



Bayshore Early Education 2019-2020

Starting Date _____

Child's Name _____

Age (as of 9/1/2019) _____ Date of Birth _____ Gender _____

Address _____ City _____ Zip Code _____

Home Phone _____ Email _____

*****Age as of September 1, 2019*****

_____ Toddler (12-24 months)	Tues/Thurs
_____ Younger Two (24-30 months)	Tues/Thurs
_____ Older Two (31-36 months)	Tues/Thurs
_____ Three	_____ Tues/Thurs _____ Tues/Wed/Thurs
_____ Four/VPK	Mon, Tues, Wed, Thurs
_____ Four/Non-VPK	Mon, Tues, Wed, Thurs

Mother's Name _____
Occupation _____
Mobile Number _____
Work Number _____

Father's Name _____
Occupation _____
Mobile Number _____
Work Number _____

EMERGENCY CONTACTS (At least **two local** contacts, other than parents, permitted to pick up your child)

Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Any special concerns that we should be aware of: allergies, health issues, fears, custody issues, etc.?

Please list medications child is currently taking _____

Previous preschool experience: name of school and length of attendance _____

Other Children or Adults living in home:

Name: _____ Age: _____ Relationship: _____

May our church contact your family? _____

Initial

	A current Physical Examination (Form 3040) and Immunization Record (Form 680 or 681) are required within 30 days of enrollment. Section 62C-22.006(2), F.A.C.
	I have received a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE CENTER". Section 402.3125(5), F.S.
	I have been notified in writing of the disciplinary practices used by the Child Care Facility. (Included in Family Handbook) Section 65C-22.006(4) (c) 2, F.A.C.
	I have received a Family Handbook or have access to it online and will read it.
	I give permission for my child to take him/her on on-site field trips to FBCN buildings/grounds.
	Tuition must be received on the first school day of each month. If tuition is not received by the 8th of that month, a \$25 late fee will be added. After the 15th of the month , the account will be delinquent and referred to the Church Financial Office. I understand that FBCN BEE reserves the right, to ask me to make alternative arrangements for the care of my child, should my tuition remain unpaid. Monthly rates will be constant, regardless of holidays, school closings, and absentee days.
	To register my child, I understand that I must complete the enclosed forms and pay the registration/supply fee of \$150. This fee is non-refundable.
	It is the policy of FBCN BEE to prohibit discrimination in acceptance of students to its program based upon race, color, gender, national origin or religious preference. Reasonable accommodation will be made for children with disabilities.
	I grant permission for my child to be assessed.
	I authorize the First Baptist Church Niceville Bayshore Early Education and those acting with its permission and under its authority, to use and publish recognizable images of my child in any medium deemed appropriate, but not limited to: Church Web Pages, Newspaper, TV, Multimedia Presentations, Professional Journals, Brochures, Classroom use/display, Class password protected Website.
	It is understood and agreed the FBCN BEE will conduct all field trips for the sole benefit and education of the students. I, therefore, release and hold harmless FBCN BEE, its agents or designees, from any and all liability including personal injury that might occur in connection therewith.
	I grant permission for my child to participate in food related activities. (For example: classroom cooking projects, gardening, parties, birthdays, school wide celebrations, etc.) 65C-22.005(1)(c)2
	Some children in care may not have current immunizations. (Remember new students have 30 days to turn in immunizations.)
	In case of an emergency, we will notify and update you by email. If the emergency requires us to relocate, we will first attempt to find a safe location in another part of our church. If none is available, we will relocate to Crosspoint Fellowship Hall.
	I give consent for child care personnel to have access to my child's records.
	I will notify BEE School when my child is going to be absent. If BEE is not notified of absence, we are required by law to call everyone on your pick-up list until someone is reached.
	I am aware of state food policies. (Children under age 4 are not allowed to have whole/round hot dogs, popcorn, chips, pretzel nuggets, whole grapes, nuts, cheese cubes and any food that is of similar shape and size of the trachea/windpipe. All food for 1s and 2s must be cut into ½ inch pieces.)

By signing below, you verify that you have received and read the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date



**BAYSHORE EARLY EDUCATION
Medical Release Information
August 1, 2019 – August 31, 2020**

Please **PRINT** all information

NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

PARENTS/GUARDIANS' NAMES _____

(Mother)-Home Phone: _____ Mobile Phone: _____ Work Phone: _____

(Father)-Home Phone: _____ Mobile Phone: _____ Work Phone: _____

DOCTOR _____ ADDRESS _____ PHONE _____

HEALTH HISTORY:

Allergies _____ Insect Stings/Bites _____ Drugs _____ Other _____

Other Conditions: _____ Heart Condition _____ Epilepsy _____ Chronic Asthma
 _____ Hay Fever _____ Frequent Colds _____ Frequent Stomach Upsets
 _____ Physical Handicap

If you checked any of the above or child has other chronic conditions, please give details (i.e., include normal treatment of allergic reactions):

Date of last Tetanus shot: _____

Name and dosage of any medications: _____

Any activity restrictions: _____ Yes _____ No

What restriction: _____

Local Emergency Contact (other than parent): _____ Relationship _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Address _____

Local Alternate Emergency Contact (other than parent) _____ Relationship _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Address _____

