

Church Affiliation _____

Brothers and sisters (names and date of birth)

Language spoken at home: _____

How did you find out about our school? _____

Helpful Information About Child:

*Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

*Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24)

*Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility

I understand that my child(ren)'s picture may be taken throughout the school year and may be posted in the school building, on program videos, on our website, the school's social media pages, advertisements, or other marketing and promotional materials. I understand that these images may appear in print, digital media, or other formats used by the school. The School will never associate a child's name with a picture.

By signing below, you verify that you have read the above and that all information on this enrollment form is complete and accurate. A child will be considered registered for next year when all paper work is completed and the registration fee is paid in full (if required). VPK families should make an appointment with the Early Learning Coalition to file for a voucher (go to elcfv.org to do step 1 and then call the ELC at 323-2400)

Signature of Parent/Guardian

Date

I give permission for my address and phone number to be released only within my child's class. This aids in communication between families to set up class parties, birthdays, etc.

Signature of Parent/Guardian

Date

Medical Emergency Release

We hereby release South Daytona Christian Church and School from liability for injury or damage resulting from emergency medical treatment of our child _____ during the school year 20_____ through 20_____. I understand that my child is not covered by accident insurance while attending any part of the South Daytona Christian School program, and that it is my responsibility to provide insurance for my child.

It is understood that the school will follow these procedures in an emergency:

1. Administer minor first aid treatment by a qualified person (holder of first aid certificate from American Red Cross)
2. If this is not judged to be adequate, parents will be contacted immediately; if parents can not be contacted immediately, the person the parents have named as emergency contact will be called.
3. In a critical injury we will call 911 and then call the parent, and then emergency contact if a parent can't be reached.

Medical Information:

I hereby grant permission for the staff or emergency responder to contact the following medical personnel to obtain emergency medical care or information if warranted.

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital Preference _____

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

Emergency Contact (If parent cannot be reached)	Phone # (s)
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Father's Place of Employment	Phone #	Cell #
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Mother's Place of Employment	Phone #	Cell #
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Parent or Guardian Signature	Date
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The foregoing instrument was acknowledged before me this _____ day
of _____, 20_____ by _____.

Identification:
Personally known _____
Driver's license _____

Notary

Field Trip Permission

It is necessary that this form remain on file for every child in our center. No child will be allowed to leave the center without parental permission given. *You will always receive information and details about upcoming outings from your teacher prior to field trips or special outings.*

I give my permission for my child to go on any field trip that is to be taken this year.

_____ yes
_____ no

Preschool/VPK only:

I would be able to help when asked by accompanying my child's group as a parent - helper.

_____ yes
_____ no

I would be able to help at times by providing transportation for _____
number of children in my car.

_____ yes
_____ no

*Note: South Daytona Christian School will not be responsible for accidents. (See medical release)
However, every precaution for your child's safety will be taken.*

Parent Signature _____ Date _____

DISCIPLINE POLICY

Redirecting away from disruptive behavior to desired behaviors, or "Time Out" are the forms of positive discipline used. Consistent enforcement in school and reinforcement at home will achieve the desired effects in most cases. We do reserve the right to expel a child who continues to do harm to another child or teacher. We encourage parents to solicit our help as a cooperative effort will be in the best interest of the child.

Parent Signature _____ Date _____

**South Daytona Christian School
2121 Kenilworth Avenue
South Daytona, FL 32119**