



ABIDING LOVE PRESCHOOL / CHILDCARE CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE

(To be completed by parent or guardian)

Date: _____

Child's Full Name: _____

Date of Birth: _____ Race: _____ Gender: _____

Please answer all of the questions on this form; this information will help us be more effective in working with your child.

Childhood diseases child has had:

| | Age: |
|-----------------------|-------|
| _____ Chicken Pox | _____ |
| _____ Measles | _____ |
| _____ Scarlet Fever | _____ |
| _____ Rheumatic Fever | _____ |
| _____ Mumps | _____ |
| _____ Strep Throat | _____ |

Is your child taking over-the-counter or prescribed medication regularly at home?

_____ Yes _____ No If yes, please list: _____

Does your child take 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? _____

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 his/her usual bedtime? _____ Wake up time? _____

What is his/her usual nap time? _____ Wake up time? _____

Is your child completely toilet trained? _____ Yes _____ No

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

Are other adults (not family) able to understand the child's speech? _____

Does your child have a regular playmate? _____ Same age _____ Older _____ Younger

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

Does your child have temper tantrums? _____ Rarely _____ Occasionally _____ Frequently

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. _____

If there anything else, medical or behavioral, that we should know about your child?

Parent or Legal Guardian Signature

Date



ABIDING LOVE PRESCHOOL / VPK FINANCIAL POLICY & AGREEMENT

The Abiding Love Preschool / Childcare Center is supported primarily by the tuition and other fees paid by you, the parents and guardians. Financial support is also provided by Abiding Love Lutheran Church and its individual members who feel strongly that the education of our little children is so important, they generously support the school with their own personal contributions.

Children will be enrolled with the understanding that they will remain for the full year or at the discretion of the Preschool / Childcare staff. Please note: no registration fees, or tuition will be refunded or credited because of dismissal, withdrawal or absence. If a parent has prepaid tuition fees and has a credit balance at the time of withdrawal, a check for this credit will be issued within 30 days of the school year end.

A non-refundable registration fee is required for each student when submitting all enrollment forms / application. This fee will hold a place for your child until the start of the teaching year, which will vary from year to year, but will coincide with the school state date of Lee County School System (please consult preschool staff for actual starting date). If there is an enrollment spot open, we will accept a child at any time of the year, subject to the conditions mentioned above.

In order to hold your child’s place, tuition and VPK wraparound fees must be paid weekly. If your tuition payments or VPK wraparound fees become delinquent by two weeks, and there has been no communication with the Director, a child may be discharged. All outstanding VPK wraparound fees must be paid in full prior to the end of VPK school year. Please review the Tuition Payments section of the Parent’s Handbook for additional details.

Enrollment fees are for one year and will be charged at the beginning of each school year your child is enrolled. The fee schedule (page two) is an addendum to this financial agreement.

Enrollment year: _____ Starting date: _____

Preschool full-day enrollment: ___ 3 days per week ___ 4 set days per week ___ 5 days per week

Preschool half-day enrollment: ___ 3 half-days per week ___ 5 days per week
(if available, speak with Director)

VPK Wraparound: _____ days per week (3 day minimum, set schedule required)

Parent or Legal Guardian Name: _____
Please print

Child’s Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

I, _____ have read the above financial requirement and agree to abide by them.
Parent / Legal Guardian Signature

Date: _____



ABIDING LOVE PRESCHOOL / VPK WRAPAROUND FEE SCHEDULE (Effective July 1, 2020)

REGISTRATION & SUPPLY FEES:

- \$50.00 Yearly Registration (Each child)\$
- \$30.00 Annual Supply Fee (Each child)\$
- \$20.00 VPK Wraparound Care Annual Supply Fee.....\$

TUITION*

- All Day, 5 days a week - \$150.00\$ _____
- All Day, 4 days a week - \$120.00\$ _____
- All Day, 3 days a week - \$ 90.00\$ _____
- Half Day, 5 days a week - \$100.00\$ _____
- Half Day, 3 days a week - \$ 60.00 (if opening available – speak to Director)... \$ _____
- VPK Wraparound Care, 5 days \$100.00.....\$ _____
- VPK Wraparound Care, 4 set days \$80.00\$ _____
- VPK Wraparound Care, 3 set days \$60.00\$ _____
- VPK Wraparound Care when VPK is closed, 1 day \$30.00\$ _____
- Late Pickup, \$20.00.....\$ _____

Parents must supply a sleep mat on the first day of school. This mat must be 19” x 1” x 44” – you may purchase one from Abiding Love Preschool for \$20.00.

***PLEASE NOTE:**

All preschool tuition fees are flat rates, there will be no credit given for days the child does not attend. The only exception to the flat-rate charge is when Lee County Schools are closed on a date that is the same as your child’s set attendance schedule, and you do not send them to Preschool on that specific date.



RELEASE FOR EMERGENCY CARE

TO WHOM IT MAY CONCERN:

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 I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

Family Physician's Name: _____ Phone: _____

Allergies: _____

Insurance company covering child: _____

Policy No.: _____ Expiration Date: _____

Parent or Legal Guardian Signature

Date

State of _____

County of _____

On the _____ day of _____, 20____, before me came _____

To me known to be the individual described in and who executed the foregoing instrument and acknowledged that he/she executed same.

Type of identification: _____

Notary Public Signature

Print Name

This form must contain only one child's name, must not be a copy and must be updated annually.



Abiding Love Lutheran Church & Preschool – Credit Card Authorization Form*

Name: _____

Billing Address: _____

Address (cont.): _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____

Email _____

Child's Name: _____

I _____, authorize Abiding Love Lutheran Church and Preschool to charge my credit card weekly for Preschool fees. I understand that my information will be saved on squareup.com for future transactions on my account.

Signature

Date

Credit Card Type: MasterCard Visa Discover Card

Name on card: _____

Credit Card Number: _____

Expiration Month: _____ Expiration Year: _____

Card CCV Code: _____

Amount Authorized: _____

Cardholder Signature: _____ Date ____ / ____ / ____

Please return the completed form to:
Jessica Roberts, Early Childhood Ministry Director
Abiding Love Lutheran Church and Preschool
3205 Chiquita Blvd. S
Cape Coral, FL 33914
abidinglovepreschool3@gmail.com

If you have any questions, please call Jessica at 239-984-1443

* This is an optional service; you are not required to participate.



EMERGENCY CONTACT INFORMATION

In the event of an ill child or health emergency, Abiding Love Preschool will contact you via telephone. In the event of a severe weather condition, we will follow our established emergency weather protocols (see Parent Handbook) and will contact you via text and/or email to update you on the situation and actions being taken; and again, once we have received an “all clear” on the weather situation.

Please list the contact(s) for your child, in the preferred contact order, below.

Child’s Name: _____

Parent / Legal Guardian: _____

Cell Phone: _____ **Email:** _____

Second Contact: _____ **Relationship:** _____

Cell Phone: _____ **Email:** _____

Third Contact: _____ **Relationship:** _____

Cell Phone: _____ **Email:** _____

Parent / Legal Guardian Signature

Date

**If you have a change in contact, cellphone number or email,
you must inform the director immediately.**

This form must be updated annually.



AUTHORIZATION FOR EMERGENCY TREATMENT

Permission for the Director or the Lead Teacher to take whatever steps may be necessary for medical care in case of an emergency is hereby given. I understand that the order of actions taken will follow the outline below unless there is a need for immediate action but will not be limited to these actions.

1. Parent or guardian will be called.
2. Child's physician will be called.
3. Contact person parents have listed will be called.
4. If none of these efforts are successful:
 - a. Another physician will be called
 - b. An ambulance will be called
 - c. The child will be taken to the emergency room of _____ accompanied by a staff member.
5. In order for the school to assume responsibility for my child, I understand that I must sign the child in at arrival time and out at departure time.

Name: _____
Parent or Legal Guardian

Signature: _____

Date: _____

Name: _____
Witness

Signature: _____

Date: _____

DISCIPLINE / DISRUPTIVE BEHAVIOR STATEMENT

Discipline Statement

At Abiding Love Lutheran Preschool and Childcare, Jesus is our role model. Our staff treats every student with love and respect, and guides students to make behavioral choices that are appropriate and God-pleasing. In the same way, we encourage students to show love to others through their words and actions. If a conflict arises, our teachers are committed to solving it with a spirit of love. We use the techniques of negotiation and redirection to gently change a child's behavior. If a student repeatedly chooses to behave in a way that is aggressive or unsafe, we will place that child in the classroom recovery spot. Recovery time will involve separating a child from a group for a period of one to five minutes. Teachers will help them re-enter the group's activity.

No child will be spanked, pinched, hit, shaken or verbally abused. They will not be subjected to punishment that is frightening or humiliating. No child will be punished for lapse in toilet training nor will staff withhold or force meals, snacks, or naps. We will try to anticipate problems and redirect children's activities. We will narrow choices if necessary. Positive words will be used to encourage positive behavior. We will encourage children to use words to express themselves.

Persistent behavior problems will be brought to your attention, so you and the teachers can work together to make positive changes in your child's behavior.

Disruptive Behavior Statement

We understand and expect that students will occasionally exhibit disruptive behavior, but if a child becomes excessively disruptive – we follow a series of procedures to both address the problem and correct it.

Disruptive behavior may include:

- Physical (hitting, biting, scratching, pushing, kicking or spitting at other students and/or staff)
- Verbal (name calling, threats, intimidation or lying in order to avoid discipline)
- Absolute refusal to follow instructions and/or continuance disturbance of classroom activities.

If a student is exhibiting excessively disruptive behavior:

- The Preschool Director will discuss the problem with the child's parents or guardians to make them aware of the problem. A reasonable period of time will be established during which the preschool staff, as well as the parents/guardians will work together to control and correct the problem.
- If there is no improvement during this time frame, it will be necessary for the parents/guardians to seek help from an outside organization specializing in child behavior.
- If no improvement is shown after the outside organization has worked with the child for a reasonable amount of time, the child's parents/guardians may be asked to permanently remove the child from the center.

There may be occasions when the seriousness of the problem demand that a child be immediately removed from the school.

It is always our intention to correct the problem, if possible. Removal of a student is never taken lightly; however, it is our duty to provide a safe, nurturing environment for all students and removal may be a necessary option.



ABIDING LOVE PRESCHOOL / CHILDCARE Authorization for Prescription Medication

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container, with the child's name, name of the physician, medication name, and medication directions written on the label. **Prescription medication must also be accompanied by a Doctor note detailing dosage.**

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

This authorization form must be maintained and is only valid for the duration of the prescription.

Child's name: _____ Age: _____

1. Medication Name: _____
 Amount to be given: _____
 Time to be given: _____

2. Medication Name: _____
 Amount to be given: _____
 Time to be given: _____

Record of Medications Given:

1. Medication Name: _____

| Date / | Amount | Employee |
|--------|--------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Medication Name: _____

| Date / | Amoun | Employee |
|--------|-------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

Parent or Legal Guardian Signature

Date



PERMISSION FOR FOOD-RELATED ACTIVITIES

Pursuant to 65C-22.005(1)(C)2., F.A.C., licensed child care facilities must obtain written permission from parents regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school-wide celebrations and birthdays.

Please note: Abiding Love Preschool and VPK is a peanut-free facility.

I _____ give /decline permission for my child, _____, to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

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

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

_____ My child **DOES** have a food allergy or dietary restriction. He or she may participate in food-related 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 food-related activities.

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 for a term of one year.

Parent or Legal Guardian Signature

Date



ABIDING LOVE PRESCHOOL / CHILDCARE PERMISSION FORM

I hereby give permission for _____

Child's Name

to participate in the following activities at Abiding Love Preschool / Childcare:

_____ Pictures, audio tape, and videotape may be taken of my child to be used for educational purposes, teacher training, school use, or publicity purposes (Abiding Love website / Facebook). I understand that my child's name will not be used at any time.

Parent or Legal Guardian Signature

Date



PARENT / GUARDIAN RECEIPT ACKNOWLEDGMENT OF PARENT'S HANDBOOK

By signing this form, I acknowledge that I have received a copy of the Abiding Love Preschool Parent Handbook for the 2020 – 2021 school year, which contains information about policies and procedures at Abiding Love Preschool, as well as a copy of the Discipline / Disruptive Behavior Statement.

Parent or Legal Guardian Signature

Date