



St. Joseph's Child Care Center Registration Packet

Child's Name: _____

Date of Birth: _____ **Age:** _____

Classroom: _____

Start Date: _____

Initial Enrollment:

Please complete this information packet and return it to the Front Desk by your child's first day. We are required to have current information on your child at all times. All registration information must be updated each year. This packet must be returned with:

1. Current Immunization Record,
 - a. (Blue) Form DH 680 - Please make sure there is an expiration date listed. OR
 - b. Florida Department of Health Religious Exemption from Immunization, (Blue) Form DH 681
2. Current Physical Examination, (Yellow) Form 3040
3. \$75.00 Registration Fee

Registration Renewal:

Please complete this information packet and return to the Front Desk as soon as possible. We are required to have current information on your child and all registration information must be updated each year. The current registration packet on file for your child is from: _____

CHILD'S ENROLLMENT / INFORMATION FORM

Child's Full Name: _____ Preferred Name/Nickname: _____

Address: _____ City: _____ Zip: _____

DOB: _____ Race: _____ Sex: _____ First Day: _____

Child's Primary Caregiver/s: (Ex, parents, g-parents, foster) _____

Primary Hours of Care: **From:** _____ **To:** _____ Days of the Week in Care: Mon Tues Wed Thurs Fri

PLEASE FILL OUT ALL APPLICIBLE INFORMATION

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home #: _____

Home #: _____

Cell #: _____

Cell #: _____

Work #: _____

Work #: _____

Other #: _____

Other #: _____

Employer: _____

Employer: _____

SJH Dept: _____

SJH Dept: _____

SJH TM #: _____

SJH TM #: _____

Race/Ethnicity: _____

Race/Ethnicity: _____

Email: _____

Email: _____

Preferred method of contact: _____

Preferred method of contact: _____

Indicate Special Dietary Requirements or Developmental Information Staff should know about your child: _____

Known Allergies: _____

Medical Alert Information (i.e. Allergies, Medical and/or Special Concerns): _____

List ANY additional information that would be beneficial for the childcare staff to know about your child: _____

➤ **PLEASE NOTE: IMMUNIZATION AND PHYSICAL FORMS MUST ACCOMPANY CHILD AND BE CURRENT AT ALL TIMES.**

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) for the child be placed on file at the center 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" (CF/PI 175-24) (*Included in Parent Handbook*).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility (*Included in Parent Handbook*).
- I have received a copy of St. Joseph's Child Care Center Parent Handbook and *Influenza Virus, The Flu, A Guide to Parents brochure (Included in Parent Handbook)*.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. The parent's or legal guardian's signature below certifies receipt of the "Know Your Child Care Facility" brochure, SJCC Parent Handbook, SJCC discipline policies, and receipt of the brochure "Influenza Virus, The Flu, A Guide to Parents".

◆ _____
Signature of Parent or Legal Guardian

DATE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

If my child should become ill or injured at St. Joseph's Child Care Center, I give permission to St. Joseph's Child Care Center to make/take any emergency decisions/measures judged necessary for the care and protection of my child while under the supervision of the SJCC. Should the facility be unable to reach me in an emergency, and/or unable to reach the persons designated by me to be contacted in an emergency situation in the event that I can not be reached, St. Joseph's Child Care Center staff are authorized by me to administer emergency medical treatment necessary to ensure the health and safety of my child. It is understood that in some medical situations, staff will need to contact local emergency services before the parent, the child's physician, and/or legal guardian. In case of a medical/dental emergency, I understand that my child may be transported to an appropriate medical facility by local emergency services for treatment, if deemed medically necessary. I give consent to the hospital to which my child is transported to administer necessary treatment in the event of an emergency and I cannot be reached. I understand that I am responsible for payment of any and all medical services rendered.

◆ _____
Signature of Parent or Legal Guardian

RELATIONSHIP TO CHILD

DATE

Child Emergency Contact Information			Contact Phone Numbers:
Child's Name	Birth Date:	Mother/Guardian:	1st:
Address:		Address:	2nd:
City, State, Zip:			
Child's Sex	Child Lives With:	Father/Guardian:	1st:
Primary Language:		Address:	2nd:
Secondary Language:			3rd:

EMERGENCY AND ALTERNATIVE AUTHORIZED PICK-UP

1	Full Name:	Relationship:	1st:
	Address as on ID:		2nd:
2	Full Name:	Relationship:	1st:
	Address as on ID:		2nd:
3	Full Name:	Relationship:	1st:
	Address as on ID:		2nd:
4	Full Name:	Relationship:	1st:
	Address as on ID:		2nd:

THE FOLLOWING INFORMATION IS REQUIRED BY THE DEPARTMENT OF HUMAN SERVICES:

Physician:	Phone:	Dentist:	Phone:
Address:		Address:	
Preferred Hospital:		Medications:	
Last DTP:	Allergies:		
Health Insurance Provider:		Plan ID:	

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(Full Name)	(Signature)	(Relation to Child)	(Date)
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Tuition Schedule

Effective January 1, 2013

ANNUAL REGISTRATION FEE: \$75.00

Due at time of initial enrollment, continues annually on the First of October.

	Full Time	Part Time	Drop In
Infants			
Team Member	\$229	N/A	N/A
Affiliate	\$237	N/A	N/A
Community	\$254	N/A	N/A
Toddlers			
Team Member	\$223	N/A	N/A
Affiliate	\$229	N/A	N/A
Community	\$248	N/A	N/A
Two's			
Team Member	\$182	\$138	\$60
Affiliate	\$189	\$151	\$65
Community	\$209	\$164	N/A
Three's & Fours			
		(VPK) PT	
Team Member	\$175	\$121 \$80	\$141 \$60
Affiliate	\$182	\$126 \$80	\$145 \$65
Community	\$197	\$142 \$80	\$161 \$72

Families with two children enrolled full time will receive a \$5.00 weekly reduction in the older child's tuition.

*Part time is offered Monday - Friday
 3 days/8 hour shifts
 2 days/12 hour shifts

*Drop In for daily care (Monday-Friday)
 1 day/8 or 12 hour shift
 Based on availability

Team Member and Affiliate: 6:00 AM – 8:00 PM

*Full time is up to 5 days a week, Monday-Friday, up to 50 hours per week
 After 8:00 pm a late pick-up fee of \$2.00 per minute/per child will be charged automatically to your account. All late pick-up fees are due the following day prior to dropping your child off at the center.

A Team Member is any employee of St. Joseph's Hospital, St. Joseph's Children's Hospital, St. Joseph's Women's Hospital, St. Joseph's Home Health Department, Diagnostic center, or Same Day Surgery Center, who also lives in the same household as the enrolled child.

An Affiliate is an employee of HealthPoint Management, South Florida Baptist Hospital, John Knox Village, or Team Members of St. Anthony's Health Care or Morton Plant Mease Health Care Centers who also lives in the same household as the enrolled child.

Community: 6:30 AM – 6:00 PM

Community is a customer not employed by BayCare Health System. Extended care is available until 6:30 pm daily for an additional cost of \$20.00 per day/per child. After 6:30 pm a late pick-up fee of \$2.00 per minute/per child will be charged automatically to your account. All late pick-up fees are due the following day prior to dropping your child off at the center.

Child Care Agreement

Please initial by each item to signify that you have read and understand each item.

_____ I agree to fill out a new enrollment information packet upon request, at least once a year, to update emergency contact information and permissions for my child.

_____ I have received and understand the parent handbook and the policies outlined therein.

_____ My child's immunizations are current. I have provided the center with a current, original immunization certificate (DH680/681), or a copy. I understand that my child cannot attend childcare without a current Immunization and Physical (DH 3040) on file.

_____ Center hours are from 6:00 am to 8:00 pm for hospital employees and Affiliates, and from 6:30 am to 6:00 pm for Community. A late fee of \$20.00 per child per occurrence will be charged to community parents for pick up after 6:00 pm as determined by the evening staff attendance sheet. A late fee of \$1.00 per minute per child will be assessed for every minute past closing of 8:00 pm.

_____ I will notify the staff if my child has a diagnosed contagious illness or disease.

_____ Doctor prescribed medications must be in original container, prescribed to your child and administered according to the directions on the label. Medications will be administered no more than 1 time per day per child.

_____ As needed, I agree to discuss my concerns with the staff.

_____ I understand that my child be screened using Age and Developmentally Appropriate Questionnaires based on current curriculum and accrediting programs to assist in identifying areas of concern and areas of strength. Screenings will be shared with parents at conferences.

_____ My child will be signed in/out daily.

_____ Needed medications, diapers, wipes, formula/infant food, special dietary needs, and a change of clothes will be provided by the parent/guardian.

_____ I have had or been offered a tour of Today Care Children's Center at St. Joseph's.

Parent/Guardian Consent and Agreement: As a parent/legal guardian, I hereby authorize Today Care Children's Center at St. Joseph's to care for my child according to their guidelines as outlined in the parent handbook. I give consent for my child's physician and childcare provider to discuss my child's health concerns in the event of an emergency. I give consent to have my child receive first aid by center staff and if necessary, be transported to receive emergency medical care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact persons listed on the *Child Care Enrollment Registration Form* **TO ACT ON MY BEHALF** until I am available. I agree to review and update this information each time my child is cared for by TodayCare/St Joseph's Child Care Center.

◆ _____
Parent or Legal Guardian Signature:

Date:

Authorization to Release Information/Photograph

I hereby authorize TodayCare Children's Center at St. Joseph's and other persons or entities as TodayCare Children's Center at St. Joseph's may direct to release information about my child related to his/her stay at Today Care Children's Center at St. Joseph's and grants permission to photograph and/or videotape my child for publicity purposes while at the center. I understand that information/photographs/videotape may be edited and used by the media as news/feature coverage.

Child's Name: _____

Parent Signature: _____ **Date:** _____

Parent Printed Name: _____

OR

Authorization to Photograph Within Center Only

I hereby authorize Today Care at St. Joseph's, and other persons or entities as Today Care Children's Center at St. Joseph's may direct to photograph my child for the purpose of displaying his/her picture in the center and within his/her classroom and the center only.

Child's Name: _____

Parent Signature: _____ **Date:** _____

Parent Printed Name: _____

Allergy Alert

Child's Name: _____ Date of Birth: _____

Please specify whether the allergy is mild, moderate, severe, or life threatening. Please indicate whether exposure will cause a life threatening situation. If your child has a life threatening allergy please provide the center with medication to administer in an emergency. All medication must be clearly labeled with the child's information and we must have a note from the child's doctor clearly stating the child's allergies, reaction symptoms and steps to take should exposure occur.

Child Allergies

(If none, write "None" and sign/date below)

Allergy:	Allergy Symptom Level:			
	Mild	Moderate	Severe	Life Threatening
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Allergy Symptoms: _____

Parent or Guardian Signature:

Date:

Sunscreen Permission

Your signature below authorizes us to apply Sunscreen/ Sunblock to your child prior to their afternoon outside play. We do not provide sunscreen; please bring the labeled bottle to your child's teacher.



Parent's Signature:

Date:

Diaper Ointment Permission

Your signature below authorizes us to apply diaper ointment/cream to your child as needed during their diaper changes.



Parent's Signature:

Date:

Birthday Party/Special Celebrations Permissions

Your signature below authorizes your child to participate in special celebrations/birthday parties that occasionally occur at the center.



Parent's Signature:

Date:

Permission for Stroller Rides and/or Walks

I give my permission for my child to participate in walks or stroller rides around the grounds of St. Joseph's Hospital.



Parent's Signature:

Date:



HiMama – Parent Introduction

Parent Introduction

Hello Parents,

I am thrilled to announce that we are launching a new and exciting program called HiMama!

What is the HiMama program?

HiMama will be used by our educators to record activities and updates throughout the day. Everything from naps to snacks, it will provide you with a complete history of your child's experience in our program with photos stored safely and securely in a journal format. Whether it be at work, home or on the go, through HiMama's mobile apps, you'll receive real-time updates on your child's activities to your email and smartphone.

What does this mean for me?

HiMama will keep you in the loop with digital updates on your child to complement our important face-to-face interactions. It is also a great way to reinforce your child's in-program learning at home, as you'll have timely insight into what they've been working on throughout the day!

Is there anything I have to do?

Relax and prepare for updates!

Updates of your child will automatically be sent to you via email. You may also elect to login to your special Parent Portal online or via the HiMama Parent app. You can expect to receive an invitation to log in from HiMama soon! At the point you can create an account. If you want to share updates with additional family members, you can also do so once you've created an account.

Where do I go to learn more?

Want to learn more? Great! You can visit the HiMama website where you can find HiMama's page dedicated to Internet Safety, and FAQ page with answers to frequently asked questions, as well as a Contact Us page if you have specific questions.



St. Joseph's Child Care Center

Participation Agreement

to email and publish my child's work, photographs or videos via HiMama

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: _____

My Name: _____

My Email: _____

Signature: _____ Date: _____

Note: Please complete the Participation Agreement for each parent / guardian of the child.