



Hope Creative School  
2110 Cypress Gardens Boulevard  
Winter Haven, Florida 33884  
(863) 324-6377 – [www.hopepreswh.org](http://www.hopepreswh.org)  
Email: [hopecreative@hopepreswh.org](mailto:hopecreative@hopepreswh.org)

**PARENT/GUARDIAN CONTACT INFORMATION**

In the event the child named above becomes injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parent's (Legal Guardian's) Name: \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ days/hours \_\_\_\_\_

\_\_\_\_\_ days/hours \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Lives with you? Y \_\_\_\_\_ N \_\_\_\_\_

Parent's (Legal Guardian's) Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ days/hours \_\_\_\_\_

\_\_\_\_\_ days/hours \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Lives with you? Y \_\_\_\_\_ N \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Any special concerns? Such as fears, behaviors that we should be aware of (running away, climbing etc.)

Please describe:

\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL CONSENT**

In the event that I or the others listed as emergency contacts are not reachable or available, I give permission to the caregiver to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to \_\_\_\_\_ or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT PERSONS**

In case of emergency, contact the following person/s if unable to reach parents:

**EMERGENCY Contact Person 1:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**EMERGENCY Contact Person 2:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

HCS Director Signature/Date \_\_\_\_\_ Parent Signature/Date \_\_\_\_\_

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**DISCIPLINE POLICY**

1. Our policy is based on rewards in the form of smiles, stickers, acknowledgement of good behavior, etc
2. Children will not be subjected to discipline, which is severe, humiliating, or frightening.
3. Discipline will not be associated with food, rest, or toileting.
4. Spanking or any other form of physical punishment is prohibited.
5. Procedure for guidance:

Time Out – according to age:

3 minutes at one time for 3 year olds

Children will never be far away (isolated) from group. An aide or teacher will be close by for discussion as to reason for time out. Time out involves sitting in a chair facing the group, but without access to activities. It is used to encourage children to think about their behavior.

I have read and understand the discipline policy. I understand that there may be occasions when I am called in to assist with my child’s behavior. Children who, in the opinion of the teacher or director, present a danger to themselves or others may be sent home.

Child’s Name: \_\_\_\_\_ Parent’s/Guardian’s Name: \_\_\_\_\_

Parent’s/Guardian’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CHILD CARE FACILITY BROCHURE STATEMENT**

Parents, please read the Florida Department of Children and Families Brochure titled ‘Know Your Child Care Facility’ and complete the statement below:

(Chapter 402.3125, F.S.)

On, \_\_\_/\_\_\_/\_\_\_, (date)

I, \_\_\_\_\_  
(PRINT Name of Parent or Legal Guardian)

Received and read a copy of the Child Care Facility Brochure.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

HCS Director Signature/Date \_\_\_\_\_ Parent Signature/Date \_\_\_\_\_

HCS Director Signature/Date\_\_\_\_\_Parent Signature/Date\_\_\_\_\_