

# Killearn Lakes Preschool

We Love...We Laugh...We Learn



8051 Deerlake Rd E. Tallahassee, FL 32312  
850.893.0134 [www.killearnlakespreschool.com](http://www.killearnlakespreschool.com)

## Enrollment Form

Child's Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Nickname \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Allergies or Other Medical Conditions \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Work Hours \_\_\_\_\_  
Email address \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Work Hours \_\_\_\_\_  
Email address \_\_\_\_\_

### Parent/ Guardian with Legal Custody

Child Lives with \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

\*\*if parents are divorced/ separated, we must have a copy of legal documentation (including judge's signature) indicating any custody/ visitation/ restraining order/ etc. arrangements KLPS should be aware of\*\*

Names/Ages of Siblings \_\_\_\_\_

Please help us provide a better preschool experience for your child by completing the following information about your child

What would you like your child to gain from this preschool experience? \_\_\_\_\_

What activities does your child most enjoy? \_\_\_\_\_

Is your child comfortable with adults and other children? \_\_\_\_\_

Does your child have any fears or nervous habits? If yes, please explain. \_\_\_\_\_

What are your child's sleeping habits? \_\_\_\_\_

What could we do to make your child's first days an easier adjustment to the preschool? \_\_\_\_\_

Is there any other information concerning your child that you would like to share with us? \_\_\_\_\_

Media/ photo Release

Occasionally, your child may be photographed/ appear in audio inclusive videos (parades, songs, speeches, etc). These may be used several different ways, such as: on social media/ website, class pictures, etc. Your child will not be identified by name.

I give permission to include pictures/ videos of my child in center activities/ events for use on social media/ website, class pictures, etc. (Initial all that you authorize)

\_\_\_\_\_social media/ website \_\_\_\_\_class photos/ events

Misc. policies, approvals/ acknowledgements

\_\_\_\_\_ I give full permission to KLPS to apply sunscreen, bug spray, and diaper cream/ ointment WHEN SENT IN FROM HOME. I understand that by initialing this the over-the-counter items listed above will be used on my child as needed for sun exposure, prevention of bug bites, diaper rash, etc. I further understand that if I have not provided these items from home, they are not allowed to be administered by KLPS.

\_\_\_\_\_ I understand that nap things MUST be provided each week for my child in order to nap at KLPS. If nap things are forgotten I realize that KLPS is not allowed to provide them and I will be called and asked to bring some in before naptime (12:30). (\*\*this does not apply to Blue infant room. Pack n Play sheets are provided in that class to stay in compliance with the tight fitted sheet requirement for those beds). All bedding from home MUST BE taken home and washed on your child's last day in attendance each week.

\_\_\_\_\_ I understand that if my child needs outside services including but not limited to speech, physical/ occupational therapy that I will need to provide in writing (email is fine) the permission to allow these services to occur on site at KLPS. The email shall include the Company/ Individuals name, schedule to be followed for the services planned, length of time the services are to occur.

\_\_\_\_\_ It is now the policy of DCF that if my child will not be in attendance and the parent/ guardian has not notified us of the absence we must notify them to confirm the absence. If neither the parent/ guardian can be reached we are REQUIRED to contact the Emergency Contact listed on file. By initialing this I understand that KLPS will be contacting the Emergency Contact in the event the parent/ guardian cannot be reached. We have a timeframe in which we MUST call so please contact us ASAP in the morning if you know your child will be absent so we can avoid this circumstance. TEXT is an ok manner of communication for an absence.

## Food/ Dietary restrictions

(initial one option for your child)

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she MAY participate in activities (class parties, special snacks, birthday treats brought in from parents, etc), but MAY NOT eat or handle the following items (please list here) \_\_\_\_\_

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she MAY NOT participate in activities. (class parties, special snacks, birthday treats brought in from parents, etc.)

\_\_\_\_\_ I am aware that there are DCF food size/ safety restrictions for my child's lunch and that any food that could pose a choking hazard MUST BE cut when sent in their lunchbox. KLPS is not responsible for cutting up food.

\_\_\_\_\_ I understand the following foods are not allowed in my child's lunchbox if they are not cut: whole hotdogs (may only be sent in IF cut to 1/2" pieces), chips (must be broken up and not whole for under age 2), whole grapes (may only be sent in IF cut to 1/2" pieces), cheese cubes (may only be sent in IF cut to 1/2" pieces), and any food that is of similar shape and size of the trachea/ windpipe.

\_\_\_\_\_ I understand the following foods are not permitted in my child's lunchbox AT ALL regardless of their age: popcorn, sodas, candy, nuts, pretzel nuggets (filled or otherwise).

## Immunizations/ Physical Form requirements

\_\_\_\_\_ Initial here to acknowledgement of our Health Form requirements policy listed below

All children enrolled must have current Florida Immunization and Physical forms on file at all times. KLPS will give written notice 30 days prior to expiration and again 2 weeks prior to expiration. Upon expiration, if an updated/ current form is not on file your child will not be allowed to attend KLPS until the current forms are received. (no exceptions can be made). Please note that during a pandemic, etc. there may be periods of time when some children will not be up to date on vaccinations due to Dr office closures, etc.

## Illness policies

\_\_\_\_\_ Initial here to acknowledgement of our illness policies listed below

- When notified by KLPS of illness, the child must be picked up within 1 hour of call
- DCF licensing requires that a child be fever free for at least 24 hours, WITHOUT MEDICATION, before returning to the childcare center. (children may not be sent to school taking ANY fever reducing medication)
- If a child has fever in conjunction with other symptoms (diarrhea, runny nose, cough, wheezing, pink eye, etc) the parent will be called to pick up the child.
- If a child is sent home for illness, they may not return the following day unless prior approval from the director or assistant director is given.

\_\_\_\_\_ I understand that if my child is diagnosed with ANY of the following communicable diseases that he/ she cannot return to school without WRITTEN authorization from a medical professional: (including but not limited to) severe coughing, barking cough, difficult or rapid breathing, diarrhea (more than one abnormally loose stool within a 24 hour period), temperature of 101 or higher, pink eye, exposed skin lesions/ open wounds, unusually dark urine or gray/ white stool, bronchitis, pneumonia, strep throat, flu.

o Administering of Medication

\_\_\_\_\_ I understand that if my child needs medication administered, I must provide KLPS with the medication in the ORIGINAL container that has listed the child's name, dosing, directions for administering as well as contact information for the Doctor and Doctor's office (phone #). I also understand that Rx medication cannot be left with the teachers that it must be left with the Dr/ Asst Director and a DCF medication form completed in order to be administered.

Emergency Contacts

In case of an emergency or unforeseen circumstance that we cannot reach you, please indicate the name and phone number of any person(s) we should contact in your absence.

Name/ relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name/ relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Permission for Emergency Medical Care

- o If an attempt to reach parent/ guardian or Emergency contact listed fails the KLPS staff may accompany and transport my child by approved staff member's car to the Medical Center or Emergency room for medical care. An ambulance may be called if my child's medical condition warrants.
- o I give permission for KLPS staff to give written consent for medical care for my child. This includes but is not limited to examination by a physician, lab tests, x-rays, or other necessary procedures ordered by a physician.
- o Expenses incurred for the above medical care and ambulance transportation is the sole responsibility of the parent/ guardian.

\_\_\_\_\_  
Parent/ Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian signature

\_\_\_\_\_  
Date

Authorized Persons to Pick up your Child

By affixing my signature below, I hereby authorize Killearn Lakes Preschool to release my child to the care and custody of the below persons upon receipt of proper written notification from me. I also agree to hold Killearn Lakes Preschool harmless for any liability if my child is released to the care and custody of the below persons.

Name/ relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name/ relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Killearn Lakes Preschool- Discipline Policy

The KLPS Discipline Policy is based on the DCF Child Care Standards - Florida Administrative Code, Chapter 65C-22, January 13, 2010. DCF mandates that all child care personnel must comply with the facilities written disciplinary policy. The policy must include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other physical punishment is prohibited for all child care personnel.

When discipline is necessary teachers include positive guidance, redirection and time - out. If positive guidance and redirection doesn't resolve the situation after one or two times of the same behavior, the teacher will then use time out in their own room using the equivalency of (1) minute per year of the child's age. If necessary, to have the same child in time out a second or third time, the child will be taken to another location for the time out with additional supervision. Additional incidents on the same day (for the same or different behaviors) will result in the child being taken to the Director or Assistant Director and a phone call or text to the parents will occur. Dismissal for the day will occur if the behavior continues after a call to parents and the use of the methods above.

Discipline will not be related to food, naptime or toileting. Any form of physical punishment, including spanking or other form of corporal punishment is strictly prohibited and will result in immediate termination.

Punishment will not be carried over from the morning to naptime or from naptime to the afternoon. Behavior will be handled at the time it is occurring and will not be addressed again unless the behavior continues. Names will not be written on the board, a notebook, or any other type of a list, as a form of punishment.

If a behavior becomes habitual/ routine in nature or is severe enough (occurring daily, targeting/ bullying the same child on a regular basis, biting (in general or breaking the skin), fighting, dirty language, etc. the child will be subject to a suspension from the school for a period to be determined and at the discretion of the Director based on the behavior and age. If any additional suspensions are needed for the same child, if for a different or the same behaviors, the child will be subject to expulsion from Killearn Lakes Preschool immediately and no tuition will be refunded for remaining days left in the month.

Using this policy and the setting of clear limits will foster the child's ability to become self-disciplined and he/she will enjoy our atmosphere of loving, learning and laughing.

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Parent/ Guardian Signature

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Date

## Tuition payment, Returned Check Fees, Late pickup fees, Withdrawal policy

Initial here to acknowledgement of our tuition, late fee and withdrawal policies listed below

- Tuition can be made in two intervals  
One is payable all on the first of each month with a grace period, payable by the fifth  
The second option is payable twice a month, due ON the 1st of the month and ON the 15th of the month  
**NO grace period**, so please be aware of weekends and holidays
- Late payment fees are assessed at a rate of \$20.00/week. If payment is not current by end of month child will be dismissed from KLPS with all registration fees forfeited.
- Returned check/ NSF fees will be assessed at \$25/ occurrence
- Late pick up fees: Parents who pick up their children **AFTER 11:30AM** (for VPK), **12:30 PM** (lunch bunch), **3PM/ 4PM for early pick up** and **6:00PM for full day** will be charged a late fee.  
This fee is due at the time of the pickup.  
These charges are as follows:

1-5 minutes	\$1.00/minute
6-10 minutes	\$3.00/minute
11-15 minutes	\$5.00/minute
- Withdrawal from KLPS must be given in writing and at least 2 weeks prior to withdrawal. If written notice is not received by the Director/ Asst. Director the family will be charged the 2 weeks tuition. Any refunds due at time of withdrawal will be given after the 2-week withdrawal timeframe is complete. No registration fees or enrollment fees will be refunded.

I have received the Flu virus brochure, Discipline Policy for Killearn Lakes Preschool and "Know Your Child's Day Care Center" brochure and so acknowledge by my signature below. I further give full permission for this Enrollment form to be provided to the staff of KLPS which will include my child's teachers during their time attending KLPS. I understand this information is only to be used for safety and informational purposes in taking care of my child and will not be used for any other purpose.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

### For Director use only

Enrollment fee paid \_\_\_\_\_ Registration fee Paid \_\_\_\_\_

Physical form rec'd \_\_\_\_\_ Immunization record rec'd \_\_\_\_\_

Full Time \_\_\_\_\_ 3PM/4PM/6PM

Part Time (days) \_\_\_\_\_ 11:30/12:30/3PM/4PM

A/S \_\_\_\_\_ B/S \_\_\_\_\_

Potty trained \_\_\_\_\_ Not potty trained \_\_\_\_\_

Starting Date \_\_\_\_\_ Classroom \_\_\_\_\_