

Emergency Contacts:

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

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

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 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- 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.

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 Parent/Guardian

Date

ST. THOMAS AQUINAS EARLY CHILDHOOD CENTER
CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE
(To be completed by parent or guardian)

Child's Full Name _____ Date _____

Date of Birth _____ Race _____ Sex _____

Name of Parent or Guardian completing form _____

PLEASE MAKE SURE YOUR CHILD'S PHYSICAL AND IMMUNIZATION FORMS ARE ON FILE IN THE EARLY CHILDHOOD OFFICE WITHIN TWO WEEKS OF THE START OF SCHOOL.

As a supplement to the Student Physical Examination, please answer the questions on this form. We feel this information will help us be more effective in working with your child.

Childhood diseases child has had:

	Date		Date
_____ Chicken Pox	_____	Rheumatic Fever	_____
_____ Measles ___ 3 day (Rubella)	_____	Mumps	_____
_____ Measles ___ 10 day (Rubeola)	_____	Strep Throat	_____
_____ Scarlet Fever	_____		

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 _____

What is the allergic reaction? _____

Does your child complain of feeling ill often? _____

Have you ever suspected your child of having seizures (fits)? _____

Describe your child's appetite _____

Does your child dislike any foods? _____ 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 your child completely toilet trained? Yes _____ No _____

Does your child remain dry all night? Yes _____ No _____

When did your 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 _____ Older _____ Younger _____

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

Does your child have temper tantrums? _____

Does your child bite his/her nails? _____ Twist his/her hair? _____

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? _____

ST. THOMAS AQUINAS EARLY CHILDHOOD CENTER
RELEASE FOR EMERGENCY CARE

This form must be the original notarized form,
contain only one child's name, and be updated annually

PLEASE PRINT

Child's Full Name _____ Birth Date _____

Allergies _____

Medicines routinely taken _____

Name of Custodial Parent(s)/Legal Guardian(s) _____

Address _____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Home Telephone _____ Work Telephone _____

Home Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource _____

Address _____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Telephone _____

Medical Insurance Company _____

Policy # _____ Expiration Date _____

Emergency Contact _____

Address _____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Home Telephone _____ Work Telephone _____

Please 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
(Child's Full Name)

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 this _____ day of _____ 20_____
(Month) (Year)

By _____, who is personally known to me or who has

Produced _____ as identification.

(Seal of Notary)

Signed: _____
Signature of Notary

Permission for Food-Related Activities & Special Occasion Food Consumption

Pursuant to Section 3.9.3. E3 of the Child Care Facility Handbook: Parents and legal guardians must be advised in advance of each food-related activity, such as special occasion and learning activities that include food consumption. Written parental permission may be obtained in the form of a general or specific permission slip. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

.....

I (Parent or Guardian), _____ give/decline permission for my child (Child's Name), _____ to participant in food related activities and special occasions wherein food is consumed.

Please choose one of the following:

____ My child **DOES NOT** have a food allergy or dietary restriction. He or she may participate in activities.

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

____ My child **DOES** have a food allergy or dietary restriction. He or she may participate in activities, 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 (please list below):

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian) _____ Date: _____

St. Thomas Aquinas Early Childhood Center
Handbook and Policy Agreement Form

Child's Name _____

Parents are asked to indicate below their agreement to several school policies. This includes sharing information regarding your child's health records. The health records of your child are kept confidential in the ECC office. The health records are shared with those ECC staff who are involved with your child during their attendance in our program (teachers, office staff, extended day, as applicable).

- ☐ 1. I/We agree that my child's health records are shared within St. Thomas Aquinas ECC teachers and staff, as applicable to my child's involvement in the program.
- ☐ 2. I/We understand that the notarized Release for Emergency Care Form, 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 no other persons will have access to these records unless I sign the center's Consent to Release Confidential Information Form.
- ☐ 5. 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), along with my child's picture, to ensure that all ECC staff are aware of his/her special needs.
☐ OR N/A
- ☐ 6. I/We have received a copy of the DCF "Know Your Child's Day Care Center" brochure.
- ☐ 7. I/We have received a copy of the center's Discipline Policy.
- ☐ 8. I/We have received and acknowledge the DCF Influenza Virus brochure.
- ☐ 9. By signing this form, I/we have read, signed and agree to abide by the guidelines contained in the St. Thomas Aquinas Early Childhood Center Family Handbook, including Code of Conduct Policy #9, Parent/Teacher Conferences/Communication Policy #18.6, Discipline Policy #19 and Dress Code Policy #21.
- ☐ 10. I/We have read and agree to the policies contained in the St. Thomas Aquinas Early Childhood Center Family Handbook which includes our Safe Environment program and written orientation plan for our child.

SIGNATURES REQUIRED – BOTH PARENTS AND/OR GUARDIANS

Signature: _____

Date: _____

Signature: _____

Date: _____

ST. THOMAS AQUINAS EARLY CHILDHOOD CENTER

Promotional Media Release

During the school year, St. Thomas Aquinas Early Childhood Center may reproduce or participate in videotape, motion picture, audio recording or still photograph productions that involve the use of student's names, likeness or voices. Such productions may be used for educational or exhibition purposes by St. Thomas Aquinas Early Childhood Center and the Diocese of St. Petersburg.

News media, including representatives of school publications, television, radio, newspapers and websites 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 print, television or radio media or our parish/school website.

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 your school/center. If you have any questions, please contact the ECC office at 727-376-2330.

I/We the undersigned _____ do / _____ do not hereby consent to:

the use of name, portrait, or other likeness of my/our child for news releases, media and promotional activities by St. Thomas Aquinas Early Childhood Center or the Diocese of St. Petersburg.

Child's Name _____

(Signature – Father/Guardian)

(Signature – Mother/Guardian)

* Both Signatures are required

Date _____

POLICY: AGENCY CONTACT INFORMATION

POLICY NO.: 25

APPROVED BY: *Alicia Mamma*

EFFECTIVE DATE: 05/13/2013

St. Thomas Aquinas Early Childhood Center
License #C06PA0101

8320 CR54
New Port Richey, FL 34653
Phone: (727) 376-2330

www.staecc.org

Signature Page(s) One for each Custodial Parent and/or Legal Guardian:

St. Thomas Aquinas Early Childhood Center

I/We, _____, the
parent(s)/legal

guardian(s) of _____, acknowledge that I/We have received
a copy of St. Thomas Aquinas Early Childhood Center's Family Handbook and have been given the
opportunity to read the manual and ask questions about and understands the policies contained
therein. Furthermore, I/We agree to abide by the policies set forth in the manual.

I/We understand that the policies described in the Family Handbook are not conditions of enrollment,
and the language does not create a contract between St. Thomas Aquinas Early Childhood Center
and the parents. St. Thomas Aquinas Early Childhood Center reserves the right to alter, amend, or
otherwise modify these guidelines, in its sole discretion, without prior notice.

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____