

PARENT AGREEMENT

I am the parent or legal guardian of _____.

In order to record my understanding of my rights and responsibilities as parent, guardian, or custodian of the above named child, who is enrolled with Christ the King Early Learning Center, I agree to abide by the requirements, written below and all policies set forth in the Parent Handbook. Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility brochure, "Know Your Child Care Facility" Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

In return for this promise of continual fulfillment of all policies, Christ the King Early Learning Center agrees to provide care for the above named child which meets the standards and guidelines as set forth below and in the Parent Handbook.

The fee as set forth herein will be in effect until a new agreement is signed by me. This fee for each child will be paid in advance, I understand that care will not be provided without this advance payment.

I understand that a registration fee of \$100.00 is required at the time of registration.

Tuition payments will be made by cash, check, or money order. Receipts will be given for payments if requested. I understand that I have the right to choose to make monthly payments or weekly payments. I also understand that once a payment method is established it cannot be changed until a new agreement has been signed. Monthly payments are to be made no later than the 5th of the month. A \$25.00 late fee will be assessed for accounts not paid by the above date and will be charged an additional \$10.00 each week until it is paid in full. Weekly payments are due on Monday any payment not received by close of business Tuesday, will be assessed a \$15.00 late fee. If my child is not picked up at dismissal, I will pay the required late fee.

I understand that there is NO AUTOMATIC REDUCTION of fees when my child is on vacation or gone from the center for any other reason.

I understand there is a returned check fee of \$40.00.

Two weeks advance, written notice to the Director is required when withdrawing a child from Christ the King Early Learning Center. If two weeks advance notice is not given, I will pay two weeks from the time notice is given.

Parent/Guardian's Signature

Date

RECEIPT OF PARENT HANDBOOK

(This page to remain on file in the center.)

I have received a copy of Christ the King Child Care's parent handbook and agree to abide by the policies of Christ the King Child Care.

Parent of _____ (child's name).

Parent Signature _____ Date _____

Director Signature _____ Date _____

FOOD ACTIVITIES

My child has permission to consume food items brought into the classroom that are from outside sources this would include snack items, pizza parties, birthday parties, Christmas parties, etc...

Parent Signature _____ Date _____



Diocese of Saint Augustine

Catholic Center

11625 Old St. Augustine Road

Jacksonville, Florida 32258

(904) 262-3200

Child Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Child's Name (Printed): _____

Parent or Guardian Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Date: _____

Screening Policy

Screening is a process to determine if a child has any developmental concerns that may require further attention and follow-up. Screenings can include vision, speech/hearing, nutrition, dental, and overall development. We partner with other agencies in the community who will provide opportunities for some of the above screenings to be conducted at our center. Your consent will be obtained prior to the administration of those screenings. Assessment is the process to monitor growth and development on an ongoing basis. Screening and assessment are directly linked to lesson planning and meeting the individual needs of children. Our goal is to ensure that your child is prepared to enter Kindergarten at the age of five.

Among the screenings and assessments conducted at our center are: the Alphabet Letter Recognition Inventory (ALRI), portfolio assessments in the preschool classrooms, Teaching Strategies Gold, and the Ages and Stages Questionnaire (ASQ) for ages four months through five years. At least once a year, our center administers the ASQ screening. This tool assesses a child's overall development in the areas of: communication, gross motor, fine motor, problem-solving, and personal social skills. Our staff have been trained how to administer this screening. The questions on the ASQ may be answered based on teacher observation, one-on-one activities conducted with the child or by parent/guardian input. Upon completion of the questionnaire, we will share with you the results and may provide supplemental learning activities or follow-up recommendations.

***I give consent for my child to participate in screenings administered at the center. I understand that the information gathered from the screening will be used to help my child with his/her developmental growth and success. My child's results and findings are confidential and will only be shared with my permission.

Child's Name: _____ Date of Birth: _____

Parent/Guardian's Printed Name: _____

Best Daytime Contact Number: _____

Parent/Guardian's Signature: _____ Date: _____

Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<http://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf>

**** If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE****



**Diocese of St. Augustine
Parent Permission and Release of Liability
School Field Trip Participation
Christ the King Child Care**

Name of Child: _____ Date & Time of Departure: Varied

Parent/Legal Guardian: _____ Date & Time of Return: Varied

Name of Event: Practices, Nature Walks Method of Transportation: walking
Christmas Program, Graduation, etc.

Destination: _____ Student Cost: ∅
Christ the King Campus - Church, School Gym, and Childcare

Educational Purpose of Event: _____

The above student is eligible to participate in above school-sponsored event requiring transportation to a location away from the school grounds. This activity will take place under the guidance and supervision of employees from Christ the King Child Care.

If you would like your child to participate in this event, sign and return this from which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named student during this activity.

.....

Please list any known allergies: _____

Physician's Name: _____ Telephone Number: _____

.....

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted student in the event described and further consents to the conditions stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the school grounds and that the student will be under the supervision of a designated school employee(s) on the stated dates.

For and in consideration of the student being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the student and the student's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine-Bishop Felipe J. Estévez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, the above-noted school, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the student, or death, caused by negligence or otherwise, while the student is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the student, and the student's parents, personal representatives, assigns, heirs, and next of kin.

 (Parent / Guardian / Representative Signature) (Date)

Home Phone: _____ Work Phone: _____ Cell Phone: _____