



**ST THÉRÈSE**  
EARLY LEARNING CENTER  
The Diocese of St Augustine

**Child's Name:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street City Zip*

**D.O.B.** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **Home PH#** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
*Last First M.I.*

**Place of Employment:** \_\_\_\_\_ **Bus. Ph#** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Voice Mail Message Box:** ☐ Yes ☐ No **Cellular Ph#&/or Pager#** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
*Last First M.I.*

**Place of Employment:** \_\_\_\_\_ **Bus. Ph#** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Voice Mail Message Box:** ☐ Yes ☐ No **Cellular Ph#&/or Pager#** \_\_\_\_\_

**Custody:** Mother ☐ Father ☐ Both ☐ Other ☐ \_\_\_\_\_

**Child Resides with:** Mother ☐ Father ☐ Both ☐ Other ☐ \_\_\_\_\_

**Other Persons permitted to pickup child from facility:**

1) \_\_\_\_\_  
*Name Phone# Relationship to Child*

2) \_\_\_\_\_  
*Name Phone# Relationship to Child*

**Physician's Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Religious Background:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Information pertaining to child's care i.e. habits, allergies, potty training, etc...**

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

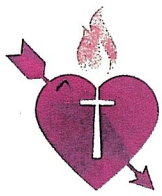
**Parent or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

**Date received** \_\_\_\_\_

☐ **Paid Registration Fee with Check #** \_\_\_\_\_

☐ **Cash – Amount Received \$** \_\_\_\_\_



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## **PARENT AGREEMENT**

I am the parent or legal guardian of \_\_\_\_\_

In order to record my understanding of my rights and responsibilities as parent, guardian, or custodian of the above named child, who is enrolled with St. Therese Early Learning Center, I agree to abide by the requirements, written below and all policies set forth in the Parent Handbook. Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility brochure, "Know Your Child Care Facility" Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

In return for this promise of continual fulfillment of all policies, St. Therese Early Learning Center agrees to provide care for the above named child which meets the standards and guidelines as set forth below and in the Family Handbook.

The fee as set forth herein will be in effect until a new agreement is signed by me. This fee for each child will be paid in advance; I understand that care will not be provided without this advance payment.

I understand that a registration fee of \$175.00 is required at the time of registration (excluding VPK Voucher Only Students)

Tuition payments will be made by cash, check, or credit card. Receipts will be given for payments if requested. I understand that I have the right to choose to make monthly payments or weekly payments. I also understand that once a payment method is established it cannot be changed until a new agreement has been signed. Monthly payments are to be made no later than the 5th of the month. A \$25.00 late fee will be assessed for accounts not paid by the above date and will be charged an additional \$10.00 each week until it is paid in full. Weekly payments are due on Monday any payment not received by close of business Tuesday, will be assessed a \$15.00 late fee. If my child is not picked up at dismissal, I will pay the required late fee.

I understand that there is NO AUTOMATIC REDUCTION of fees when my child is on vacation or gone from the center for any other reason.

I understand there is a returned check fee of \$40.00.

Two weeks advance, written notice to the Director is required when withdrawing a child from St. Therese Early Learning Center. If two weeks advance notice is not given, I will pay two weeks from the time notice is given.

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*Parent/Guardian Signature*

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*Date*



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**Diocese of Saint Augustine  
Catholic Center  
11625 Old St. Augustine Road  
Jacksonville, Florida 32258  
(904)262-3200**

## **CHILD PHOTOGRAPHY RELEASE FORM**

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

## **FOOD ACTIVITIES**

My child has permission to consume food items brought into the classroom that are from outside sources this would include snack items, pizza parties, birthday parties, Christmas parties, etc...

\_\_\_\_\_  
*Child's Name (Printed)*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*





# ST THÉRÈSE

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## SCREENING POLICY

Screening is a process to determine if a child has any developmental concerns that may require further attention and follow-up. Screenings can include vision, speech/hearing, nutrition, dental, and overall development. We partner with other agencies in the community who will provide opportunities for some of the above screenings to be conducted at our center. Your consent will be obtained prior to the administration of those screenings. Assessment is the process to monitor growth and development on an ongoing basis. Screening and assessment are directly linked to lesson planning and meeting the individual needs of children. Our goal is to ensure that your child is prepared to enter Kindergarten at the age of five.

Among the screenings and assessments conducted at our center are: the Alphabet Letter Recognition Inventory (ALRI), portfolio assessments in the preschool classrooms, Teaching Strategies Gold, and the Ages and Stages Questionnaire (ASQ) for ages four months through five years. At least once a year, our center administers the ASQ screening. This tool assesses a child's overall development in the areas of: communication, gross motor, fine motor, problem-solving, and personal social skills. Our staff have been trained how to administer this screening. The questions on the ASQ may be answered based on teacher observation, one-on-one activities conducted with the child or by parent/guardian input. Upon completion of the questionnaire, we will share with you the results and may provide supplemental learning activities or follow-up recommendations.

\*\*\*I give consent for my child to participate in screenings administered at the center. I understand that the information gathered from the screening will be used to help my child with his/her developmental growth and success. My child's results and findings are confidential and will only be shared with my permission.

\_\_\_\_\_  
*Child's Name (Printed)*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*



During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



## What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



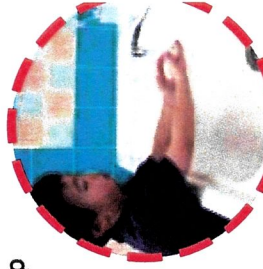
## How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

## What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



## When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>