

CHECK LIST:

- **Registration Curriculum & Supply Fees Paid**
- **Copy of Birth Certificate**
- **Updated Immunization Form**
- **Updated Physical Form**
- **Signed Know Your Center Brochure (yearly)**
- **Signed Influenza Brochure (yearly)**
- **VPK (Voluntary Prekindergarten) form signed**
- **If registering during the year your child's paperwork is due in one week before the child's first day. If registration is for fall (August) paperwork must be in by July 1st**

**Members of Florida Coalition of Christian Private
Schools Accreditation
(F.C.C.P.S.A.)**

**All Kidz Preschool 1130 E. Plant Street, Winter Garden, FL 34787
Phone: 407-347-3648**

ALL KIDZ PRESCHOOL

PLEASE WRITE LEGIBLE

Today's Date: _____

Start Date: _____

I am enrolling my child in the _____ 5 day _____ 3 day _____ 2 day preschool program

(Not available at this time) _____ 5 day VPK program.

I will need extended care (7:00 a.m.-8:45a.m. and/or 3:00p.m.-5:30p.m for VPK). Yes ___ No ___

CHILD'S NAME

_____ (First) _____ (Middle) _____ (Last)
Address: _____ City _____ Zip _____

Birthdate: _____ Female: _____ Male: _____ Home Language: _____

MOTHER: _____ Birthday: _____

FATHER: _____ Birthday: _____

HOME PHONE: _____

MOTHER'S CELL _____ FATHER'S CELL: _____

HOME E-MAIL ADDRESS _____

MOTHER'S EMPLOYER: _____ PHONE: _____

POSITION: _____

FATHER'S EMPLOYER: _____ PHONE: _____

POSITION: _____

CHILD'S PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

CHILD'S DENTIST: _____ PHONE: _____

ADDRESS: _____

Additional Information

Child's Name: _____

Fill in only the information that applies:

Student is living with: Both Parents: _____ Mother _____ Father _____ Other: _____

Stepfather's Name: _____ Stepmother's Name: _____

Employer: _____ Employer: _____

Phone: _____ Phone: _____

People in household: Adults _____ Children _____ Ages of children _____

Previous Childcare Center: _____

Reason for Leaving: _____

Are there any physical limitations or emotional behaviors that we should be aware of?

____ Yes _____ No

If yes, explain: _____

Was your child a full-term pregnancy? Yes ___ No ___ If not please explain:

Normal delivery, difficult delivery, or Cesarean Section? _____

Has your child been hospitalized since time of birth? _____ Yes _____ No If yes, please explain

Sleep habits of child: _____ p.m. until _____ a.m. Does your child take naps? _____ Yes _____ No

Child's favorite toy or past time? _____

Is there anything you would like us to know about your child that was not covered above? _____

This information will be kept confidential and will be used to help the staff of All Kidz Preschool assigned Preschool to provide a secure learning environment for your child. Please understand

that members of AKP responsibility for the care and education of your child are still authorized to access health information.

Parent's Signature: _____

Health Information

Child's Name: _____

Does your child have any unusual health conditions? ____ Yes ____ No If yes, please indicate:

Asthma: _____ Bee Stings: _____ Seizures: _____ Physical Handicaps: _____

Describe _____

Allergies: _____

Medication that your child may be allergic to: _____

Behavioral disorders: _____

Food allergies: _____

Is there any care or treatment required for these conditions? _____

Contact Information

PERSONS TO CONTACT IN CASE OF EMERGENCY IF PARENTS ARE NOT AVAILABLE

PASSWORD: _____

Any one signing out or picking up my child must be 18 years old or older. Show an I.D. and know the child's password.

1) Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

2) Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

THE ABOVE AND FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD:

1) Name _____ Phone: _____

Address: _____ Relationship: _____

2) Name: _____ Phone: _____

Address: _____ Relationship: _____

*****IS THERE ANYONE WHO MAY NOT PICK UP YOUR CHILD?*****

NAME: _____

Educational Background

Child's Name: _____

Which hand does your child favor? ___ Right ___ Left

Age when your child first started to: _____ Crawl _____ Walk _____ Talk

Check all the following that apply to your child:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Uses pencils | <input type="checkbox"/> Uses crayons | <input type="checkbox"/> Tie shoes | <input type="checkbox"/> Uses scissors |
| <input type="checkbox"/> Uses paint | <input type="checkbox"/> Likes books | <input type="checkbox"/> Uses clay | <input type="checkbox"/> Uses glue |
| <input type="checkbox"/> Uses puzzles | <input type="checkbox"/> Dresses self | <input type="checkbox"/> Has pet | |
| <input type="checkbox"/> Rides tricycle | <input type="checkbox"/> Rides bike | <input type="checkbox"/> Pulls wagon | |
| <input type="checkbox"/> Plays outdoors | <input type="checkbox"/> Attends movies | <input type="checkbox"/> Prefers to play alone | |
| <input type="checkbox"/> Plays well with others | <input type="checkbox"/> Skates | <input type="checkbox"/> Enjoys stories | |

Religious Background

What church does your family attend? _____

All Kidz Preschool

How did you learn of All Kidz Preschool?

Newspaper _____ Telephone Book _____ Friend _____ Family _____
 Flier's _____ Church _____ Other: _____

All Kidz Preschool Biting Policy

If a child is caught biting other students on three separate occasions, the child will be placed on probation. If the child bites again, the parent will be called to pick up the child immediately and their enrollment in pre-school will be terminated. Any fees paid will not be refunded. I have read and understand the biting policy of All Kidz Preschool and agree with this policy.

Parent's Signature: _____

Teacher-Parent Policies

If parent arranges with a staff member for after hours, off premises care of your child or is on your pick-up list that staff member undertakes such service on his or her own behalf, and not as a staff member of All Kidz Preschool.

Parent's Signature: _____

Lock Down

If our school would go on lock down, AKP staff will post on our Facebook page that we have locked down. We will then post when the lock down has been lifted. There will also be a red sign on the door signaling we are on lock down. When red sign is on door there will be **NO ONE** coming in or out of the building.

Parent's Signature: _____

Discipline

Child's Name: _____

Our program operates on the premise that young children are never "bad". It is our policy to redirect the inappropriate behavior using positive techniques. The goal of discipline is education, not punishment. However, there are times when a disobedient action needs an appropriate consequence. Each child's given the choice to listen and obey and they are responsible for their actions. Instead, of using the words "time out" we are using the words "the thinking spot".

Enforcing discipline in the classroom will be the responsibility of each teacher. The main emphasis will always be on first reinforcing a child's positive behavior. If for some reason a student's behavior becomes disruptive, the teacher will give the child a verbal reminder. If disruptive behavior continues the child will be asked to go to the "thinking spot" located inside the class room for an age appropriate amount of time. The guideline for time spent in the "thinking spot" is 1 minute per year, so a 2-year-old will spend 2 minutes in the "thinking spot" and so on.

If the child continues to display disruptive behavior, the teacher will escort them to the director's office for "conference time". "Conference time" is where the child gets an opportunity to talk about the classroom situation and why they think it happened. We find that "conference time" often gives the child an opportunity to communicate about core issues that can sometimes be the reason for the disruptive behavior. This also gives the child an opportunity for self-examination and apologies, if necessary. Once "conference time" is over, the child is escorted back to the classroom.

In the rare instance that disruptive behavior continues, or the situation worsens, a parent conference will be required.

The following disciplinary actions **WILL NOT** be tolerated at AKP:

1. Children will never be subject to discipline that is severe, humiliating or frightening.
2. Discipline will never be associated with food, rest, or toileting.
3. Spanking, picking up or putting down forcefully or any other form of physical or corporal punishment will not be tolerated.

Parent's Signature: _____

Please Read the Following Statements and Sign

- 1.) In the event of an emergency, All Kidz Preschool has my permission to obtain emergency treatment by paramedics that may take my child to the closest available emergency facility as dispatched by their supervisors.

- 2.) I understand that my child will participate in Wednesday Chapel, when in attendance, where they learn of the Salvation through Jesus, the Bible and prayer.
- 3.) I also, understand that persons not on the pickup list will **NOT** be able to pick up my child. You may update your child's pick-up list at any time. Please, do not call and ask us to release your child to someone that is not on your pick-up list.

*****#3 is a hard and fast rule*****

Parent's Signature: _____

Financial Agreement

Child's Name: _____

I understand that all fees must be paid on the first day of each month when paying monthly. Weekly payment is due the Friday before the following week. Payments not received by this time will incur a \$25.00 late fee. Returned checks will be considered late and will have a \$25.00 late fee and a \$25.00 returned check fee may be charged.

If you withdraw your child from this program you are required to give a two weeks' notice. If you do not give the notice of two weeks you are still required to pay the two weeks. Please put notice in writing (forms at front desk).

If my child is not picked up by 5:30 there will be late fee of \$10.00 within first five minutes and \$1.00 for every minute thereafter. This includes VPK.

I understand all information and conditions listed above and agree to abide by this agreement.

Parent's Signature: _____

Photo and Video Release

I give permission for my child's photograph or video image to be taken while he/she is in the care of All Kidz Preschool. Such images may be posted in classrooms or other appropriate places within the center, used in center presentations or promotional materials, such as AKP Facebook page and may be used in such things as classroom pictures, photos, videos and yearbook or distributed to staff or clients. I understand I can terminate this permission at any time in the future and that all said pictures and/or videos become the property of AKP.

Parent's Signature: _____

Empowering Kids with Personal Responsibility

Clean up, clean up, everybody, everywhere,
clean up, clean up, everyone do your share.

While one of our goals at AKP are to make sure that kids have fun learning and playing, we also teach and encourage personal responsibility in the area of personal hygiene and clean up. Children are always encouraged to pick up and put away their books, toys and art supplies when they are done with them. Additionally, we encourage kids to wash their face as needed and hands after potty time, play time, snack time and various times throughout the day.

We understand while many kids are still perfecting the art of potty time, there may be an occasional small bathroom accident in the process. AKP has supplied each potty with disposable plastic gloves and disinfectant wipes so that when a child "misses" or "splashes", they are able to clean up after themselves. This is always done with direct involvement and supervision by a certified staff member.

Parent's Signature: _____

Authorization for Emergency Care

Child's Name: _____

In order to meet all legal requirements, I hereby authorize the director of the Preschool, or the person in charge in the event of her absence, to give my consent for any and all necessary emergency medical treatment for my child while said child is in said individual's custody. In the event of serious injury or accident, and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I also assume responsibility for payment of same.

Parent's Signature: _____

Authorization to Transport

In the event of an emergency that requires the All Kidz Preschool to vacate the premises and I or my companion are unreachable; I hereby authorize the director, or the person in charge in the event of her absence to transport my child to a safe environment until I can be reached. At this time we would move children to Chaplain Station Park (501 Crown point Cross Rd. Winter Garden, FL.)

Parent's Signature: _____

Medical Release Form

Authorization For Emergency Medical Treatment

In the event that my child, _____ becomes ill or is injured while under the supervision of All Kidz Preschool, I hereby authorize the school's director, supervisor or Office manager to take whatever steps necessary for medical care to be rendered to my child in the event of an emergency.

I give consent to transport my child by ambulance when the situation is warranted by the discretion of the school administration.

I understand that the order of action to be taken by the All Kidz Preschool director, supervisor or Office Manager, will follow the outline below, (but will not be limited to these outlined actions), unless there is a need for immediate or emergency medical attention.

1. Call child's parents or guardian.
2. Call child's emergency persons as listed on enrollment form.
3. Use his/her discretion in contacting a properly licensed physician.
4. Call 9-1-1 first if the situation is serious.

Parents' Signature: _____

ACKNOWLEDGEMENT OF RECEIPT AND COMPLIANCE

Section 65C-22.006 (2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. I verify that I am in full compliance with the **PHYSICAL EXAMINATION** requirement.

Parents Initials

Date

Florida Statute requires that parents must receive a copy of the childcare facility brochure, Influenza Virus Brochure. I acknowledge receipt of the **INFLUENZA VIRUS BROCHURE**.

Parents Initials

Date

Florida Statute requires that parents/guardians be notified in writing of the disciplinary practices used by the childcare facility, I have read, understand and will support the schools **DISCIPLINE POLICIES AND PROCEDURES**.

Parents Initials

Date

I have read, understand and will support the schools **HEALTH Policy**.

Parents Initials

Date

I have read, understand and will support the schools **MEDICATION Policy**.

Parents Initials

Date

I have received and read the **Distracted Adult Driver Brochure**.

Parents Initials

Date

I have received, read and will abide by the parent handbook **Procedures and Policies**.

Parents Initials

Date

Your signature below indicates that you have received the above items and the information on the entire registration packet is complete and accurate.

Child's Name: _____

Signature of Parent or Guardian

Date

Parent Commitment

Child's Name: _____

- o If a child becomes ill, parents will be notified immediately and will be asked to pick up their child within the hour. If the parents cannot be reached, those listed as emergency contacts will be notified and asked to pick up the child. In the event of an emergency All Kidz Preschool has my permission to obtain emergency treatment by paramedics that may take your child to the closest available emergency facility as dispatched by their supervisors. If a child is sent home due to illness the child will be required to be out of school for 24hours.
- o I understand that my child will participate in many varied learning activities while attending AKP, among which are the learning of character-building stories from the Bible.
- o I have read and agree to adhere to the discipline policies in the AKP hand book for my child to participate in activities on the property of AKP.
- o Payments will be made on Friday for the following week. I am aware that tuition payments must be paid on time regardless of holidays, vacations and absences. Payments cease only upon a two-week written (form in office) notice. If you are late more than two times in one month the charge will be doubled.
- o I am aware that the registration fee and supply fees are non-refundable.
- o If your child pulls the fire alarm and the school receives a charge. The parent will be responsible to pay the charge.
- o It is the parent's responsibility to keep their pick up and emergency list updated and know that their child will not be released to any one not on my pick-up list.
- o I have received and signed a parent handbook. I have read and I understand what is expected of me as a parent.
- o I have received and signed a Know Your Child Care Facility Brochure
- o I have received and signed Influenza Virus Brochure (update yearly)
- o In accordance with State regulations, parents are responsible for escorting child(ren) into and out of the center. Children under the age of 16 may NOT sign in or out children at AKP
- o I have read all twelve pages and received a parent handbook and I am familiar with my obligations as a parent/guardian of my child attending All Kidz Preschool.

Mother's Signature: _____ **Date:** _____

Father's Signature: _____ **Date:** _____

Yearly Updated Registration Packet

2020 Parent Signature: _____ Date: _____

All information is still the same: ___yes ___no Update Rec'd: _____

2021 Parent Signature: _____ Date: _____

All information is still the same: ___yes ___no Update Rec'd: _____

2022 Parent Signature: _____ Date: _____

All information is still the same: ___yes ___no Update Rec'd: _____

2023 Parent Signature: _____ Date: _____

All information is still the same: ___yes ___no Update Rec'd: _____

2024 Parent Signature: _____ Date: _____

All information is still the same: ___yes ___no Update Rec'd: _____

2025 Parent Signature: _____ Date: _____

All information is still the same: ___yes ___no Update Rec'd: _____

Emergency Form

PLEASE WRITE LEGIBLE

Teacher's Name: _____

Child's Name: _____ Birthday: _____

Child's Doctor: _____ Phone: _____

Doctor's Address: _____ City: _____

Child's Dentist: _____ Phone: _____

Dentist Address: _____ City: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Home Address: _____
City _____ Zip _____

E-mail Address: _____

Person to contact in case of EMERGENCY, if parents are unavailable

1. _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

2. _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

List any medications your child takes on a regular
basics _____

List any uncommon medical problems your child has:

List any medication or foods your child may be allergic to

Pick up Authorization

Child's Password: _____

I hereby give permission for the following people and the people on my emergency list (above) to pick up my child:

	Name	Address	Phone
	Relationship		
1.	_____	_____	_____
2.	_____	_____	_____

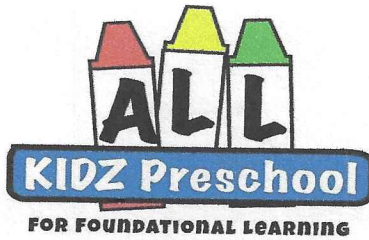
Parent's Signature: _____

Date: _____

*******IS THERE ANYONE WHO MAY NOT PICK UP YOUR CHILD? *******

NAME: _____

In accordance with State regulations, parents are responsible for escorting child(ren) into and out of the center. Children under the age of 16 may NOT sign in or out children at AKP.



As of April 2024, I am aware of the importance of the Distracted Driver, Influenza (H1NI), and the Getting in, Getting Out flyer from the Department of Children and Families. My signature below verifies receipt of my knowledge and understanding.

Student Name: _____

Parent Print: _____

Parent Signature: _____

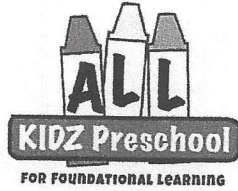


Photo and Video Release

I (please circle one) **DO** or **DO NOT** give permission for my child's photograph or video image to be taken while he/she is in the care of All Kidz Preschool. Such images may be posted in classrooms or other appropriate places within the center, used in center presentations or promotional materials, such as AKP Facebook/Instagram page, AKP Website, and classroom pictures. I understand I can terminate this permission at any time in the future and that all said pictures and/or videos become the property of AKP.

Child Name: _____

Child Name: _____

Parent(s) Signature: _____

Date: _____