

Hope Creative School
2110 Cypress Gardens Boulevard
Winter Haven, Florida 33884
(863) 324-6377

2007/2008 Mom's Morning Out
Registration Packet

Date Child Will Begin Program: _____

This form is to be completed and signed by the child's parent or legal guardian and will be kept in child's file.

Child's Name: _____

Last

First

Called

Address: _____

Street

City

Zip

Home Phone: _____ Date of Birth: _____

Parent/Guardian Information

In the event the child named above is 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: _____

Telephone Numbers: _____ ON _____

(hours/days)

_____ ON _____

(hours/days)

Cell Phone Number: _____

Parent's (Legal Guardian's) Name: _____

Telephone Numbers: _____ on _____

(hours/days)

_____ on _____

(hours/days)

Cell Phone Number: _____

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Emergency Contact Person Information

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

Contact Person 1:

Name: _____

Phone Number: _____

Relationship to Child: _____

Contact Person 2:

Name: _____

Phone Number: _____

Relationship to Child: _____

Medical Information

Physician Name: _____ Phone Number: _____

Allergies: _____

Medications: _____

Parental Consent

In the event that I or the others listed are not 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.

Signature _____ Date: _____

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Pick-Up Person

Please name the people who are able to pick up your child from school. We the teachers will not let them leave with anyone besides the people listed below. If there is someone at the last minute that is going to pick up your child, who is not on the list, please send a note to your child's teacher or call the school office at 324-6377.

Thank you for your cooperation.

Child's Name: _____

People Who May Pick Up Your Child

Parties for the School Year

Parents are asked to help with at least two parties during the school year. Four or five parents work on each party. Working parents are asked to sign up for two parties and to state that they can send but cannot attend. Please, if you are able to help or to send, write your name on the line below.

Christmas Party (December) _____

Valentine's Party (February) _____

Easter Party (March) _____

End of the Year Party (May) _____

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Discipline Policy

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

Time Out- according to age

3 minutes at one time for 3 year olds

4 minutes at one time for 4 year olds

5 minutes at one time for 5 year olds

Children will never be far away (isolated) from group. An aid or teacher will be close by for discussion as to reason for time out.

I _____ have read and understand the discipline policy.
(Parent's Signature)

Childcare Brochure

(Chapter 402.3125, F.S.)

On, ___/___/___,

I,

(Name of Parent or Legal Guardian)

Received a copy of the Child
Care Brochure.

(Signature of Parent or Legal Guardian)

(Name of Child)