

Best Friends for Kidz Child's Enrollment/Information Form

CHILD'S NAME: _____ PREFERRED NAME: _____

DOB: _____ DATE ENROLLED: _____

ADDRESS: _____ ZIP CODE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

EMAIL:

CUSTODIAL PARENT (CIRCLE ONE): MOTHER FATHER JOINT

HOME/CELL PHONE: _____ HOME/CELL PHONE: _____

Cell phone provider: _____ Cell phone provider: _____

WORK PHONE: _____ WORK PHONE: _____

EMPLOYER: _____ EMPLOYER: _____

LEGAL GUARDIAN NAME (if different than above): _____

PERSONS AUTHORIZED TO REMOVE CHILD (LEGAL IDENTIFICATION REQUIRED)

1. _____
NAME RELATIONSHIP PHONE

2. _____
NAME RELATIONSHIP PHONE

ALTERNATE NUTRITION PLAN AGREEMENT

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

Indicate any Special Dietary Requirements:

(Mark "P" for Parent Provides, or "C" for Center Provides)

Breakfast A.M. Noon P.M. Dinner Evening Formula
Snack Meal Snack Snack Snack

HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the "KNOW YOUR CHILD CARE FACILITY/FCCH BROCHURE", information on the INFLUENZA (FLU) VIRUS, and the parents are notified in writing of the "DISCIPLINARY PRACTICES" used by the Child Care Facility/FCCH. The parent's/ legal guardian's signature certifies receipt of the Child Care Facility/FCCH brochure, influenza information, discipline policies, alternate nutrition plan agreement and that all the information on this form is complete and accurate.

Signature of Parent or Legal Guardian Date

FOR OFFICE USE ONLY

Program _____

Medical Alert Information (i.e., allergies, medical and/or special needs/conditions): _____

List any additional information which would be beneficial for the child care provider to know about your child: _____

Preferred Physician: _____

Address: _____ Phone: _____

Preferred Hospital: _____

NOTE: Physical & Immunization Record should accompany child.

EMERGENCY CONTACT (OTHER THAN PARENTS):

1.	_____	_____	_____
	NAME	RELATIONSHIP	PHONE
2.	_____	_____	_____
	NAME	RELATIONSHIP	PHONE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or
CHILD'S FULL NAME

Injured at, _____, I understand that the
NAME OF FACILITY/PROVIDER

Child Care Provider will: (1) Contact me immediately and (2) Contact the person (s) I have designated if I cannot be reached.

Should the provider be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

SIGNATURE RELATIONSHIP DATE

(OPTIONAL)

Sworn to and subscribed before me this _____, day of _____, 20_____.

Notary Public, State of Florida – At Large.

My Commission Expires: _____

_____ who is/are personally known to me

_____ who has/have produced identification: _____

FOR OFFICE USE ONLY

Program _____

Parent's Full Name (Please Print)

List all Children's Full Names (Please Print)

Please initial each of the following statements.

___ **I HEREBY CONSENT** for my child to ride in any vehicle authorized by Best Friends for Kidz. The parent releases Best Friends for Kidz of responsibility for any accident or injury resulting there from and will hold the center harmless from any liability for such accident or injury. (***Pertains to field trips for VPK and School age students***)

___ I understand that Best Friends for Kidz reserves the right at its discretion to terminate the child care of said child at any time.

___ Payment for Best Friends for Kidz services are due by 12pm noon on the Monday prior to service or if your child is a drop in it is due on the day of service. No refunds are given for advanced payments. Any changes in fees will be posted for thirty days.

___ I have access to BFF website and Best Friends for Kidz, Inc Parent Handbook and I have read and understand it.

___ Best Friends for Kidz is required to serve a meal if the child is in attendance at the center entirely between 8:00-9:00, 11:00am- 1:30pm and 2:00pm-3:00pm. Your child will be provided with a meal off the posted menu, substitutions may only be provided by the family if accompanied by DOH medical form. If a DOH medical form is provided the meal sent must meet nutritional guidelines. We are required to ensure that meals are balanced and meet the recommended daily dietary allowances. Two meals and two snacks are included for those who are on full time or part time rate plans.

___ I have received a copy of the child care facility brochures, **Know Your Child Care Facility and "The Flu Guide for Parents"** and have also received in writing the **(disciplinary practices in parent handbook)** used by Best Friends for Kidz, Inc. (Available online at www.bffkidz.com)

___ In order to assist Best Friends for Kidz, Inc. in meeting all of my child's needs I give my permission for Developmental Screenings as well as other helpful assessments to be completed on my child.

___ I hereby consent for my child to be included in school pictures and give permission for those pictures to be used by Best Friends for Kidz.

___ Best Friends for Kidz is state licensed and must close on time. A fee of \$10 for the first 5 minutes and \$1 for each additional minute will be charged for pickups after closing.

___ I give permission for Best Friends for Kidz to apply insect repellent and sunblock appropriate for children, such as *Natural Cutter Skinsations* and *Bug Soother! Family Care*, as needed.

___ I hereby agree to keep all information on this Child's Enrollment/ Registration Form current while my child is enrolled at Best Friends for Kidz, Inc.

___ I will provide Best friends for Kidz **2 weeks' notice** if withdrawing from a FT/PT program and will

FOR OFFICE USE ONLY

Program _____

pay for 2 weeks even if my child does not attend.

____ If my child takes vacation, I will notify the school in advance and pay **\$40 a week** on the Friday prior to the vacation week in order to receive the reduced vacation rate.

____ I give my child permission to have store brought snacks for parties at BFF Kidz.

____ I have read the Rilya Wilson Act and will call or text the school each day my child will be absent.

____ I have programed the schools **non-emergency** attendance and texting phone to my cell phone. 813.694.0640

____ STATE OF FLORIDA LICENSING REQUIREMENTS: The Florida Department of Job and Family Services, Child Care Licensing unit shall have the right to enter and inspect the premises unannounced, and have access to children's records, as well as the authority to contact staff, parents, and relatives of children in care, or other witnesses. The Administrator of Best Friends for Kidz and its employees are required, to report their suspicions of child abuse or neglect to the local public children's services agency.

The hours and days we have agreed that BFF will provide care for our child(ren) are:

Primary Hours of Care: **From** _____ **to** _____

Days of the Week in Care: **M T W Th F Sa**

Meals Typically Served While in Care: **Br Lunch PM Snack Sup Eve Snack**

- Please notify us in **writing** if there's any changes to be made to your hours
- Two weeks' notice and approval is required before changes are made

A. Parents agree to pay according to schedule. We have agreed to pay \$ _____ () Weekly () Bi-weekly () Monthly () Hourly () VPK only

- Please auto draft my account () **Weekly** () **Monthly** () **Pay online or at check in**
- **Tuition Express form is required for all students, even if you choose not to have auto draft an pay weekly at the machine.**
 - Emailed statements will be available upon request
 - Year-end summary will be provided by January 30th

Other Charges

- B. There will be no charge for meals served for children in FT/PT programs.
- C. There will be a charge for in house and traveling field trips. The cost will be the amount on the permission form.
- D. There will be an hourly charge for full time students attending over 50 hours a week and part time students attending over 25 hours a week.
- E. Students attending late pick up
- F. A \$15.00 enrollment fee is required to be paid upon enrollment and \$75 supply fee for FT/PT students.

Overtime rate:	\$1.00/per minute
NSF Checks	\$30.00/item
Late payment	\$15.00/day
Enrollment Fee:	\$90.00

Payments are due on Monday mornings when your child is dropped off. BFF expects to be paid if your child will not be present on Monday, or when your child is not in attendance due to illness or a doctor's appointment, etc. Tuition rates are subject to change based on age and development of child.

FOR OFFICE USE ONLY

Program _____

RELEASE

Best Friends for Kidz, as a State of Florida licensed Child Care Facility, provides a safe, clean and fun environment for children. However, in any child care program, injuries may occur. In order for Best Friends for Kidz to be able to provide child care services to you, it is necessary that you assume certain risks. Signing this release is necessary to receive services.

I, on behalf of myself, my spouse, and each child designated on the Admission Form Agreement (my "Child"), waive and release all rights, causes of action and claims against Best Friends for Kidz., A Florida Cooperation, its Officers, Directors, Administrators, Agents, and Employees, for any and all loss of damage to property or injuries suffered by my Child during the time my Child is visiting at Best Friends for Kidz, including the possible negligence of Best Friends for Kidz, but excluding gross negligence and intentional property misconduct. I understand that the provision of child care contains risk of injury to persons and damage to property, and that by signing this release, I engage Best Friends for Kidz to provide temporary child care for my Child at my own risk. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of Best Friends for Kidz and the Release, including, but not limited to, future risks, complications, and costs. By signing this Release, I have not relied on any promises or statements made by Best Friends for Kidz other than those contained in the written information supplied to me by Best Friends for Kidz. I understand that this Release will be kept on file at Best Friends for Kidz and will continue in effect for this and any future visits my child may make to Best Friends for Kidz. I agree to pay all costs and attorney fees arising out of my action relating to the Agreement, the Registration Form, or the release for collection purposed or Otherwise.

I HAVE READ THE ABOVE CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

Date Signature of Parent/Legal Guardian

Date Signature of Best Friends for Kidz Authorized Representation

Childs Name _____ DOB _____
Parent Name _____ cell # _____
Parent 2Name _____ cell # _____
Email _____
Anticipated start date _____

Allergies/ Dietary Restrictions:

Special Needs/ Special Schedule /Behavior Concerns / Comments:

Actual Start date: _____ Administrator: _____

VPK Y / N School Readiness Y / N Tuition _____ Class _____

	Discount: Military, first responder, Educator (5%), other _____		Enrollment packet complete		Added to Bloomz
		Y/N	Pictures allowed		Parent Orientationz`Q
	All About Me		Cell Phone number added		Look B4 Lock
	Billing box		Registration fee paid		First day picture
	Auto draft () week () M		Food Program		Class info sheet given
	Mailbox folder created				School readiness contract
	Sunblock		Bug Spray		Allergies added

New Parent/Guardian Orientation Plan Checklist_

Welcome! We are excited to welcome you and your child to Best Friends for Kidz. We are a State Licensed facility that offers a Christian based preschool program. We understand the importance of finding quality child care for your children. We are grateful for putting your faith and trust in us.

It is very important that all parents/guardians are oriented to our child care program. Knowing and understanding the policies and procedures of Best Friends for Kidz will ensure the best possible care for the children. Below is your orientation checklist. We will be sharing information with you about our center. This orientation is intended to help you understand what you need to know as you leave your child in our care. We plan to cover all areas listed below with you. If an area is not covered or if you do not receive a copy of the policies and procedures, please be sure to let us know. Please feel free to ask questions, if needed, at any time.

- Information about our Center, our Staff, ratios, curriculum, Director of operations, days and hours of operations, and closings.
- Open door policy
- Non-discrimination policy
- Custody agreements
- Abuse and neglect reporting
- Behavior expectations and reasons for suspending or withdrawing children
- Discipline policy
- Health policy, communicable disease policy, infection control, and medication procedures.
- Enrollment and withdrawal policy
- Pick up and drop off policy
- Attendance and absences
- Communication with staff and family involvement
- Meals and allergies
- Transition procedures
- Screening and assessments
- Screen Time
- Outdoor Play and Shoes Policy
- Safety Policy
- Animals and Pets on property
- Rates, fess, payments, and tuition agreement
- How to reach us if you have a Complaint/Concerns

My signature below indicates that I have read and understand each of the sections listed above in the parent handbook.

Parent Signature: _____ Date: _____

**Participation, Waiver and Release Agreement
Best Friends for Kidz**

The safety of the children in our care is a top priority for Best Friends for Kidz. For their safety as well as our staff, we have implemented a number of protocols to try to limit the spread of COVID-19. On _____ you were furnished a copy of our COVID-19 Protocols. By enrolling or continuing to have your child enrolled at Best Friends for Kidz, you agree to follow our protocols and such other rules as we may advise you of from time to time.

LIABILITY RELEASE:

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your enrollment and/ or participation in any of the program or activities of Best Friends for Kidz, now or at any time in the future.

I, on behalf of myself and minor children for whom I am the parent, guardian or authorized adult (such children are hereafter referred to as "my minor children"), hereby acknowledge and agree that participation in the pre-school at Best Friends for Kidz comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation, including but not limited to: (1) slips, trips, and falls, (2) playground injuries, and (3) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation and that said list in no way limits the scope of this Agreement.

In consideration of my minor children enrolling in the preschool at Best Friends for Kidz and /or being allowed access to its facilities and/or to participate in its activities and programs, I, individually and on behalf of my minor children, do hereby waive, relieve and forever discharge Best Friends for Kidz, and its directors, agents, employees, representatives, attorneys, executors and all others, of and from any and all responsibility or liability for any claims, causes of action, injuries, damages or losses that I or my minor children may suffer arising out of participating in any program or activities at Best Friends for Kidz. I, individually and on behalf of my minor children, further agree to adhere to all policies and protocols set by Best Friends for Kidz, including the COVID-19 Protocols.

COMMUNICABLE DISEASE / COVID-19 WARNING & DISCLAIMER:

I understand that Coronavirus (COVID-19) is a contagious virus that spreads easily. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in pre-schools or accessing programs or facilities such as Best Friends for Kidz could increase the risk of contracting COVID-19. I understand that Best Friends for Kidz in no way warrants that COVID-19 infection will not occur through participation in the preschool or use of facilities at Best Friends for Kidz. On behalf of myself and my minor children, I knowingly and voluntarily assume the risks of injury or loss suffered as a result of participating in the preschool or use of programs or facilities Best Friends for Kidz, including the risk of contracting COVID-19.

I have signed this document knowingly and voluntarily.

Signature: _____

Printed Name: _____

Date: _____

Child's Name: _____