



Florida State Christian Academy VPK
ENROLLMENT & REGISTRATION CHECKLIST

Student's Name: _____

Entering Grade: _____

- ☐ Completed Enrollment Application Form
- ☐ Birth Certificate (Copy)
- ☐ Original Blue Health Form (Vaccinations)
- ☐ Original Yellow Health Form (Physical)
- ☐ Emergency Contact Information
- ☐ Distracted Adult Brochure (Signed)
- ☐ Influenza Brochure (Signed)
- ☐ Financial Agreement (Signed)
- ☐ Handbook (Signed)
- ☐ Behavior & Expulsion Policy
- ☐ Payment Agreement

Weekly Payment Rate: \$ _____

Pick-Up Time: _____

WE ARE REQUIRED TO HAVE THE ORIGINAL FORMS ONLY. NO COPIES.
FAILURE TO COMPLY WILL RESULT IN THE TERMINATION OF SERVICES, per
state statute 65C-22.006(b)



Florida State Christian Academy VPK

ENROLLMENT APPLICATION

Hours of operation: 7am – 6pm, Monday thru Friday

Student Information

Date of Enrollment _____

Child's Name: _____

Last

First

Middle

Nickname: _____

Child's Address: _____

City: _____ Zip: _____

Date of Birth: _____ Sex _____ SS# _____

How did you hear about FSCA? _____

Primary Email Address: _____

Family Information

Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Custody: Mother _____ Father _____ Both _____ Other _____



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PHOTO RELEASE

I **do** _____ **do not** _____ give permission for my child to be photographed at FSCA. I understand that these pictures will be displayed at such events as Open House, Parents Night or on our Facebook Page.

Meals/Snacks: Breakfast, Lunch and Snacks are **NOT** provided by the center.

DCF "Know Your Child Care Provider": I acknowledge receipt of the DCF Brochure _____

Others Authorized to Pick-Up Child:

(Additions or changes to the list below must be made in writing directly to the office. Authorized pick-ups must bring a picture I.D. or the child will not be released.)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Emergency Contact Information:

(These listed below are authorized to assume responsibility for the child in an emergency where the parents cannot be reached. Addition or changes to the list must be made in writing directly to the office.)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Medical Information:

Doctor: _____ Address: _____

Phone: _____

Dentist: _____ Address: _____

Phone: _____

Insurance Company: _____ Policy# _____

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

Please list any medications the child is currently on: _____



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EMERGENCY MEDICAL RELEASE & MEDICATION AUTHORIZATION

In case of an emergency, I hereby allow an official representative of FSCA to seek all medical treatments which may be deemed necessary, including First Aid, Medical or Surgical treatment, Anesthesia, Operations, and Transport to the nearest Emergency Facility available. I further allow any Physicians, Ambulance Personnel or Emergency Room Personnel to administer medical treatment to my child if I am unable to be reached or the situation necessitates immediate treatment. I understand that I am fully responsible for all medical payments in which my insurance does not cover.

The staff will administer medication upon the written authorization of the parents. Authorization is made with the child's teacher on the official **Medication Authorization Form**.

Florida Law Requires that:

- ☐ All prescription and non-prescription medicine must be in its original container.
- ☐ Medicine must be labeled with the name of the physician, child and medication.
- ☐ Must clearly state medication directions on the label.
- ☐ Must be dispensed according to the direction on the label.

Mother's Name (Print): _____

Mother's Name (Signature): _____ Date: _____

Father's Name (Print): _____

Father's Name (Signature): _____ Date: _____



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FSCA POLICIES

Enrollment Policy:

Initial and continued enrollment will be at the discretion of FSCA based upon the interests of the child, the expectation that he/she will benefit from the program and welfare of the other children enrolled at FSCA. Enrollment will be without regard to religion, race, creed, sex, or national origin.

- ☐ Drop off hours are 7:00am-6:00pm, we do not allow children to be dropped off after 9:15am, unless you have a doctor's note.
- ☐ If children are picked up after 6:00pm a late fee applies. \$30 from 6:01pm

Withdrawal Policy:

FSCA must be notified in writing at least two weeks in advance.

Discipline Policy:

Corporal punishment is strictly prohibited at FSCA. As much as possible, positive reinforcement is used to reward a child for good behavior and teach them appropriate behavior when they have made the wrong choices. If necessary, we will use an age appropriate "Time Out".

If we find that the child is a distraction for the rest of the class with inappropriate behavior, or aggressive towards teachers or other students, we reserve the right to dismiss the child immediately from our program.

Illness Policy:

If a child exhibits the following symptoms he/she must remain at home:

- ☐ Fever above 99.9 degrees
- ☐ Diarrhea
- ☐ Vomiting
- ☐ Rash
- ☐ Excessive discharge from nose and/or green discharge
- ☐ Contagious illness or Communicable diseases

**If these symptoms occur at school, you will be asked to pick up your child immediately.*

FSCA DISCIPLINE POLICY:

***Hitting The Teacher:** is not tolerated and could result in an immediate termination.

***Hitting:** Whether in self-defense or not, it is unacceptable to hit another child. We encourage the children to tell the teachers when they have been hit. They are encouraged to apologize to the injured student and sit in an area away from other children for a designated amount of time. We will also let the child know this is wrong and will not be tolerated.

***Disobedience:** (Depending on the age of the child) if the child refuses to cooperate with his/her teacher, the child's parent will be called. We will remove the child for the day. Constant disobedience will result in termination of services.

***Biting:** The injured child will be addressed first, then the biter is addressed with time out and a written 1st warning. Depending on the severity of the bite, it will be determined whether the child will be allowed to return.

***Kicking:** Whether kicking another child or the teacher in charge, the child should be removed immediately and depending on the severity the child will not be able to return.

***Pinching:** If pinching with fingernails and causes broken skin, the child will be written up with a warning, removed from the other children and parents will be spoken to. If pinching is frequent and just because they were fighting over a toy, then the child will be placed away from the other children for a period and spoken to.

***Inappropriate Behavior:** Is defined as: Uncontrollable tantrums, growling or screaming, touching others where they shouldn't, exposing themselves to others, cursing at others, and kissing "on" other students. This is unacceptable behavior and will not be tolerated, as we are a Christian school.

OUR FACULTY HAS A "THREE STRIKES" POLICY

Due Process:

- First Incident - Write up
- Second Incident - Write up and parents called.
- Third Incident – Expulsion

If a child is ever hit and/or an incident occurs where a student needs medical attention (hospital or doctor visit) due to an intentional action by another student, the student who caused the incident will be expelled immediately.



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EXPULSION POLICY

This policy is enforced when:

Past balances are not paid, continual absences occur, teacher/parent conflicts occur, and/or compliance in our overall policies are disregarded. Please see Expulsion Policy below.

*Information in your child's file must remain current. Please update the file with any changes in writing directly to the school office.

*Rule 65C-22.006 (2) F.A.C., and Section 65C-20.11 (1), F.A.C., require a current physical examination (DH681) within 30 days of enrollment.

*Section 402.3125 (5), F.S., requires that parents receive a copy of the Child Care Facility Brochure "KNOW YOU CHILD CARE FACILITY".

Per state statute 65C-00.8 (b)

All childcare personnel must comply with the facility's written disciplinary policy. Such policies shall include standards that prohibit children from being subjected to disciplinary actions which are severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited for all childcare personnel.

Please take time to review this with your child/children for this expulsion/discipline policy is (and will be) enforced. Also please sign below confirming that you have read and understand FSCA's Discipline and Expulsion Policy.

Thank you,

Donnelyn Khourie

CEO

This is to verify that I have received and read the Expulsion and Discipline Policy for Florida State Christian Academy.

X _____

Print

X _____ **Date** _____

Signature

