St. Luke Child Care Center
VPK ENROLLMENT FORM

Child Information:

Date of Birth: _____ Sex: _____ Start Date: _____

Child's Name:_____
Last First Middle Nickname

Child's Address:_____

Church Affiliation: _____ (optional)

Family Information:

Child Lives With: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Parent/Guardian's Name: _____Relationship to Child: _____

Address: _____

Email: _____

Home Phone: _____Cell Phone: _____

Employer: _____Work Phone: _____

Parent/Guardian's Name: _____Relationship to Child: _____

Address: _____

Email: _____

Home Phone: _____Cell Phone: _____

Employer: _____Work Phone: _____

Please check the appropriate enrollment program:

VPK Wrap Full-Time Enrollment **6:30 a.m. - 6:00 p.m.**	VPK Wrap Early Drop-off Enrollment **6:30 a.m. - 12:00 p.m.**	VPK Wrap Afternoon Pick-up Enrollment **6:30- a.m. – 3:30 p.m.**	VPK State Funded Hours **9:00 a.m. - 12:00 p.m.**
□ VPK Wrap ($225/week)	□ VPK 4's ($100/week)	□ VPK 4's ($200/week)	□ VPK 4's (free)

NOTE: VPK Wrap tuition rates remain the same over Thanksgiving holidays, Christmas holidays, and spring break holidays. However, if your child stays for summer (after VPK is complete and before kindergarten begins), the tuition rate increases to $250 as tuition is no longer subsidized by VPK state funds.

Signature of Parent/Guardian: _____ Date: _____

St. Luke Child Care Center
EMERGENCY CONTACTS FORM

Child Information:

Child's Name: _____DOB: _____

Authorized Contact Information:

List up to three additional people authorized to pick up your child.
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 or legal guardian cannot be reached.

Contact Name 1: _____Relationship: _____

Address: _____

Home Phone: _____Cell Phone: _____

Contact Name 2: _____Relationship: _____

Address: _____

Home Phone: _____Cell Phone: _____

Contact Name 3: _____Relationship: _____

Address: _____

Home Phone: _____Cell Phone: _____

Medical Information and Release:

Doctor: _____Phone: _____

Dentist: _____Phone: _____

Hospital Preference: _____

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

_____

_____

I give permission to St. Luke Child Care Center to take whatever measures (ex. First Aid) are judged necessary for the care and protection of my child while under the supervision of the center.
In cases of a medical emergency, I understand my child will be transported by the local emergency unit for treatment if the local emergency resource deems it necessary.

Signature of Parent/Guardian: _____ Date: _____

St. Luke Child Care Center
ENROLLMENT AGREEMENT

Parent Enrollment Agreement:

I am the parent or legal guardian of _____. In order to record my understanding of my rights and responsibilities as parent or guardian of the above named child, who is enrolled with St. Luke Child Care Center, I agree to abide by the requirements, written below and all policies set forth in the Family Handbook. In addition to St. Luke's Family Handbook, you can find the state Child Care Facility Handbook created by Department of Children and Families at myflfamilies.com.

In return for this promise of continual fulfillment of all policies, St. Luke's Child Care Center agrees to provide care for the above-named child which meets the standards and guidelines as set forth below and in the Family Handbook.

Weekly tuition for each child will be paid one week in advance through Tuition Express and I understand that care will not be provided without this advance payment. Any other arrangements must be made in advance with the director. If a tuition payment is returned as insufficient, the director will notify me and a second attempt will be made on my account. I understand there is a fee of $30.00 should any form of payment be returned.

I understand that a non-refundable registration fee of $150.00 (for one child) or $250 (for family with multiple children) is required at the time of registration and annually, thereafter.

If my child is not picked up when the Center closes at 6:00 pm, I will pay the required late pick-up fees.

I understand that there is NO AUTOMATIC REDUCTION of fees when my child is on vacation or gone from the center for any other reason.

Two weeks advance, written notice to the Director is required when withdrawing a child from St. Luke Child Care Center. If two weeks advance notice is not given, I will pay two weeks from the time notice is given.

Receipt of Family Handbook:

St. Luke Child Care Center's Family Handbook contains all of our policies as well as outlines our Positive Discipline Policy, Expulsion Policy, Food and Nutrition Policy, and Dietary Restrictions and Allergy Policy. The Family Handbook also includes a copy of the "Know Your Child Care Center" brochure.

I, _____, have received the St. Luke Child Care Family Handbook and agree to abide by the policies of St. Luke Child Care Center.

I, _____, have read the Discipline Policy, Expulsion Policy, Food and Nutrition Policy as well as the "Know Your Child Care Facility" brochure.

I, _____, give permission to St. Luke Child Care Center to use my child's photographs for Class Dojo, Classroom Bulletin Displays, and Classroom Art Projects.

I, _____, understand a current physical examination (Form 3040) and immunization record (Form 680) are required within 30 days of enrollment. Immunization Exemptions are not accepted.

I, _____, understand that I must submit my child's birth certificate prior to the first day of school.

Your signature below indicates that you agree to St. Luke Child Care Center's Parent Enrollment Agreement and center policies outlined in the Family Handbook. I confirm 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. Luke Child Care Center
CLASSROOM RELEASE FORMS

Outside Food Policy:

Throughout the school year, the students at St. Luke Child Care Center participate in classroom parties and events in which food is brought in from an outside source. Also from time to time, classroom teachers make special snacks in the classroom that supplement the curriculum to enhance the students' learning experiences. All food activities follow our safe food handling and allergen policies set forth in our Family Handbook. When any additional food activities are included in our daily activities, a note will be posted on your child's classroom door to inform all parents.
Please read St. Luke Child Care Center's policy on "Outside Food."

1. All outside food must be store bought, unopened and in the original packaging with food allergies listed on the package. We are a Peanut and Tree Nut free center!
2. For Birthday Parties, mini cupcakes may be purchased from Walmart or Publix and must be clearly labeled "Peanut and Tree Nut Free!"
3. For Holiday Parties, teachers will post a sign-up sheet in their classrooms and all food sent in must be store bought, unopened and in the original packaging with food allergies listed on the package.
4. NO Homemade Food will be permitted in the center.

I, _____, give permission for my child, _____, to participate in school parties and events in which food is served as described above.

Screening Policy:
Screening is a process to determine if a child has any developmental concerns that may require further attention and follow-up. Assessment is the process to monitor growth and development on an ongoing basis. Screening and assessment are directly linked to lesson planning and meeting the individual needs of children. Our goal is to ensure that your child is prepared to enter kindergarten at the age of five. The screenings and assessments conducted at our center are: Ages and Stages Questionnaire (ASQ), Alphabet, Number, Color, and Shape Recognition Inventories, and the VPK Assessment given each fall and spring to all VPK students.

*The Ages and Stages Questionnaire (ASQ) assesses a child's overall development in the areas of: communication, gross motor, fine motor, problem-solving, and personal skills. The questions on the ASQ may be answered based on teacher observation, one-on-one activities conducted with the child, or by parent/guardian input.

*The Alphabet, Numbers, Colors, and Shapes Recognition Inventories are administered when age-appropriate. Teachers administer these inventories throughout the school year to guide lesson planning.

*The VPK Assessment is a state-required assessment that is administered to all VPK students in the fall and spring. Your child's VPK teacher will schedule a conference with you to discuss the results of the assessment in both the fall and spring.

When assessing children, it is important to realize that results can vary from one day to the next. This is why ongoing teacher observations and assessments are the most effective way to assess a child's learning.

I, _____, give permission for my child, _____ to participate in screenings administered by the center.

Your signature below indicates that you agree to St. Luke Child Care Center's Food Policy and Child Screening Policy.

Signature of Parent/Guardian: _____ Date: _____

DIOCESE OF
ST AUGUSTINE
The Catholic Church *of* North Florida

Photography and Media Release Form for Minor Children

Without compensation, I hereby grant the Catholic Diocese of St. Augustine (the "Diocese of St. Augustine"), its ministries, parishes, schools and other affiliated entities, permission to record my child's appearance, physical likeness and/or voice on videotape, on film, or digital video disk, or other means, and/or take photographs of my child.

Notwithstanding any prohibition as may be contained in Section 540.08, Florida Statutes, I hereby freely and voluntarily consent to the use, reproduction, and distribution of photographs, video recordings or other media capturing my child's image, physical likeness, or voice for an indefinite period of time or until such time I expressly revoke my consent in writing. These materials may include, but are not limited to news, editorial content, publications, promotional materials, electronic media (websites, social media channels, podcasts, videos), and/or printed brochures.

In addition, I understand and agree that:

- The Diocese of St. Augustine, its ministries, parishes, schools, and other affiliated entities may alter, edit or modify these materials as needed, without restriction.
- The Diocese of St. Augustine retains the sole ownership and right to copyright any such materials.
- My consent is voluntary, and I waive any rights to inspect or approve the finished products or the specific use of such materials.

I agree to hold the Diocese of St. Augustine, the Bishop of the Diocese of St. Augustine, its employees and agents, and any media outlet or representatives involved in the creation of distribution of the materials harmless against claim, liability, loss, or damage caused by, or arising from any claims, demands or liability arising from or related the creation, use, production, or distribution of these materials. This Photography and Media Release Form for Minor Children is binding and applies to any claims of defamation, invasion of privacy, or rights of publicity.

I have read this Photography and Media Release Form for Minor Children before signing and fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions and have done so prior to signing this release.

Minor's Name (Printed): _____

My Name (Printed) and Relationship to the Minor (Parent/Guardian):
_____

Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Diocese of St. Augustine
Parent Permission and Release of Liability
School Field Trip Participation

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of School: St. Luke Child Care Center_____

Name of Event: Nature Walk_____

Destination: St. Luke Campus_____

Date and Time of Departure: on-going_____

Date and Anticipated Time of Return: on-going_____

Method of Transportation: Walking_____

Student Cost: NA_____

The above student is eligible to participate in the above school-sponsored event requiring transportation to a location away from the school grounds. This activity will take place under the guidance and supervision of employees from the above school.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named student during this activity.

****

Please list any known allergies: _____

_____

Physician's Name: _____ Telephone Number: _____

****

The undersigned parent, guardian or legal representative herby consents to the participation of the above-noted student in the event described and further consents to the conditions stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the school grounds and that the student will be under the supervision of a designated school employee(s) on the stated dates.

For and in consideration of the student being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the student and the students' parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Bishop Erik Pohlmeier, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Erik Pohlmeier, individually, the above-noted school, and employees and agents of said parties engaged in this particular event, their personal representatives, or assigns, from any loss or damage on account of any injury to the person or the personal property, of the student, or death, caused by negligence or otherwise, while the student is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the student, and the student's parents, personal representatives, assigns, heirs, and next of kin.

_____ _____

(Parent/Guardian/Representative Signature) (Date)

Home Phone: _____Work Phone: _____Cell Phone: _____