STUDENT ENROLLMENT APPLICATION

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561-746-7120 office 561-743-0766 fax

Serving Children and Families Since 1966

OUR MISSION STATEMENT

*The mission of **The Thelma B. Pittman Jupiter Pre-School, Inc.,** is to provide a quality, full-inclusion Early Childhood Education Program that stimulates and fosters the physical, cognitive, language, social & emotional development of young children birth to five years of age. Offered at an affordable rate, the Early Childhood Education Program serves primarily disadvantaged children from low-income families. **The Thelma B. Pittman Jupiter Pre-School, Inc.,** also provides ongoing support to improve and strengthen family relationships.*

ENROLLMENT APPLICATION PACKET

Date of Application: _____ Primary Language Spoken: _____

CHILD'S NAME:_____ BIRTH DATE _____
First Middle Last

CHILD'S HOME ADDRESS:_____
Street Address City Zip Code

CHILD LIVES WITH _____ both parents _____ mother _____ father _____other

MOTHER'S NAME_____
First & Last Name Phone #

MOTHER'S EMAIL_____

FATHER'S NAME_____
First & Last Name Phone #

FATHER'S EMAIL_____

PRIMARY CONTACT PERSON: (Name)_____

FOOD STAMP # _____ TANF CASE # _____

CHILD'S PHYSICIAN ___ _____ PHONE (_____)_____

EMERGENCY AUTHORIZATION

I hereby authorize the staff/administration of the Thelma B. Pittman Jupiter Pre-School to obtain emergency medical care for my child in the event of serious illness/accident should I/We, the (parent(s) not be able to be reached.

_____ ___ _____

Parent Signature **Date**

EMERGENCY CONTACTS

NAME _____ RELATIONSHIP _____ PHONE (_____)_____

NAME _____ RELATIONSHIP _____ PHONE (_____)_____

NAME _____ RELATIONSHIP _____ PHONE (_____)_____

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For Office Use Only: ***Entrance Date*** _____ ***Tuition Amount $***_____ ***Registration Fee Paid $***_____

THELMA B. PITTMAN JUPITER PRE-SCHOOL, INC.

HEALTH & DEVELOPMENTAL INFORMATION

We want to provide your child with the best care possible. Please help us to get to know your child by filling out this questionnaire. Thank you!

CHILD'S NAME: _____ DATE OF BIRTH _____

HEALTH

Does your child have any **Health Conditions** and/or **Special Needs**? NO YES If yes, please explain:

_____

_____

Is your child taking any **medication(s)** regularly? NO YES If yes, please list:

_____

_____

Does your child have any **known allergies**? NO YES If, yes, please list & explain:

_____

_____

GENERAL DEVELOPMENT

Do you have any concerns about your child's:

- Hearing or Vision?_____
- Speech & Language Development?_____
- Ability to Move?_____
- Overall Development?_____

SOCIAL & EMOTIONAL DEVELOPMENT

Has your child ever been in group child care before? YES NO

How does your child respond in group situations? _____

How would you describe your child's temperament and personality? _____

How do you comfort your child? _____

Does your child use a special comforting item (blanket, stuffed animal, doll)? _____

Does your child fear certain things? Please explain: _____

Do you have any questions or concerns about your child's social/emotional development or behavior? If yes, please explain:

_____

_____

Parent Signature: _____ Date: _____

THELMA B. PITTMAN JUPITER PRE-SCHOOL, INC.

FAMILY INFORMATION SHEET

CHILD'S NAME: _____

Nationality: _____ Place of Birth: _____
(ethnic group)

MOTHER'S INFORMATION:

Mother's Name: _____

Mother's Birth Date: _____

Marital Status: Married: _____ Single: _____ Divorced: _____

Name of Employer: _____

Employer's Address: _____
Street Address

_____
City State Zip

Employer's Phone Number: (_____)_____

FATHER'S INFORMATION:

Father's Name: _____

Father's Birth Date: _____

Marital Status: Married: _____ Single: _____ Divorced: _____

Name of Employer: _____

Employer's Address: _____
Street Address

_____
City State Zip

Employer's Phone Number: (_____)_____

GENERAL POLICIES & PROCEDURES

Thelma B. Pittman Jupiter Preschool reserves the right to revise, change, or terminate its program policies and/or procedures at any time, with or without notice.

TUITION

Weekly Tuition is due on Monday of each week. A late fee will be charged if tuition is not received by Tuesday (5:30pm) of the same week. Debit and Credit Payments Accepted Only. **No Cash Payments Accepted.** Should tuition become delinquent your child will be subject to termination from the program.

REGISTRATION FEES

Registration fees are due at the time of enrollment and may be charged annually. Registration fees are non-refundable and non-transferable.

LATE PICK UP

All children must be picked up by 5:30 pm each day. If a child is picked up after 5:30pm a late pick up fee of $5.00 per minute/per child will be charged. Late fees will be charged even when a call has been made to the school informing the staff of late pick up. Late pick up fees must be paid at the time child is picked up. The authorities shall be notified if a child is not picked up (abandonment). Students will be subject to termination from the program should late pick up become habitual.

MEALS & SNACKS

TBP Jupiter Preschool provides nutritious breakfast, lunch and snacks. **No outside foods permitted.**

STUDENT ARRIVAL TIME

All children must **arrive to school no later than 9:00 am** to be in attendance for the day. Daily Student Sign IN and OUT is required. VPK students must arrive to school no later than 8:30 am.

DRESS REQUIREMENTS

For your child's safety closed in shoes are required to be worn at school. (Bare feet, sandals, flip-flops, jelly shoes, slippers, and/or strapless shoes are not permitted. Hair adornments (bows, balls, beads, clips, etc.,) and jewelry (rings, bracelets, pendants, etc) can be potential choking hazards and are not permitted to be worn in school.

TOYS

Toys from home are not permitted in school

PLEASE ANSWER YES (or) NO TO THE FOLLOWING:

I have read the Child Facility Brochure 402.3125 F.S. **YES NO**

Photographs of my child may be taken & used in classroom bulletin board displays, school advertisement, website and social media and other displays. **YES NO**

My child may participate in all health activities (vision, dental, hearing, assessments). **YES NO**

Information concerning my child may be released to appropriate agencies & medical personnel in the event of a medical emergency. **YES NO**

I/We, the undersigned parents/guardians of the above named child, having fully read and reviewed the program's policies & procedures, do agree and consent to abide by its terms or subject my child to termination from the program.

_____ _____

Parent Signature **Date**

CONTRACT FOR CHILD CARE SERVICES

This contract between _____ & Thelma B. Pittman Jupiter Pre-School, Inc.,
(parent's name)

is entered into on the ____ day of _____, 20___ for child care services for _____.
(child's name)

PROGRAM PLACEMENT – Parent(s) agree to complete & place on file at the school the following:

In order to secure placement in the program, the following documentation must be received on or before the first day of attendance and at renewal time(s):

- Complete Enrollment Application Packet
- Physical Examination & Immunization Record DH 680 (current as required)
- USDA Child Care Food Application (annually)
- Student Pick Up Authorization Form (updated every 6 mos.)

FEE INFORMATION – Parent(s) agree to pay the following (if applicable):

- **Registration Fee** - non-refundable/transferable fee payable at enrollment
- **Tuition Fee** - full tuition for the current week due on Monday of each week
- **Tuition Late Fee** - charged each week tuition (in full) is not paid on time
- **Late Pick Up Fee** - charged at a rate of $5.00 each minute pass 5:30pm payable at pick up
- **School Supply Fee** - non-refundable/transferable fee payable at enrollment

CARE SUPPLIES – Parent(s) agree to provide the following:

- Care Supplies shall be provided as needed (diapers, wipes, change of clothes, blanket, etc.)

PROGRAM TERMINATION – Parent(s) understand & comply with the following:

The following occurrence(s) will subject your child to termination from the program:

- Non-payment, slow payment and or delinquent payment of program fees
- Failure to provide required documentation
- Habitual late pick up of child
- Child's continuous discipline and/or inappropriate behavior(s)
- Child's attendance is deemed detrimental to the program as determined by the administration
- Violation of school policies and/or the contract for child care services
- Parent/Adult inappropriate and/or hostile behavior as determined by the administration

WAIVER

As parent(s) and or guardian(s) of *(child's name)* _____ I hereby waive, release and forever discharge the Thelma B. Pittman Jupiter Pre-School, Inc., its agents, representatives and employees from any and all causes of action in law or equity which may arise from Thelma B. Pittman Jupiter Pre-School's supervision and/or education of the above named child.

_____ _____

Parent's Signature Date

I/We, the undersigned parents/guardians of the above named child, having fully read and reviewed this contract, do agree and consent to abide by its terms or subject my child to termination from the program.

_____ _____

Parent's Signature / Date ***School Administration Signature / Date***

DISCIPLINE/GUIDANCE POLICY

TBP Jupiter Pre School believes that discipline is a necessary component of learning. Children in an environment of love, trust and respect will gain self-discipline, a desire to learn and succeed in positive ways.

In order to assure your child's quality education, it is important to have a written discipline policy that is understood by the staff, parents and children as well.

Positive discipline is different from punishment. Punishment tells children what they should not do; positive discipline tells children what they should do. Punishment teaches fear while positive discipline teaches self-esteem.

Corporal Punishment (spanking or physical punishment) is prohibited at TBP Jupiter Pre-School. Additionally, discipline is not associated with food, rest or toileting.

General Student Discipline Policy:

- Be polite and use good manners
- Handle school property & materials with care
- Respect the rights of others
- Follow directions given by teachers
- Display self-discipline when interacting with peers

Guidelines used to promote positive behavior in responding to inappropriate behavior:

- Appropriate supervision
- Reinforce desirable behavior (praise & reward)
- Redirection
- Conflict Resolution Steps
- Parent Conferences
- Parent call for student pick up
- Student suspension and or expulsion from program

Positive Discipline Strategies Used:

- Planning ahead, anticipating and eliminating potential problems
- Having consistent & clear rules explained to the children and understood by adults
- Having a well-planned daily schedule
- Planning for ample elements of fun and humor
- Including some group decision making
- Providing time and space for each child to be alone.
- Making it possible for children to feel he/she has some positive impact on the group
- Providing the structure and support children need to resolve their differences
- Sharing ownership and responsibility with the children

_____ _____

Parent's Signature **Date**

Biting Policy

Children who bite are not bad, but often are just frustrated by their inability to verbalize their feelings. Even though we realize that biting is a typical behavior for young children of preschool age it is not acceptable. Additionally, biting is considered abuse and therefore cannot be tolerated at Thelma B. Pittman Jupiter Pre-School

Biting Procedures

When a child bites another child the following procedure will be followed.

- Comfort the child who was bitten. Wash the area with soap and water and apply an ice pack. Provide lots of love and attention to the child who was bitten.
- Inform the ***biter*** of his/her inappropriate behavior using language such as; "*I cannot let you bite. Biting hurts!"* We are firm, but not harsh!
- The biter is removed from the classroom and taken to the administration.
- A call to the parents of both children is made explaining the biting incident and description of the actions taken.
- Biting Incident Reports are completed for both children and signed by staff, administration and parent.
- Immediate pick up of the biter maybe required as deemed by administration.
- ***Biting may result in suspension from the program for one or more days.***
- ***Continued biting will result in termination from the program.***

……

BITING POLICY & PROCEDURE ACKNOWLEDGEMENT

I understand and agree to abide by the Biting Policy and Procedures outlined above. I further understand that should _____ ***(child's name)*** bite a child he/she will be subject to suspension/termination (as stated above) from the Thelma B. Pittman Jupiter Pre-school.

_____ _____

Parent's Signature Date

THELMA B. PITTMAN JUPITER PRE-SCHOOL, INC.

FLU GUIDE RECEIPT

During the 2009 legislative session, a new law was passed that required child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

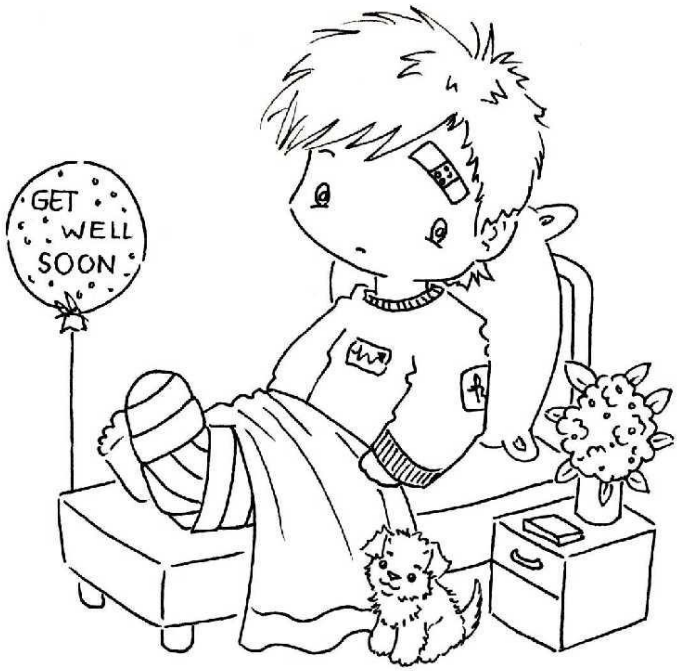
My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents: (See brochure posted at front desk)

Parent Name: _____

Child's Name: _____

Date Received: _____

Parent Signature: _____



PARENT HANDBOOK RECEIPT

My signature below confirms receipt of the Thelma B. Pittman Jupiter Pre-School Parent Handbook. I understand and agree to abide by its rules, policies and procedures. I further understand any violation(s) of said policies and procedures will subject my child(ren) to immediate disenrollment from the program. I also understand these rules, policies and procedures are subject to change with or without prior notice.

NOTE: Failure to return this acknowledgement will not relieve parents/guardians of responsibility for knowledge of the contents of the rules, policies and/or procedures and will not excuse non-compliance.

_____ _____

Parent/Guardian Signature Date

RECIBO MANUEL DE LOS PADRES

Mi firma a continuación confirma la recepción de la Thelma B. Pittman Júpiter Pre-escolar Manual de los Padres. Entiendo y estoy de acuerdo en cumplir con sus normas, políticas y procedimientos. Además, entiendo cualquier violación (s) de dichas políticas y procedimientos de someter a mi hijo (s) para terminar la inscripción inmediata del programa. También entiendo estas reglas, políticas y procedimientos están sujetos a cambios con o sin previo aviso.

NOTA: Si no se devuelva este reconocimiento no eximirá a los padres / tutores de la responsabilidad para el conocimiento del contenido de las normas, políticas y / o procedimientos y no excusa la inobservancia.

_____ _____

Padre Feche

THELMA B. PITTMAN JUPITER PRE-SCHOOL, INC.

PICK-UP & EMERGENCY AUTHORIZATION FORM

Child's Name_____ **Birth Date**_____

I certify that the following person(s) listed below for pickup and/or emergency contact for my child is at least 18 years of age. I fully understand that once my child is signed-out and released to the individual(s) I authorized; responsibility for my child is thereby turned over to the authorized individual and Thelma B. Pittman Jupiter Preschool is no longer responsible for my child.

I understand that Thelma B. Pittman Jupiter Preschool will only release my child to individual(s) authorized by me (listed below). I further understand I am responsible to keep this Pick-Up Authorization & Emergency Authorization Form up to date at all times.

_____ (____) _____ (____) _____
First & Last Name Parent/Guardian Phone Number Alternate Phone Number

Email Address_____

_____ (____) _____ (____) _____
First & Last Name Parent/Guardian Phone Number Alternate Phone Number

Email Address_____

I hereby authorize the Thelma B. Pittman Jupiter Preschool to permit my child to be <u>PICKED UP</u> by the following individuals:

First & Last Name	Relationship	Phone Number
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

In the event of an <u>EMERGENCY</u> and I can not be reached I hereby authorize the Thelma B. Pittman Jupiter Preschool to contact the following individuals:

First & Last Name	Relationship	Phone Number
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____