

Parental Agreement

My signature below indicates that I have read, understand and agree with The Church by The Glades Preschool Agreement in its entirety.

- In the event that my child becomes ill or is injured while under school supervision, I give my consent for the school authorities to take the following steps:
 1. Contact a parent of the child and follow his or her instructions.
 2. If the parent(s) cannot be reached, and the situation is warranted, call 911.
- If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services that require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower the school Director or her designee to furnish on my behalf such written or verbal authorization that may be so required. Further, I release the Director or her designee and The Church by The Glades Preschool and The Church by the Glades from any liability that might arise from the giving of such authorization it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.
- I understand some students appear in school promotional pictures, ads and videos. I give my permission for my child to participate if selected.
- I understand that my child cannot be enrolled until the registration fee has been paid and the enrollment forms have been signed. The registration fee and any tuition paid are not refundable.
- I agree to be personally responsible for all financial obligations incurred at The Church by The Glades Preschool. Registration payments will not guarantee placement for any upcoming school year until all balances have been paid.
- The Church by The Glades Preschool reserves the right to refuse any application or to dismiss any child at any time for unacceptable behavior or for any other reason it deems necessary. We will always try and do what is in the best interest of all children. Neither this application nor payment of fees is considered to be binding upon The Church by The Glades Preschool.

The Church by The Glades

3301 Riverside Drive

Coral Springs 33065

(954)341-7709

(954)341-2215

CHILD CARE APPLICATION FOR ENROLLMENT

Child's Information Date of birth_____ Sex_____ Date of Enrollment_____

Full Name_____

Last

First

Middle

Nickname

Child's Physical Address_____

Primary Hours of Care From_____ To_____

Days of Week in Care M T W Th F

Family Information Child Lives With_____

Mother's Name_____ Father's Name_____

Address_____ Address_____

Home Phone_____ Home Phone_____

Employer_____ Employer_____

Address_____ Address_____

Work phone_____ Cell _____ Work Phone_____ Cell_____

Custody Mother_____ Father_____ Both_____

Medical Information

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor_____ Phone_____

Dentist_____ Phone_____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Director's Signature _____ Date _____

Helpful information about your child

I acknowledge the receipt of the following:

Child Care Facility Brochure, "Know Your Child Care Facility", and The Influenza Virus, The Flu, A Guide to Parents.

Signature of Parent

Date

Alternative Nutrition Plan

Date: _____ Name of Facility: The Church by The Glades Preschool

Dear Parent:

In accordance with the Broward County Child Care Ordinance, parents and the child care facility are urged to work cooperatively to assure that children are provided with nutritious snacks and lunch.

Please read the following carefully and sign.

The parent agrees to provide a nutritious:

___ Morning snack

___ Lunch

___ Afternoon snack

I have read and agree to meet the child's nutritional needs as defined above.

Director's signature

Parent's signature

Parent, please tear and keep this portion

Meals provided by parents shall consist of the following:

- | | |
|--------------------------|----------------|
| A. Meat/Poultry/Fish | 2 ounces |
| or cheese | 2 ounces |
| or eggs | 1 egg |
| or peanut butter | 4 tablespoons |
| or dried beans/peas | ½ cup |
| B. Fruits (2 or more) | ½ cup |
| or vegetables | ½ cup |
| or fruits and vegetables | ¾ cup total |
| C. Bread | 1 slice |
| D. Butter | 1 teaspoon |
| E. Milk | 1 cup, 8 ounce |