

KREATIVE MINDS ACADEMY Enrollment Application

Student Information:

Child's Name: _____ Sex: _____
Last First Middle Nickname

Date of Enrollment: _____ Date of Birth: _____ E-mail Address: _____

Address: _____

Primary Hours of Care: From: _____ To: _____ Days of Week in Care: M T W Th Fr

Meals Typically Served While in Care: Breakfast Lunch Snack

Family Information:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Cell # _____ Home Phone: _____ Cell # _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Custody: Child lives with: Mother Father Both Other

Medical Information:

I hereby grant permission for the staff of Kreative Minds Academy Inc. to contact the following medical personnel to obtain emergency care if warranted. I also grant permission for the staff to administer the recommended dose of Tylenol or Motrin to my child to reduce fever.

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____ Dentist: _____

Insurance Coverage in case of an emergency: _____

Please list all surgery, accidents, illnesses, chronic or handicapping problems, etc. _____

Any behavior or special considerations? Yes No

If yes explain: _____

Contacts:

Child will be released only to the custodial parent or guardian 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 some reason the custodial parent or legal guardian cannot be reached.

Name	Address	Work #	Home # or Cell #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Helpful Information About Your Child: _____



Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child care Facility Brochure, "Know Your Child Care Facility"

It is our desire to create a warm, safe and healthy environment for all the children in our care. We solicit the support and understanding of each parent or guardian when dealing with inappropriate behavior.

By signing below, you acknowledge that you understand and accept this discipline policy and agree to work with the center to correct any misbehavior as they arise.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Updated Date

Signature of Parent/Guardian

Updated Date



DISCIPLINE POLICY

Kreative Minds Academy has established the following four (4) step discipline policy:

○ **Step 1:**

The caregiver will explain to the child the aspects of his behavior which is unacceptable.

○ **Step 2:**

The caregiver will give a verbal warning to the child and place the child on restriction by withholding a privilege that the child enjoys.

FOOD WILL NOT BE WITHHELD FROM THE CHILD!!!

○ **Step 3:**

The director will speak to the child's parents if misbehavior continues or become disruptive to the center's well-being.

○ **Step 4:**

If after trying all the above and inappropriate behavior continues beyond our control: we ask that the child be withdrawn from the center.

AT NO TIME, WILL A KREATIVE MINDS ACADEMY CAREGIVER SPANK OR USE VIOLENCE TO CORRECT INAPPROPRIATE BEHAVIOR!!

KREATIVE MINDS ACADEMY

PARENT HANDBOOK AND EXPULSION ACCEPTANCE FROM

I have read and accepted the Policies and Procedures Handbook for Kreative Minds Academy Inc. I will adhere to the policies therein. I understand that failure to comply may result in termination of my child from the center.

Parent/Guardian Signature

Supervisor Signature

Date

Date

KREATIVE MINDS ACADEMY

EXPULSION POLICY

Name of Child: _____

Signature of Parent: _____

Unfortunately, there are sometimes reasons we must expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions towards staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay or habitual lateness in payments
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain) _____

CHILD'S ACTION FOR EXPULSION

- Failure of child to adjust after reasonable amount of time.
- Uncontrollable tantrums and/or angry outbursts.
- Ongoing physical or verbal abuse to staff and other children.
- Excessive biting
- Other (explain) _____

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period so that the parent/guardian may work on the child/guardian behavior or come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required for the child or parent to return to the center.

- The parent/guardian will be given specific expulsion date that allows the parent sufficient time to seek alternative childcare (approximately one-week notice, depending on risk to other children’s welfare or safety).
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED

If child’s parent:

- Made a complaint to the Office of Licensing regarding a center’s alleged violation of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other childcare arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities and supervision
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child’s disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent/guardian will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.

Child/ren Name

Parent/Guardian Signature

Director/Representative Signature

Date

KREATIVE MINDS ACADEMY

PARENT/GUARDIAN CONSENT FORM

Developmental and/or Social Emotional Screening
ASQ-3 (Ages and Stages Questionnaire)
ASQ-SE2 (Ages and Stages Questionnaire _ Social Emotional)

I give permission to the staff of Kreative Minds Academy Inc to complete development and/or social emotional screening for my child(ren). This would be in the areas of communication, gross motor, fine motor, problem solving, and social emotional development. I understand that the information will be submitted online through http://www.elcduval.org/developmental_screenings/.

I understand that a Specialist from the early Learning Coalition of Duval may contact me to discuss the results of the screenings and about necessary follow up services for my child(ren), as part of care coordination, from other agencies like Speech and Hearing Center, Child Guidance, Early Steps, Child Find, Hope haven, Children's Home Society, Jacksonville Children's Commission, and Episcopal Children's Services.

I understand this is an important and valuable service for my child(ren).

	CHILD'S FULL NAME	CHILD'S DATE OF BIRTH
1		
2		
3		
4		

Parent/Guardian Name **(PRINT)**

Contact Number

Parent/Guardian Signature

Date

(Consents are valid for 1 year from date signed)

IF YOUR CHILD CURRENTLY HAS A DENTIST OR HAS BEEN SEEN IN THE LAST SIX MONTHS

DO NOT FILL OUT THIS FORM

School/Community Group Name: Kreative Minds Academy Inc. Teacher: _____

- YES I approve of my child's participation in this program
 NO I **DO NOT** approve of my child's participation in this program

Name of Child: _____
(First) (Middle Initial) (Last)

Date of Birth: _____ Age: _____ Male Female
(Month) (Day) (Year)

Check all that apply: White Black/African American Asian Hispanic Other

My child has a Dentist: Yes Name of Dentist or Office: _____

My child has Medicaid: Yes Medicaid Number: _____

Date of las Dental Exam: _____

Child's Parent/Legal Guardian's Name: _____ Relationship: _____

Parent's Address: _____ Zip Code: _____

Parent's Phone Number: Home: _____ Work: _____

Please answer the following questions:

1. Is your child currently under a physician's care? Yes No
If yes, please give reason: _____
2. Is your child currently taking medications? Yes No
If yes, please list: _____
3. Has your child ever had an allergic reaction? Yes No
Please explain a YES answer: _____
4. Is there anything else we should know about the health of your child? _____

_____ Date: _____

Dentist/Hygienist Signature

I certify that I have READ and UNDERSTAND the above questions and I have answered the questions to the best of my knowledge. I understand that my child id not being provided other dental care that she/he may need. I authorize the Florida Department of Health in Duval County to provide dental care to my child at school or at the facility or place where the child is located. This dental care may include dental exam, sealants, prophy, oral hygiene instruction and fluoride treatment. My child may be chosen to be reevaluated next year for sealant retention and sealants may be reapplied at the follow-up visit. On behalf of myself and/or the patient, I authorize the dental providers to receive payment from any insurance or any third-party payor that covers the services provided to this patient. I understand there is no out-of-pocket expenses for these services for any child.

Signature of Parent/Legal Guardian: _____ Date: _____

KREATIVE MINDS ACADEMY

ORIENTATION FORM

Welcome to Kreative Minds Academy. We will be discussing the following items during the orientation and tour. Please feel free to ask questions and express concerns you might have. Any information you can share with us about your child would me appreciate

- Receipt of Know Your Childcare Booklet
- Receipt of Center Handbook
- Discipline Policies and Procedures
- Immunization and Physical Exam records are due in 20 days
- All fees are due in advance on Monday
- A late fee of \$35.00 will be applied if payment is not received by Tuesday morning
- Hours of operation: 6:00 a.m. until 6:00 p.m.
- Children must be signed into center by 9:00a.m.
- Breakfast is over at 8:45a.m
- Multiple Child Discount Available
- Late charges will be assessed if a child is at the center after 6:00 p.m.
- NO CHECKS ACCEPTED
- An up-to-date registration card with active emergency phone numbers
- Family involvement is welcome and encouraged
- SIGN IN/OUT (daily and completely) is required. Use your first and last name
- Questions and concerns are always welcome
- Drop-off and Pick-up Policies
- Sick child policy
- We do not administer over-the-counter medication

I have received an orientation and tour of Kreative Minds Academy; and have discussed the above items with the director or center representative.

Child/ren Name and Age

Parent/Guardian Signature

Director/Representative Signature

Date