

First Shiloh Baptist Church Child Development Program

Child's Name _____ Nickname _____ Date of Birth _____ Sex _____

Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If mother is not listed, or if guardian is not a parent, legal proof of custody must be provided.)

Name _____ SSN _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Mobile Phone _____
Work Phone _____ Email Address: _____

Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If father is not listed, or if guardian is not a parent, legal proof of custody must be provided.)

Name _____ SSN _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Mobile Phone _____
Work Phone _____ Email Address: _____

EMERGENCY CONTACT INFORMATION

Persons authorized to pick-up the child daily: _____

Persons to be contacted in case of illness, accident or emergency and authorized to pick-up the child from school if the parents or guardians cannot be reached (Minimum of two(2) required)

Name _____ Relationship _____ Phone # _____

Address _____

Name _____ Relationship _____ Phone # _____

Address _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

List allergies and intolerance to foods, medications or other substances _____

Action to be taken _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE (Please Note: This authorization must be NOTARIZED)

If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.

Signature of Parent or Guardian _____ Date _____

Subscribed and Sworn to before me this _____ day of _____, _____

Notary Public _____ My commission Expires _____

Commission ID# _____

IDENTITY VERIFICATION

Place of Birth: _____ Birth Date: _____
Birth Certificate Number: _____ Date Issued: _____
Other Form of Proof: _____

CHILD'S PROFILE

FAMILY

Mother's Occupation _____ Father's Occupation _____

Other family members(brothers, sisters, grandparents, etc.)living at home:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____

HEALTH

What communicable diseases has the child had? Measles (Big Red) _____ Measles (3 day) _____
Mumps _____ Chicken Pox _____ Whooping Cough _____ Other _____

Any chronic physical problem? _____

Type of accommodations needed*: _____

Any developmental or learning need? _____

Type of accommodations needed*: _____

*If special accommodations are needed, a current copy of the child's IEP or ISP is required.

MEDICATIONS

Are any medications given regularly? (Please list medications and reasons) _____

SPEECH

Describe your child's speech: Rapid _____ Slow _____ Moderate _____ Clear _____ Talks Constantly _____
Seldom Speaks _____ Uses Many Words _____ Uses Few Words _____ Talks Only During Play _____

TOILETING

Does your child have any special toileting needs? _____ If so, please explain: _____

INTERESTS

Has he/she had experience playing with other children? _____

With what age child does he/she prefer to play? _____

What are his/her favorite activities at home? _____

Can he/she ride a tricycle? ___ Does he/she like to: Be read to? ___ Listen to music? ___ Play outdoors? ___
Has he/she had experience with: Clay? ___ Scissors? ___ Easel Painting? ___
Blocks? ___ Puzzles? ___ Finger Painting? ___

SCHOOLING

Please list any previous school and/or child care center enrollment:

Name of school/child care center	City/Town	State	Date
_____	_____	_____	_____
_____	_____	_____	_____

Is your child attending another school concurrently with our program? _____

Name of School _____ Grade: _____

COMMENTS

In what particular ways can we help your child this year? _____

Describe your child briefly (personality, abilities, etc.) _____

FINANCIAL AGREEMENT

I _____, the parent/guardian of _____ agree to pay my child's tuition no later than Monday of the current week. If I have not paid by Wednesday of the current week, I understand that I will be charged a late fee. I also understand that if I do not pick my child up by the center's closing time, I will incur a charge of \$1.00 per minute. In the event that my child's tuition becomes two weeks in arrears, I understand that my child care services with First Shiloh will be terminated. I also agree to pay all costs and expenses including, without limitation, court costs and reasonable attorney fees incurred by First Shiloh in connection with the collection of tuition and the enforcement of this agreement.

Parent/Guardian Signature Date

First Shiloh Child Development Program Policies

1. I understand that my child must not be left on school grounds without supervision. I agree to walk my child into the school each morning and release my child to a teacher before leaving my child.
2. I understand that all required forms must be completed and on file at the center before my child may attend.
3. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that First Shiloh will release children to either parent unless a court order indicating sole custody is provided to the center Director. I agree to give the center a list of all persons authorized to pick up my child.
4. I understand that no medication will be administered without written permission from parents.
5. I agree to support and reinforce the school's rules and procedures that concern the health and safety of my child and other children.
6. I understand that the Director will notify me whenever my child becomes ill and I agree to pick up my child or make arrangement to have my child picked up by an authorized individual within one hour of notification.
7. I understand that my child cannot attend the school if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free for 24 hours before returning to school after an illness. I also understand that prescription medication must be administered to my child at home for 24 hours before he or she can return to school.
8. I understand that I am required to inform the center within 24 hours, or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
9. I understand that child care services may be terminated for any of the following reasons:
 - a. My child's tuition account becomes more than two weeks in arrears.
 - b. Failure to respond to a timely manner when contacted by the center to pick up my child when he or she is sick.
 - c. Failure to adhere to the 24 hour illness recuperation period.
 - d. Failure to provide the center with up-to-date emergency contact information for my child.
 - e. My child's behavior pattern threatens his or her own health and safety for threatens the health and safety of other children and staff.
 - f. Parents/guardians are no longer supportive of First Shiloh's program and philosophy and become negative and uncooperative in their actions and opinion which may undermine the operation of the school.
 - g. Parents who are repeatedly late will be asked to make other child care arrangements.

PLEASE READ AND SIGN:

I have read the policies in the First Shiloh Handbook and understand their application to me and my child.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

Director's Signature _____ Date _____

Enrollment Date: _____