

Checklist for 2010-2011

New Student

Checklist for Registration

- Notarized Registration Form
- Paid (non-refundable) Registration and Insurance Fee
- Resource/Service Fee Payment *(for non-refund or prorated details see Financial Sheet)*
- Signed Insurance Form
- Classroom Information Form
- Know Your Child Care Center Form
- Influenza Virus "The Flu" A Guide for Parents Form
- Health **YELLOW** & Immunization **BLUE** Forms... *Obtained & completed at Pediatrician's Office*
- Copy of Birth Certificate
- Copy of both Parents'/Guardians' Drivers License
- Optional: Parent~Center Alternative Snack Agreement*

Checklist for Student's First Day



(under 1 yr old)

- Pacifier with clip attached *(labeled)*
- Diapers *(please send a whole pack)*
- Bibs with Velcro or snap closure *(labeled)*
- Change of clothes *(labeled)*
- Special blankets *(labeled)*
(No stuffed animals or pillows)
- Small plastic bowl and spoon *(labeled)*
- Formula bottles mixed and ready to feed *(labeled)*
(We are not permitted to mix formula)
- Un-opened jars of food *(labeled)*
(when eating baby food is age appropriate)



Two's

- Vinyl coated tri-fold mat *
- Fitted sheet and blanket *(labeled)*
(Both must be small enough to fit in child's cubby)
- Nutritious packed lunch w/ice pack
- Pack of diapers *(if not potty trained)* or pull-ups
- Two complete changes of clothes *(labeled)*
(including socks and underwear)



(under 2 yrs old)

- Vinyl coated tri fold mat *
- Fitted sheet and blanket *(labeled)*
(Both must be small enough to fit in child's cubby)
- Nutritious packed lunch w/ice pack
- Complete change of clothes *(labeled)*
- Pack of diapers or pull-ups *(labeled)*
- Optional...** Pacifier with clip attached *(both labeled)*



Three's



Four's

- Vinyl coated tri fold mat *
- Fitted sheet and blanket *(labeled)*
(Both must be small enough to fit in child's cubby)
- Nutritious packed lunch w/ice pack
- Complete change of clothes *(labeled)*
(Including socks and underwear)

* Vinyl coated tri-fold mats available for purchase in the CDC Office. Cost \$27.00

Checklist for 2010-2011

Returning Student

Checklist for Registration

- Notarized registration form
- Paid (non-refundable) registration and insurance fee
- Resource/Service fee payment *(for non-refund or prorated details see Financial Sheet)*
- Signed Insurance Form
- Classroom information form
- Optional: Parent~Center Alternative Snack Agreement*

Checklist for Student's First Day of the New School Year



(under 1 yr old)

- Pacifier with clip attached *(labeled)*
- Diapers *(please send a whole pack)*
- Bibs with Velcro or snap closure *(labeled)*
- Change of clothes *(labeled)*
- Special blankets *(labeled)*
(No stuffed animals or pillows)
- Small plastic bowl and spoon *(labeled)*
- Formula bottles mixed and ready to feed *(labeled)*
(We are not permitted to mix formula)
- Un-opened jars of food *(labeled)*
(when eating baby food is age appropriate)



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(including socks and underwear)



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- Vinyl coated tri fold mat *
- Fitted sheet and blanket *(labeled)*
(Both must be small enough to fit in child's cubby)
- Nutritious packed lunch w/ice pack
- Complete change of clothes *(labeled)*
- Pack of diapers or pull-ups *(labeled)*
- Optional...** Pacifier with clip attached *(both labeled)*



Three's



Four's

- Vinyl coated tri fold mat *
- Fitted sheet and blanket *(labeled)*
(Both must be small enough to fit in child's cubby)
- Nutritious packed lunch w/ice pack
- Complete change of clothes *(labeled)*
(Including socks and underwear)

* Vinyl coated tri-fold mats available for purchase in the CDC Office. Cost \$27.00

2010-2011 REGISTRATION FORM

First Baptist Child Development Center (CDC)

1101 South Flagler Drive West Palm Beach, FL 33401

Phone (561) 671-5795 Fax (561) 671-5792

<i>Office Use Only</i>			
PRGM _____	RM # _____	9-3 _____	
3D _____	5D _____	E/C _____	A/C _____

Child's Name: _____ / _____
LAST FIRST MIDDLE NAME CHILD USES

Child's DOB: ____/____/____ Male Female Start date if other than 1st day of school _____

Church You Attend Regularly: _____

Previous Program/School Child Attended: _____

Mother's/Legal Guardian's Name: _____ **Home Phone:** _____

Home Address: _____
STREET CITY STATE ZIP

Mother's Place of Employment: _____ **Work Phone:** _____
E-MAIL: _____ **Mom's Cell #:** _____

Father's/Legal Guardian's Name: _____ **Home Phone:** _____

Home Address: _____
STREET CITY STATE ZIP

Father's Place of Employment: _____ **Work Phone:** _____
E-MAIL: _____ **Dad's Cell #:** _____

<p><u>Legal Custody</u></p> <p>Mother <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Father <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Child's Schedule:</u></p> <p>2 day (T,TH) _____ 9am-3pm (ONLY)</p> <hr/> <p>3 day (M,W,F) _____ Early Care Day (8am-3pm Preschool Hall Only) _____</p> <p>5 day (M-F) _____ Regular (9am-3pm) _____</p> <p>Extended Day (8am-6:00pm) _____</p>
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OTHER PERSONS AUTHORIZED TO REMOVE CHILD FROM CDC. If none, indicate "none".

Name _____ Phone _____
 Relationship _____ Cell/Other Phone _____

Name _____ Phone _____
 Relationship _____ Cell/Other Phone _____

Name _____ Phone _____
 Relationship _____ Cell/Other Phone _____

PERSON TO NOTIFY IN EMERGENCY IF PARENT CANNOT BE REACHED (and authorized to remove the child from the CDC).

If none, indicate "none".

Name _____ Phone _____
 Relationship _____ Cell/Other Phone _____

Name _____ Phone _____
 Relationship _____ Cell/Other Phone _____

ARTICLE XIII, A, 8, a, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, *KNOW YOUR CHILD'S DAY CARE CENTER*. I have received a copy of the Child Care Facility Brochure, *KNOW YOUR CHILD'S DAY CARE CENTER*.

ARTICLE XIII, A, 8, a, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the childcare facility. I have received in writing the disciplinary practices used by this childcare facility as stated in the Parent/Center Agreement.

2010-2011 REGISTRATION FORM

My child, _____, has my permission to attend functions, with his/her class, in areas on First Baptist Church property other than the first floor of the Christian Learning Center (i.e., Chapel services, Gymnastics, Music, Gymnasium, etc.). I understand that he/she will not be leaving the grounds of the First Baptist Church.

Your child's photo may be selected for use in our CDC brochure or other marketing literature. By signing below, you will give permission for us to use your child's photograph and release the First Baptist Church of West Palm Beach and the CDC from all liability.

I have read and understand my financial obligations as set forth in the Financial Information Sheet.
I also understand the Registration Fee is a non-refundable fee. (Refer to Financial Section of Parent Center Agreement)

TUITION PAYMENT

Person responsible for payment other than parent _____
Please give contact phone # _____

Please check one payment plan for tuition:

- Payment Option 1 (Annual payment due on or before August 1, 2010)
- Payment Option 2 (12 equal payments due on the 1st of each month, August 1, 2010 – July 1, 2011)

I agree to read and abide by all conditions as defined in the Parent/Center Agreement; and I understand that the Parent/Center Agreement may be terminated by either the Parent and/or Guardian, or the CDC upon notification of intention at least two (2) weeks in advance, or at anytime by mutual agreement of both parties.

I agree to read and abide by all conditions as defined by the Sick Policy located in the Parent/Center Agreement. In summary, children who show signs of illness within the previous twenty-four hours cannot be accepted in the preschool room.

I agree that any claim, controversy or dispute arising from or related to this Agreement, including, but not limited to, any claim between the CDC, Undersigned and/or Student, for any breach of contract, personal injury or property damage, shall be settled first by submission to non-binding mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker Ministries. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim between the parties and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce and arbitration decision or award.

Insurance Co. covering child: _____ Policy # _____
Exp. Date _____ Physician _____ Phone _____
Physician's Address _____

I hereby give my consent to any hospital, paramedic, etc., to administer necessary treatment to my child, _____ in the event of an emergency, at which time I cannot be reached. I give my consent to transport my child, by ambulance, if the situation warrants. The ambulance will be at my expense. By signing below, I acknowledge that I have read and understood the 2010-2011 Child Development Center Registration Form.

Parent or Guardian's Signature _____
Date

THIS FORM MUST BE NOTARIZED

Sworn to and subscribed before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced the following identification _____

(Seal) Notary: _____

Signature of School Administrator _____
Date

OPTIONAL
For Toddlers – Pre K

Parent~Center Alternative Snack 2010-2011 Agreement

By signing below I, _____ understand that, if I choose to provide
Parent/Guardian Name
an alternative snack for my child, then I agree to provide _____
Child's Name
snack(s) on a daily basis and that I will follow all the guidelines listed below. I also acknowledge that this agreement may be changed with proper notification at anytime by the First Baptist Child Development Center.

1. It is my responsibility to daily prepare and properly label each container or baggie with my child's name and specify "morning snack" or "afternoon snack" (if child attends aftercare).
2. If the snack is not prepared (*i.e. cut up into bite size pieces or ready to serve*), labeled, or not packed, my child will be served the snack that is listed on the First Baptist Child Development Center snack calendar.
3. Snacks cannot be heated, therefore some suggestions are:
 - cut to bite size fruit
 - cut to bite size vegetables
 - drinkable yogurt
 - cheese
 - raisins
 - whole wheat/whole grain crackers

Yogurt and applesauce etc. - are types of snacks that should only be sent if or when children can spoon feed themselves. These items are really best given during lunch time while there is more time for the teacher to assist and children feel less rushed.

4. Snacks that are **not** acceptable and **will not** be served:
 - Candy, chocolate, cookies, cake, or potato chips.
 - Nuts, especially Peanuts, anything containing peanuts or peanut butter.

I acknowledge that it is my decision to provide an alternative snack, and that I am still responsible for paying the Resource Service Fee as stated in the Parent~Center Agreement in its entirety as the school must still order supplies and other items based on the number of children attending the center.

Parent Signature

Date

2010-2011 CLASSROOM INFORMATION SHEET

I choose to provide	
Alternative Snacks for my child	DATE

Child's Name _____ DOB ____/____/____

Address _____
Street City State Zip

Allergies: _____ _____ _____	Medications: _____ _____ _____	Comments: _____ _____ _____
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Mother's Name _____
Work Phone _____

Home Phone _____
Cell Phone _____

Father's Name _____
Work Phone _____

Home Phone _____
Cell Phone _____

Guardian's Name _____
Work Phone _____

Home Phone _____
Cell Phone _____

Please indicate:
First in line to be contacted if the CDC needs to contact a parent or guardian concerning your child during school hours _____

Name(s) of person(s) allowed to remove child from facility:
(Must be at least 18 years old)

Name _____ Relationship to child _____
Phone _____ Cell _____ Other _____

Name _____ Relationship to child _____
Phone _____ Cell _____ Other _____

Name _____ Relationship to child _____
Phone _____ Cell _____ Other _____

Name _____ Relationship to child _____
Phone _____ Cell _____ Other _____

Name _____ Relationship to child _____
Phone _____ Cell _____ Other _____

Child's Name: _____

2010 -2011 Classroom Info Continued

If English is not the primary Language spoken at home, please Identify: _____

Family:	Names of brothers & sisters	Ages
	_____	_____
	_____	_____

Names of others living in the home	Relationship to child
_____	_____
_____	_____

Does your child have pets? Yes No If yes, what are they _____

Social/Emotional Development

Does your child separate easily from you? Yes No

Please comment: _____

Is your child afraid of anything? Yes No

Please comment: _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

How do you handle discipline in your home? _____

Food
Describe your child's appetite: _____

Does your child feed him/herself? Yes No

Sleep
Describe your child's sleep routine (lengths of naps): _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child:

<p>Self-Care: (Children 2 years and under)</p> <p>Is your child in diapers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does child wear pull-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has Potty training begun? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is child Potty trained? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does child need help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Self-Care: (Children entering 3K or Pre-K)</p> <p>Does your child need any help with dressing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list: _____</p> <p>Does your child need any help with toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please identify: _____</p>
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INSURANCE FORM 2010-2011

The school has purchased insurance against accidental injuries to students during school time, or while participating in school sponsored and supervised activities.

THIS INSURANCE IS EXCESS COVERAGE; i.e., you must submit all bills to your own insurance first and the school policy will pay the unpaid balances, up to the limits of the policy for those items covered.

Although the coverage is very broad, there are restrictions, limitations and exclusions. In some situations, medical bills may not be covered in full. Parents should understand that medical expenses are their own responsibility, not the Center's. Some of the important benefits and limitations of the plan are:

- Maximum medical benefit is \$100,000.
- Treatment must commence within 30 days of the injury.
- Physical therapy treatment has a limit of \$500 and is only covered after consultation / treatment by a physician.
- Chiropractic treatment has a limit of \$500.
- Benefit period is 52 weeks from the date of injury.
- There are certain exclusions to the coverage, including Hernia (in any form).

All injuries should be reported immediately to the school administrative office. Claim forms will be provided by the school, but it is the parents' responsibility to:

- Submit claim forms with Part 1-B completed, any omissions will delay the processing of the claim.
- Submit all itemized bills, monthly statements will not do.
- Submit the statement received from your insurance company, showing amounts paid and balances due, or a letter of denial stating the claim is not covered. One of these statements or letters is required for any payment to be made.
- If you have no medical insurance you will receive a letter from the company requesting employer information. Failure to return this letter will result in a delay or denial of the claim.

It is your responsibility and to your benefit to submit the papers as soon as possible, as a claim cannot be paid until all papers are submitted. Only one claim form per accident is required. All papers and questions should be directed to:

Bob McCloskey Insurance P.O. Box 511, Matawan, N.J. 07747 (1-800-445-3126)

The coverage is not optional. Your cost for this coverage is \$10.00 per child per school year. The school is not selling this coverage; you are simply reimbursing the school at its cost. Payment of \$10.00 is required upon registration.

I hereby acknowledge that I am aware of the type of coverage, benefits and exclusions of the school insurance program and my responsibilities regarding the program.

PLEASE PRINT YOUR CHILD'S NAME, SIGN AND DATE HERE:

Student's Name

Parent's Signature

Date

SICK POLICY 2010-2011

PLEASE READ CAREFULLY

Children who within the previous **24 hours** show the following signs of illness cannot be accepted in the preschool room:

- Fever **99.9** and above
- Acute cold
- Heavy nasal discharge
- Constant cough
- Unexplained rash
- Vomiting or diarrhea
- Excessive fatigue or malaise
- Discharge in or around the eyes



The parent will be asked to come get a child should symptoms of illness occur during the day.

Parents are expected to **respond promptly**. If a child is left in our care over one hour from the time the parent is called to pick up a sick child, a fee will be charged for sick child care at the rate of **\$15.00** per half-hour or increment thereof. This policy will be strictly enforced.

Parents are required to notify the Director and/or Teacher whenever a child has been exposed to a contagious disease.

If your child has had a contagious illness, a statement from your doctor must be submitted saying that the child is no longer contagious and may safely participate in activities of the Center again.

A child must be **fever free** without the aid of fever reducing medications for **24 hours** before returning to class.

The above requirements are for your child's safety and comfort as well as the other children enrolled in the Center.

Parent Signature

Date



Child Development Center

First Baptist Church of West Palm Beach

1101 S. Flagler Drive, West Palm Beach, FL 33401
Phone: 561.671.5795 Fax: 561.671.5792

Financial Information Sheet 2010-2011

The CDC charges an **annual tuition**, divided into **twelve (12) equal payments**, due at the first of each month. It is not based on a calendar attendance monthly fee.

Pricing for: Infant and Toddler Programs

Program	New Student	Returning Student	Resource Service Fees	Infant /Toddler Program Hours	
	Non-refundable Registration & Insurance Fees	Non-refundable Registration & Insurance Fees		9:00AM -3:00PM	8:00AM -6:00PM
				Tuition	
2-days (Tu-Th)	\$200	\$150	\$400	\$425 \$5100. annually	
3-days (M,W,F)	\$200	\$150	\$450	\$580 \$6960. annually	\$770 \$9240. annually
5-days	\$200	\$150	\$500	\$745 \$8940. annually	\$960 \$11,520. annually

Pricing for: 2 year, 3-K and Pre-K Preschool Programs

Program	New Student	Returning Student	Resource Service Fees	Preschool Program Hours			Workbook Fees	
	Non-refundable Registration & Insurance Fees	Non-refundable Registration & Insurance Fees		9:00am-3:00pm	8:00am-3:00pm	8:00am-6:00pm	3-K	Pre-K
				Tuition				
2-days (Tu-Th)	\$200	\$150	\$400	\$370 \$4440. annually				
3-days (M,W,F)	\$200	\$150	\$450	\$485 \$5820. annually	\$535 \$6420. annually	\$615 \$7380. annually	\$100	\$125
5-days	\$200	\$150	\$500	\$610 \$7320. annually	\$670 \$8040. annually	\$790 \$9480. annually		

As stated in the Parent Center Agreement:

6.1 Should a student who is registered for the upcoming year withdraw before the first day of class, all tuition payments made to date will be refunded. Registration fees are non-refundable, regardless of circumstances

- The (non-refundable) **Registration Fee and Insurance Fee** are due when **Registration Packets** are submitted.
- Tuition is due on the 1st of the month. The CDC does not bill for tuition.
- It is the responsibility of the parent/guardian to bring payments to the office or mail to the office by the 1st of the month. Credit Card Option: pay online at www.cdcwpb.org or www.PreschoolWestPalm.com
Tuition is considered Late after 5 working days. Late Charge of 10% will be applied.
- Resource Fees and Book fees are due July 1, 2010.
- If you are registering after July 1, 2010, Resource and Book Fees are due with the Registration and Insurance Fees when Registration Packets are submitted.