

Shepherd of the Coast Early Childhood

1901 East Commercial Boulevard
Fort Lauderdale, FL 33308
954-772-5468

Registration Form – 2021.2022

Enrolling Class _____

Family I.D. Number _____

(For Office Use Only)

Child's Name _____ Preferred Name _____

Address _____ Home Phone # _____

Birthdate _____ Enrollment Date _____

Mother's Name _____ Father's Name _____

Mother's Occupation _____ Father's Occupation _____

Mother's Work # _____ Cell # _____ Other _____

Father's Work # _____ Cell # _____ Other _____

Parent's Marital Status: Married - Separated - Divorced * Child Custody: Mother - Father - Joint - Other _____

Ethnic Origin - Child _____ Mother _____ Father _____

Church Affiliation - Child _____ Mother _____ Father _____

Child Baptized? Yes/No Date _____ Is the family an active member of their church congregation? Yes/No

E-mail Address: _____

Persons permitted to remove the child from the Center: (Note that all persons listed should know the family ID number and may be requested to give that number as well as present a picture ID when picking up the child. Refer to the Learning Center Parent Handbook page # 7 for additional information.)

Name	Relationship	Phone #'s (Home – Work - Cell)

Shepherd of the Coast School and Learning Center admits students of any race, color, or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at our school. We do not discriminate on the basis of race, color, national or ethnic origin in the administration of our educational policies and other school administered programs.)

Shepherd of the Coast Early Childhood Center

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EMERGENCY FORM

Child's Name _____
Last First Middle Initial

Address _____

Date of Birth _____ Home Phone Number _____

Father's Name _____ Work # _____ Cell # _____

Mother's Name _____ Work # _____ Cell # _____

If parents cannot be reached, please list an Emergency Contact Person who can be contacted in the event of an emergency:

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Doctor's Name _____ Phone # _____

Allergies _____

Medications _____

Comments _____

I give Shepherd of the Coast Learning Center, its teachers, or agents permission to provide or obtain emergency transportation and/or treatment for the above-named child.

Parent/Guardian Signature _____ Date _____

Sworn to me this _____ day of _____, 20__.

Notary Signature _____

PARENT COMMITMENT FORM

I understand that:

- I must walk into the building with my child(ren) each day and make certain the teacher knows that he/she is there. Siblings under the age of 18 are not allowed to bring or pick up children.
- I, or a responsible designated adult will walk into the building to pick up my child(ren). I will be sure to sign my child(ren) in when arriving and sign my child(ren) out when leaving the building. This is for the safety of my child(ren).
- If an unauthorized person is to pick up my child(ren), I will notify the office. Upon picking up my child(ren) this person will show the staff a photo I.D. and know the Family I.D. Number.
- Children are to be kept home with the following symptoms of sickness in the previous 24-hour period: fever, diarrhea and/or vomiting.
- Children unable to participate in the full program including outside play due to sickness should be kept home.
- Parents who are called to pick up a sick child must do so promptly.
- All children always need a complete change of clothing and a blanket at the Center. Each personal item should be clearly marked with the child's name.
- Irreplaceable items should not be brought to school. Teachers are responsible for children; they are not responsible for toys, jewelry, pictures, or any other items that should not be brought to school.
- Parents need to inform the Center of all changes in addresses, phone numbers, change of employment for emergency information or any other changes in their family situation.
- Parents are responsible to keep health records updated.
- Parents are expected to pick up children before closing time at 6:00 p.m. A charge of \$15.00 will be assessed from one minute after 6:00 pm until 6:15 pm and an additional \$20.00 for every quarter hour after that.
- No Medication can be administered to a child without written consent and instructions from doctor.
- The director is to be notified TWO WEEKS IN ADVANCE before a child is to be withdrawn. Parents are required to pay for those two weeks regardless of when the child leaves the Center.
- Children enrolled in our program are required to bring a 2-inch mat and a small blanket for rest time. The mat must have an impermeable surface, which is waterproof and easily cleaned and sanitized.
- Monthly rates have vacation time built into the tuition. Weekly fees run higher than monthly, and you may take a vacation week for no charge when your child has been with us for one year.
- I am fully aware that the Annual Registration Fee is non-refundable and non-transferable.
- Late fees apply to any balances including but not limited to weekly tuition, monthly tuition, and late pickup charges.

DISCIPLINE POLICY

At Shepherd of the Coast Early Childhood Center our policy is based on love and child guidance, rather than punishment. Children first receive an explanation of the rule (geared to their age level). Further reminders will be given as needed. In the event the behavior continues, a time-out period may be given. Continued misbehavior may result in intervention by the Director. Irresolvable situations will require parent involvement. Physical punishment is never permitted.

I have read and understand all the above.

Parent/Guardian Name _____ Child's Name _____

Parent/Guardian Signature _____ Date _____

Broward County Commissioners, Broward County, Florida
Human Services Department - Bureau of Children's Services
Child Care Licensing and Enforcement Section

Alternate Nutrition Plan for Infants – Pre-K 4

Shepherd of the Coast Early Childhood Center
1901 East Commercial Boulevard - Fort Lauderdale, FL 33308

In accordance with the Broward County Child Care Ordinance/Family Child Care Ordinance, parents and the childcare facility/home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home.

Please read the following and carefully, sign and return with registration packet.

The facility/school agrees to provide a nutritious:

breakfast mid-morning snack mid-afternoon snack no meals or snacks

The parent agrees to provide a nutritious:

breakfast mid-morning snack mid-afternoon snack

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

Mrs. Alison Williams
Director Signature

Parent/Guardian Signature

Date

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 1/2 cup | B. Fruits (2 or more) ----- 1/2 cup
or vegetables ----- 1/2 cup
or fruits & vegetables --- 3/4 cup total amount
(vegetables must equal 1/2 cup) | |
| C. Bread – 1 slice | D. Butter - 1 teaspoon | E. Milk – 1 cup (8 ounces) |

DAY CARE FACILITY BROCHURE STATEMENT
(Chapter 402.3125 F.S.)

I _____ received a copy of the Child Care Facility Brochure.
(parent/guardian name)

Child Name _____ Parent Signature _____ Date _____

**SHEPHERD OF THE COAST LEARNING CENTER
PHOTO RELEASE FORM**

CHILD'S NAME: _____ CLASSROOM: _____

Shepherd of the Coast Learning Center would like permission to use any images taken of your child in various publications and promotional materials. Examples of where we might want to use these include but are not limited to: school/church website, school informational leaflets, video, newspaper advertisements and/or press releases.

PARENT SIGNATURE: _____

DATE: _____

**SHEPHERD OF THE COAST LEARNING CENTER
PARENT HANDBOOK**

CHILD'S NAME: _____ CLASSROOM: _____

We have received the Parent Handbook and agree to abide by the rules stated in the booklet. We the parent will support the use of these rules and regulations and will stand by the learning center's decision to use them.

PARENT SIGNATURE: _____

DATE: _____

**SHEPHERD OF THE COAST LEARNING CENTER
ENROLLMENT CONSENT FORM**

CHILD'S NAME: _____ CLASSROOM: _____

I/we give my/our consent for the child care personnel to have access to our child's records while they are enrolled in Shepherd of the Coast Learning Center.

PARENT SIGNATURE: _____

DATE: _____

**Part One
Student File**



SWIM Central Water Safety Education Questionnaire

Parents: *Do you know that drowning is the leading cause of death among children?
Complete this form to receive information to protect your child from drowning.*

Child's Name: _____ **Date of Birth:** _____

Parent Name: _____ **Parent Signature** _____ **Date** _____

Email (optional) _____

Your information is for the use of the Broward County Swim Central Program.

1. How would you rate your own swimming ability?
 - Unable to swim
 - Can swim a little, but NOT comfortable in deep water
 - Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?
 - Yes
 - No, check all the reasons below that apply:
 - Do not know how to find information about swim lessons
 - Transportation problems
 - Swim lessons are not important
 - Lessons are too expensive
 - Schedule of lessons not convenient
 - We are too busy
 - Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?
 - Yes
 - No

4. Has your child's doctor talked to you about drowning prevention and water safety?
 - Yes
 - No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?
 - Yes, visit [Water SMART Broward Swim Instruction](#) for details.
 - No

PART ONE FOR OFFICE USE ONLY:

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: _____ **Facility License #:** _____

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: _____ **or, date mailed:** _____

Fax: 954.357.8077
SWIM Central
3700 NW 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded: [Water SMART Broward](#)