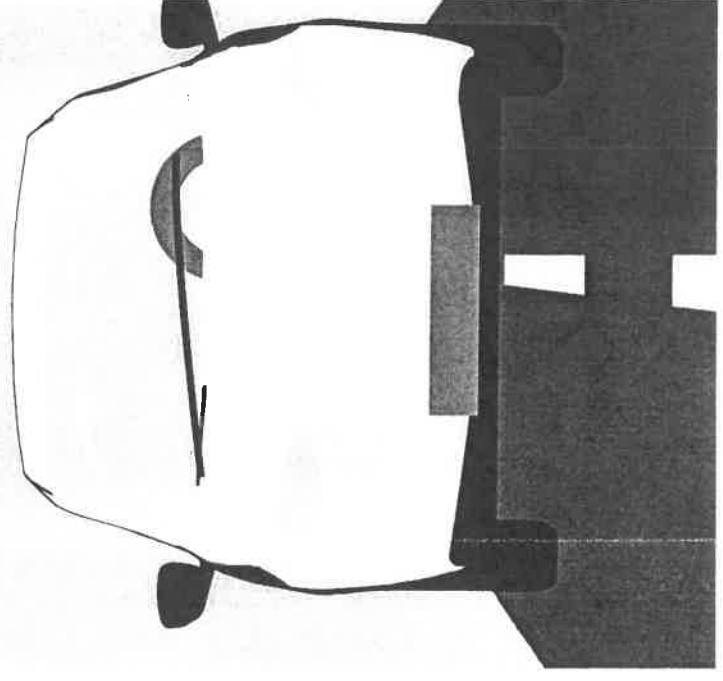
**DISTRACTED
ADULT**



Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018





FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session,

a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

September 7, 2020

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.



**St. Paul's
Children's Center**

Parent Handbook and Policies Acknowledgment Form

All parents/ guardians are required to review and return a signed copy of this form.

1. I/We agree that my child's health records are shared with St. Paul's Children's Center teachers and staff, as applicable to my child's involvement in the program.
2. I/We understand that the notarized Emergency Medical Release, which includes any allergies my child may have, would be shared with emergency medical personnel in the event of an accident or health concern related to my child.
3. I/We give permission to consult the child's physician/health resource in case of emergency if the parent/guardian cannot be reached.
4. I/We understand that while we do not accept Religious Exemptions with regards to immunizations, an enrolled child may be under immunized if we have a doctor's note confirming their pending appointment.
5. I/We agree to provide all instructions from my child's medical professionals for any special health needs such as allergies, chronic illness (e.g. asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes).
6. I/We consent to visibly posting my child's food allergy information, his/her medical plan (steps the physician has outlined in the event of a reaction), to ensure that all staff are aware of his/her special needs.
7. I/We agree to notify the center in writing upon any change to the family's address, phone or email contacts.



**St. Paul's
Children's Center**

Parent Handbook and Policies Acknowledgment Form (cont'd)

8. I/We have read "The Flu, A Guide for Parents" brochure (included in the Registration Forms/ Welcome Packet and posted on our website).
9. I/We have received a copy of the center's Discipline/Expulsion Policy. (Located in the Parent Handbook and posted on our website).
10. I/We have received a copy of the center's Safe Sleep Practices and Preventing Shaken Baby Syndrome (Abusive Head Trauma) Policy. (Located in the Parent Handbook and posted on our website).
11. I/We have read and understand the Anti-Bullying/ Harassment Policy. (Located in the Parent Handbook and posted on our website).
12. I/We have received and read a copy of the center's Food and Nutrition Policy, which addresses food safety, food allergens, and appropriate nutritional guidelines for preschoolers with regards to lunch and snack requirements (Located in the Parent Handbook and posted on our website).
13. I/ We understand that twice a year in September and April, we will receive a copy of and will be required to sign an acknowledgement form for the "Getting In/ Getting Out" Flyer developed by the Prevention Unit of the Office of Family and Community Services.
14. I/We have read and understand the Statement of Understanding and Release of Liability regarding COVID-19 (signed copy required for each student).

I/We have read the 2020-2021 Parent Handbook and agree to abide by the guidelines of the St. Paul's Children's Center Policies and Procedures as stated.

SIGNATURES REQUIRED - BOTH PARENTS AND/OR GUARDIANS

Signature: _____ Date: _____

Signature: _____ Date: _____



OFFICE OF THE SUPERINTENDENT ❖ OFFICE OF CATHOLIC SCHOOLS & CENTERS
Pastoral Center ❖ PO Box 40200 ❖ St. Petersburg, FL, 33743-0200 ❖ PH: 727-347-5539 ❖ Fax: 727-341-6848

Statement of Understanding and Release of Liability in Regard to Covid-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. In order to resume regular school operations, the Diocese of St. Petersburg and St. Paul's Children's Center ("School") have put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at School and School activities. Even with implementation of safety protocols, the School cannot guarantee that you or your child(ren) will not become infected with COVID-19; attendance at School and/or participation in the School activity could increase your risk and/or your child(ren)'s risk of contracting COVID-19.

ASSUMPTION OF RISK: The *(Diocese of St. Petersburg/ St. Paul's Children's Center)* cannot prevent you or your child/children from becoming exposed to, contracting, or spreading COVID-19 while attending School and related activities. It is not possible to prevent against the presence of the disease. Therefore, if you choose for your children to attend School, your child and/or other family members may be exposed to and/or at increased risk of contracting or spreading COVID-19. I/we have read and understood the above warning concerning COVID-19. I/we hereby choose to accept the risk of contracting COVID-19 for myself/ourselves, my/our child/children, and/or other family members in order for my/our child/children,

(Name of Minor Child)

to attend school and related activities. By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that my/our child(ren) and I/we may be exposed to or infected by COVID-19 by attending and/or being present at school, and/or by participating in school activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against *(Diocese of St. Petersburg/ St. Paul's Children's Center)* and its owners, officers, directors, managers, officials, trustees, agents, employees, authorized volunteers, or other representatives in connection with exposure, infection, and/or spread of COVID-19. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Florida will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)