



SCHOOLS

Soar high on wings like eagles

Neighborhood Kids Schools Registration Packet



Registration Form

Instructions: Complete this form required by the county to be maintained in your child's folder.

Date of Application: _____

Child's Name: _____

Child's Date of Birth: _____

Program & Rate: _____

Days Child Will Attend: _____

Father's Information

Name: _____

Phone Number: _____

Email: _____

Address: _____

Mother's Information

Name: _____

Phone Number: _____

Email: _____

Address: _____

Child's Doctor's Information:

Name: _____

Phone: _____

Hospital of Choice (in case of emergency transportation):



Financial Disclosures

Unpaid Tuition

Tuition is debited on Fridays for the following week. If you pay by check or money order, you must pay by Friday, the week **before** your child attends. No cash will be accepted.

For returned payments and late payments, the school will apply a \$35.00 late fee the following day, and the payment will be resubmitted one time. If payment is returned a second time due to insufficient funds, you will be charged an additional \$35.00 processing fee.

Suspended Services for Non-Payment

Accounts must be paid in full on Fridays by 6:00 p.m. For any account not paid, childcare services will be suspended, and your child will not be permitted to attend until the account is paid in full.

Parent/Guardian Signature: _____

Date: _____



Emergency Procedures Health Department Regulations

The persons listed below—in addition to the enrolling parent—may remove the child from school in the event of illness or emergency. The names of three (3) responsible adults the school may contact must be on every registration.

1. Name: _____ Phone: _____
Address: _____
2. Name: _____ Phone: _____
Address: _____
3. Name: _____ Phone: _____
Address: _____

Emergency Information



Child's Information

Child's Name:

Date of Birth:

Home Address:

Father's Name:

Mother's Name:

Contact Information

Father	Home:	Work:	Cell:	Email:
Mother	Home:	Work:	Cell:	Email:

Alternate Emergency Contact Person(s)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Emergency Information

Medical Information (allergies and reactions to medications, foods, other substances, etc.):



Hospital Preference:

Child's Doctor:

Name:

Phone:

I agree that the operator may authorize the physician of his or her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

Parent's Signature:	Date:
Operator's Signature:	Date:



Child Development History

The school uses all information gathered in this history to assist your child in meeting his or her developmental goals. Please complete this form so we may better assist your child.

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

- | | | |
|---|-----|----|
| 1. Did you have a full-term pregnancy? | Yes | No |
| If early, number of weeks: _____ | | |
| 2. Do you believe your child hears normally? | Yes | No |
| 3. Do you believe your child's speech is normal compared to others their age? | Yes | No |
| 4. Do you understand what your child says most of the time? | Yes | No |
| 5. Do you believe your child runs, walks, and climbs as others of the same age do? | Yes | No |
| 6. Do you believe your child's vision is normal? | Yes | No |
| If you answered "No" to any of these questions, please explain further: | | |
| _____ | | |
| _____ | | |
| 7. Is there a family history of childhood deafness or hearing loss? | Yes | No |
| If yes, please explain: | | |
| _____ | | |
| _____ | | |
| 8. Is there any medical history that we should know about? | Yes | No |
| If yes, please explain: | | |
| _____ | | |
| _____ | | |
| 9. Do you have any concerns about your child's behavior? | Yes | No |
| If yes, please explain: | | |
| _____ | | |
| _____ | | |
| 10. Are there any other concerns you would like to discuss that would help us meet the needs of your child? | Yes | No |
| If yes, please explain: | | |
| _____ | | |
| _____ | | |



Photography, Video, & Social Media Release & Consent for Minor Children

I hereby authorize, release, and give permission for Neighborhood Kids, during my child's enrollment, to take and publish photographs, social media, or video of my minor child(ren) listed below for use in Neighborhood Kids print or video-based marketing, promotional, educational, or informational purposes online (including on the school website) or in any other publication created or used by Neighborhood Kids Schools.

I hereby release and hold harmless Neighborhood Kids from any reasonable expectation of privacy or confidentiality for myself, for my minor child(ren) listed below associated with an image or video specified above. Further, I attest that I am the parent or legal guardian of the child(ren) listed below and that I have full authority to consent and authorize Neighborhood Kids Schools to use the images, video, photography, likenesses, or similar depiction of the minor child(ren) listed below.

I further acknowledge that participation is voluntary and that neither I nor the minor child(ren) will receive financial compensation of any type associated with the taking or publishing of these images or for participation in Neighborhood Kids Schools marketing materials or publications. I acknowledge and agree that publication of the said images confers no rights of ownership or royalties whatsoever to me.

I hereby release Neighborhood Kids Schools, its contractors, employees, and any third parties involved in the creation or publication of Neighborhood Kids Schools publications, from liability or any claims by me or on behalf of my minor child(ren) in connection with my participation or the participation of the child(ren) listed below.

Authorization & Consent

Please check one:

I DO give my consent for my child to participate: ☐

I DO NOT give my consent for my child to participate: ☐

Printed Name:

Parent/Guardian Signature:

Date:

Name(s) and Age(s) of Child(ren): _____



Neighborhood Kids Schools Meal Agreement

I will provide my child with three nutritionally balanced meals a day or participate in the catered food program in accordance with Palm Beach County Health Standards. I understand that the school will not refrigerate or heat any lunches brought from home.

For any physician-confirmed allergies, I understand I am responsible for providing the meals or snacks listed below to meet my child's nutritional and dietary needs.

Initials: _____

Each acknowledgement box indicates either the School or I will be providing the following nutrition for my child.

Age	Meal	Provider	Acknowledgement
One Years and Older	Morning Snack	School	<input type="checkbox"/>
	Catered Lunch	School (Mom Chef)	<input type="checkbox"/>
	Lunch	Parent	<input type="checkbox"/>
	Afternoon Snack	School	<input type="checkbox"/>
	Late Afternoon Snack (as applicable)	School	<input type="checkbox"/>
Infant (six weeks to 12 months)	Nutrition Contents (formula, breast milk, baby food, etc.) and Schedule	Parent	<input type="checkbox"/>

Parent/Guardian Signature: _____

Date: _____



Permission for Food-Related Activities & Special-Occasion Food Consumption

Pursuant to 6SC-22.00S(l)(c)2, F.A.C., licensed childcare facilities must obtain written permission from parents or guardians regarding a child's participation in food-related activities: classroom cooking projects, gardening, schoolwide celebrations, birthdays, and other similar enterprises.

I, _____ (parent/guardian), give/decline (circle one) permission for my child, _____ (child's name), to participate in food-related activities and special occasions wherein food is consumed.

Please provide the following information:

- ☐ My child **DOES NOT** have a food allergy or dietary restriction. He or she **MAY** participate in activities.
- ☐ My child **DOES NOT** have a food allergy or dietary restriction. He or she **MAY NOT** participate in activities.
- ☐ My child **DOES** have a food allergy or dietary restriction. He or she **MAY** participate in activities but may not eat or handle the items listed below.
- ☐ My child **DOES** have a food allergy or dietary restriction (items listed below). He or she **MAY NOT** participate in activities.

Items:

Symptoms/Reactions:

Doctor's Name: _____

Doctor's Signature: _____

Date: _____

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form (including any updates by me) will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature: _____

Date: _____



Neighborhood Kids Schools Policy Agreement & Acknowledgements

Policy Agreement

I, the parent or guardian of my child(ren) enrolled in Neighborhood Kids Schools, understand these rules and regulations indicated below are based on determinations by the Health Department requirements.

- My child will **NOT** be released to any person not listed on the registration form. I will maintain current phone numbers necessary to be reached in case of an emergency.
- Any child who is suspected of having a communicable disease or who develops a fever or other signs and symptoms, which include, but are not limited to, any of these issues: diarrhea, rash, conjunctivitis (pink eye), vomiting, skin irritation, continual cough, or green mucus, will be placed in an isolation area, the condition will be reported to the parent, and the child shall be removed from the facility as soon as possible. The child shall not return to the facility until the signs and symptoms are no longer present and a doctor's note is provided. COVID protocols are also in place.
- At enrollment and throughout the school year, children attending Neighborhood Kids Schools must have an updated Palm Beach County Medical Examination form completed in Florida, which shall include a certificate of immunization.
- The school will not administer discipline that is severe, humiliating, or frightening. The school will not discipline with deprivation of food or rest, nor will it administer discipline in regard to toileting. The school will not administer spanking or any other form of physical punishment. The school employs redirection for unacceptable behavior. Neighborhood Kids Schools holds the responsibility of guaranteeing the safety of all children and staff. If a child's behavior puts other children and staff in jeopardy, we will take action regarding the removal of the child either temporarily or permanently.
- The school will administer prescription medication only one time per day and in association with the following criteria:
 - Medication **MUST** be in the original prescription bottle, labeled with the child's name, name of the medication, dosage, name of the doctor, and current date.
 - A medication permission form must be completed and signed by the parent or guardian.
 - We **DO NOT** administer eye or ear drops at any time. The school will not administer over-the-counter medication that does not meet the above requirements, including aspirin, vitamins, and cough preparations.
 - Neighborhood Kids Schools shall not be held responsible for failure to provide requested prescriptions or for any adverse reaction caused by the administration of such prescription medication.

Initials: _____

Acknowledgements

- I have received copies of the following documents and policies:
 - "Know Your Child Care Center" per Florida Statute, chapter 402.3125
 - "The Flu 'A guide for parents'" brochure
 - "The Distracted Adult" Brochure

Initials: _____ Date: _____ Initials: _____ Date: _____



- Parent Handbook

I, _____, have read, received, and agree to abide by the Neighborhood Kids Schools policies and procedures contained in the handbook. I understand that failure to abide by them may result in my child's enrollment termination. Disregard of center policies may include but is not limited to ignoring state licensing rules and regulations; not keeping my tuition account current by paying ahead; and aggressive, loud, and argumentative interactions with school employees.

I give permission to share my child's assessments, progress reports, observation notes, screening, documentation, medical information, including injury and illness logs and any other information needed, with local and state licensing agencies, national accreditation representatives, and other childcare governing officials as it pertains to my child's records held by the center.

Above all, Neighborhood Kids Schools reserves the right to maintain a harmonious and safe environment for the children. Our goal is to bring about collaboration between the home and the school in ways that enhance your child's development.

I understand that the policies and procedures described in the Parent Handbook are subject to change at the sole discretion of Neighborhood Kids Schools at any time.

Initials: _____

Printed Name:

Parent/Guardian Signature:

Date:



Neighborhood Kids Schools Statement of Faith

The entire Bible, all 66 books of the combined Old and New Testaments, is verbally inspired by God and is inerrant in the original writings. Through the providence of God, the Word of God has been protected and preserved and is the only infallible and authoritative rule of faith and practice. (2 Timothy 3:16–17)

1. There is one true, living, sovereign, holy, and eternally existent God. He exists in three coequal persons: Father, Son, and Holy Spirit, each being a distinct person and with a distinct function, but all of one essence and all possessing the same nature, perfection, and attributes. (Matthew 28:19)
2. Jesus Christ is both God and man. He was conceived by the Holy Spirit, born of a virgin, lived a sinless life, performed many miracles, shed his blood on the cross as our substitute, died, was buried, was bodily resurrected, ascended to the right hand of the Father, and will visibly return in power and glory. (John 1:1–3; Matthew 1:18–25; Isaiah 7:14; Colossians 1:15)
3. The Holy Spirit is God, coequal and coexistent with the Father and the Son. He is the chief convicter of sin and the chief agent of regeneration and sanctification. The Holy Spirit indwells every believer and empowers each believer to live a Godly life separated unto the purposes of God. (John 14:16:19; Romans 8:9; Titus 3:5)
4. In the beginning, God created all things, and His creation is the result of His intelligent design. He created humanity in His own likeness and image, and humanity was originally created with the ability to live perfectly for God's glory. (Genesis 1:27, 31)
5. Adam and Eve, the first man and woman, sinned by acting in disobedience toward God. This act resulted in the fall of all humanity into and under the curse of sin; therefore, all people have sinned and lost their ability to live for the glory of God. Humanity's fall resulted in both physical and spiritual death (Hell, a place of torment) on all until the forgiveness and salvation by the grace of God. (Genesis 3:1–24; Romans 3:10–23)
6. Salvation for lost and sinful humans is an eternal, secure, free gift of God's grace apart from human works (good deeds, baptism, giving money, sacraments, etc.) based solely upon Christ's victorious and atoning death, effected by the regenerating work of the Holy Spirit, and received only through faith in the person and finished work of Jesus Christ on the cross. (Ephesians 2:8–10; 2 Corinthians 5:21; Romans 3:19–31; 1 John 5:13; John 3:16–36)
7. The Church is the body of Christ and the family of God. It is made up of saved believers who regularly join together for worship, giving tithes and offerings, fellowship, ministry to others, the Lord's Supper (sacrament of Communion), and witnessing others follow Christ in baptism. (Matthew 16:18; 2 Corinthians 12:12–14; Hebrews 10:25; Matthew 3:13–17; Acts 8:35–39; Luke 22:14–22; 1 Corinthians 11:23–32)
8. God created marriage in the beginning, as a blessing for both man and woman, before any sin or rebellion entered the world, and He created marriage to be between one man and one woman who together enter a covenant relationship, complement one another, serve one another, and sanctify one another for as long as they both shall live. Marriage reflects the relationship between Jesus Christ and His Church. (Genesis 1:27–28; 2:15–24; 1 Corinthians 6:9–20; Hebrews 13:4; Ephesians 5:21–6:4)
9. All human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including preborn babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all human life. (Psalm 139)

This Statement of Faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of humankind, is the sole source of all that we believe.

I hereby acknowledge that I have read and agree with Neighborhood Kids School's Statement of Faith.

Printed name: _____

Signature: _____

Date: _____