

Registration Forms 2021-2022

Child Information

First Name: _____ M.I. ___ Last Name: _____

Name child prefers to be called: _____

Gender: Male Female Date of Birth: _____

Parent Information

Mother /Guardian: _____ Cell phone: _____

Father/Guardian: _____ Cell phone: _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

I hereby grant permission for my child to be photographed during the activities of the center. I understand that these photos may be displayed within the center, the church and the Parent Corner section of the school website (password protected).

Activities: I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of St. John's Lutheran Early Childhood Education Center. Yes No

Field Trips: I hereby grant permission for my child to leave the premises of St. John's Lutheran Early Childhood Education Center under the supervision of a staff member for neighborhood walks or field trips. I understand that some field trips may involve transportation via carpools. Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up

Name: _____ Phone: _____

Address _____

Relationship to the Child: _____

- Able to pick up child
 Not able to pick up child

2nd Contact/Pick Up

Name: _____ Phone: _____

Address _____

Relationship to the Child: _____

- Able to pick up child
 Not able to pick up child

3rd Contact/Pick Up

Name: _____ Phone: _____

Address _____

Relationship to the Child: _____

Able to pick up child Not able to pick up child

4th Contact/Pick Up

Name: _____ Phone: _____

Address _____

Relationship to the Child: _____

Able to pick up child Not able to pick up child

Family and General Information

Siblings and Ages: _____

Primary Language Spoken at Home: _____

Previous Child Care or School Attended: _____

Custody Agreement: Yes or No

If yes, supply a copy of the custody order to the facility director

Health Information

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Agreements

- St. John's Lutheran ECEC agrees to notify the parent(s)/guardian(s) whenever the child becomes ill so that the parent(s)/guardian(s) can arrange to have the child picked up as soon as possible if so requested by the center.
- The parent(s)/guardian(s) authorize St. John's Lutheran ECEC to obtain immediate medical care in the event of an emergency when the parent(s)/guardian(s) cannot be located immediately.
- The parent(s)/guardian(s) will inform St. John's Lutheran ECEC within 24 hours or the next business day after, if the child or any member of the immediate household develops any reportable communicable disease. Life threatening disease must be reported immediately.

Signatures

(Parent/Guardian) (Date)

(Director of St. John's ECEC) (Date)

Beginning date: _____ Withdraw date: _____

**RELEASE AND INFORMATION FOR EMERGENCY MEDICAL CARE
ST. JOHN'S LUTHERAN EARLY CHILDHOOD LEARNING CENTER**

NAME OF CHILD _____ **BIRTH DATE** _____

NAME OF PARENT(S)/GUARDIAN(S) _____

HOME ADDRESS _____

HOME PHONE NUMBER _____

FATHER'S EMPLOYER _____

FATHER'S WORK PHONE _____

MOTHER'S EMPLOYER _____

MOTHER'S WORK PHONE _____

CHILD'S PHYSICIAN _____

PHYSICIAN'S PHONE _____

St. John's Lutheran Early Childhood Education Center is authorized to obtain immediate medical care for, hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to the above named child if an emergency occurs when the parent(s)/guardian(s) cannot be located immediately. It is understood that this agreement covers only those situations which are true emergencies and only when parent(s)/guardian(s) cannot be reached immediately.

These steps will be taken by St. John's Lutheran Early Childhood Education Center personnel in obtaining necessary emergency medical care for your child:

- Attempt to contact parent/guardian.
- Attempt to contact any other contact persons listed below.
- Attempt to contact child's physician.
- If we cannot contact any of the above, we may do any or all of the following: (a) call another physician, (b) call an ambulance, or (c) have the child taken to the hospital.
- In the event of a fire emergency, an ambulance will be called first and then steps 1-3 will be followed.

I/We understand that we will be responsible for payment of all medical care expenses.

- Medical treatment cost are covered by:

a. Name of Health Insurance Provider: _____

b. Policy Number: _____ Group Number: _____

c. Medicaid Coverage Number: _____

d. No Insurance:

Parent/Guardian Signature

Date

Notice to Parents Infection Control Policy

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families, they come into contact with viruses and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. We do however; want to protect a child from an unusually high exposure to germs all at once.

In a child care setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to the other children and staff members if stringent measures to prevent this spread are not taken.

For this reason, the staff at the center will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs which may be spread in several ways. Intestinal tract infections are spread through stools. Respiratory tract infections are spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful hand washing by staff and children can eliminate approximately 75 percent of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapering or toilet training children, and working to maintain sanitary conditions throughout the center.

You, the parents, can help us in our effort to keep your children healthy. We ask your cooperation in the following Ways:

1. If your child has been exposed to any of the diseases that is contagious, we ask that you notify us of the exposure.
2. If your child shows any of the following symptoms you will be called and asked to come immediately. If your child has any of the following symptoms at home, we ask that you keep him/her out of school until the symptoms are gone or until your physician authorizes.
3. The symptoms include:
 - Fever greater than 101 F. or 37.7 C
 - Severe coughing- child gets red or blue in the face.
 - High pitched croupy or whooping sounds after coughing.
 - Difficult or rapid breathing.
 - Yellowish skin or eyes.
 - Pinkeye-tears, redness of eyelid lining, followed by swelling and discharge of pus.
 - Unusual spots or rashes that are not identified.
 - Infected skin patches.
 - Crusty, bright yellow, dry, or gummy areas of skin-possibly accompanied by fever.
 - Unusually dark, tea colored urine- especially with a fever.
 - Grey or white stool.
 - Headache and stiff neck.
 - Severe Vomiting or diarrhea.
 - Severe itching of body or scalp or scratching of scalp.

It is imperative that we all work together to keep all of the children who attend the center as healthy as happy as possible. We thank you for your cooperation.

Parent Agreement

Child's name _____

I have read and understand the attached infection control policies, and I agree to abide by them for the protection of my child as well as the other children and staff members at St. John's Lutheran Early Childhood Education Center.

Signature of parent or guardian _____ Date _____

Staff signature _____ Date _____

**St. John's Lutheran Early Childhood Education Center Contract
2021-2022**

Upon acceptance of _____ into the St. John's Lutheran ECEC program, the Center, represented by Director Maritza Guerra, hereby agrees to:

- 1.) Provide a safe, loving, Christian environment.
 - 2.) Keep an open line of communication between parents/guardians and the Center.
 - 3.) Comply with the State Licensing and Health Department regulations Under which we are governed.
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Upon acceptance of my child into the St. John's Lutheran Child Care Center program, his/her parents/guardians hereby agree to:

- 1.) Pay all fees promptly. Each Friday the payment is due for the following week. Uncollected fees will be turned over to a collection agency at my expense. No account should be in arrears more than two weeks.
- 2.) Pay the late fee of \$15.00 for any late tuition payments.
- 3.) Pick up or make arrangements to have my child picked up 6:00 PM, (closing time). Late pickup fee is applied after 6:00PM.
- 4.) Not bring my child to the Center with a contagious illness and pick up Child immediately following notification of illness.
- 5.) Give the Center two weeks' notice before withdrawing my Child/children.
- 6.) Withdraw my child from the Center if determined necessary and is Requested by the Director.
(I have read and complied with the behavior management section of the handbook and understand the reasons for termination of care.)
- 7.) Keep lines of communication open between the Center and myself. Provide notice of change in family status, vacations, address changes.
- 8.) Read and comply with all policies stated in the Center's Handbook.
- 9.) Support the center's fundraiser held once a year by donating, contributing and participating for at least four hours of my time during the sale. Profits of this sale support the need of the center and its facilities.

Parent/Guardian signature
Last four digits of Social Security Number:

Print Parent/Guardian name

Date

Director's signature:

Office Use Only

Identity Verification (this part is to be filled by ECEC staff)

Place of Birth:	
Date of Birth:	
Birth Certificate Number:	Date Issued :
Other Form of Proof:	
Date Documentation Viewed	Person Viewing Documentation

Date of notification to local law enforcement agency when proof of identity cannot or is not provided: _____