

Dr. D.D. Brown Christian Academy of Hope

Authorization to Administer Medication

No medication shall be given by day care personnel without the signed permission of a parent or guardian. Please, complete this form.

Medication policy:

Should your child need medication we will administer it according to the physician's instructions. However, no medication will be given without a doctor's note. All medication must be brought to school in the original container and signed in at the office. Children must be fever free to attend school. **No medication will be given to prevent a fever.** If your child has chronic cold symptoms due to allergies, a physician's report should be sent to confirm this. This policy would also apply to red or watery eyes due to allergies.

Accepted by: _____

Date: _____

Child's name:

Name of medication: _____

Amount of medication to be given:

Time medication is to be given:

Date: _____

Parent's signature: _____

Date and time medication given:

Amount given _____ staff initials _____

Dr. D.D. Brown Christian Academy of Hope

ENROLLMENT CHECKLIST
Complete Registration Package:

Signed cover sheet (registration policy/medication policy)
 Enrollment form

Signed discipline policy

Signed parent agreement form

(2) signed emergency consent forms

Signed copy of Know Your Childcare
Center brochure

Blue immunization card

Yellow physical form

Copy of birth certificate

Social Security Card

Parent Signature _____

Provider signature _____

Financial

Name of the person(s) responsible for payment of tuition and fees _____

What are the primary hours of care that you need?

From _____ To _____

Health

Florida law requires that we must have up-to date shot records and physicals signed by your physician. Medical examinations and immunizations are required before entering the preschool.

Does your child have any physical condition or is your child on any prescribed medication?

What is the medication/s prescribed for?

Name of child's Physician

Telephone Number

CONTACTS:

Child will be released only to the custodial parent or legal guardian & the persons listed below. The following people will also be contacted & are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
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Name	Address	Work#	Home#
------	---------	-------	-------

Name	Address	Work#	Home#
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Primary hours of care: From _____ To _____

Special instructions regarding eating habits, Toileting, allergies, or areas of concern:

I hereby authorize Dr. D.D. Brown Christian Academy of Hope to seek emergency medical treatment for my child _____, in the event at which time that I cannot be reached. I give consent to transport by ambulance if situations warrant it. I grant my permission for my child to participate in any physical education activities. I waive, release, absolute and hold blameless Dr. D.D. Brown Christian Academy; its administration, teachers, and supervisors, of injury or sickness to my child. I authorize the personnel at Dr. D.D. Brown Christian Academy to administer first aid to my child in case of their involvement in an accident or sickness. Dr. D.D. Brown Christian Academy believes in arbitration through and by trained spiritual professionals over courts of law. By signing this agreement and enrolling my child/children in Dr. D.D. Brown Christian Academy of Hope I agree to arbitration verses court prior to seeking any form of compensation for any injury or sickness to my child which is not caused by negligence of the staff of Dr. D.D. Brown Christian Academy, Incorporated Greater Apostolic Outreach Holy Church of God.

Date

Parent signature

Provider Signature _____ Date: _____

Dr. D.D. Brown Christian Academy of Hope

**ACCIDENT OR INCIDENT REPORT IN DAYCARE
FACILITIES**

Child's Name: _____

Date: _____ Time: _____

Type of accident/incident: _____

Parent's signature: _____

Report: _____

(Use back of sheet if more space is needed)

Doctor's Name _____

Address _____

Hospital preference _____

May the center call another physician if unable to contact
the above physician?

Yes _____ No _____

Teacher/aide signature: _____

Dr. D.D. Brown Christian Academy of Hope

EMERGENCY CONSENT FORM

T0: Dr. _____ or emergency physician.
This letter authorizes any emergency treatment required for
my child (ren) in the event a parent/guardian cannot be
located to give permission for treatment.

Parent/Guardian: _____

Telephone #: _____

Address: _____

(City) (State) (Zip code)

Name(s) of child (ren): _____

Age(s): _____

Allergies: _____

Date: _____

Insurance Co.: _____

Policy/Medicaid #: _____

Address of Insurance Co.: _____

(City) (State) (Zip code)

Parent/guardian signature: _____

Witness sign: _____ tel. # _____

Witness sign: _____ tel. # _____

Dr. D.D. Brown Christian Academy of Hope

Parent/Provider Agreement

This agreement between Dr. D.D. Brown Christian Academy of Hope and the client(s) _____ for the care of _____.

This agreement is for one full year, unless agreed upon and signed by both parties in writing.

A deposit and/or nonrefundable application/registration fee in the amount of 100.00 is due upon registration. This amount is due annually on the anniversary of the initial registration.

Payment thereafter will be made on Thursday no later than Friday in the amount of \$ _____ for a total of 50 hours-5 days a week from _____am/pm to _____am/pm. If fees are not paid on Friday children will not be able to attend school on Monday morning. Also, there will be a \$20.00 late fee added to your account. Parents on ELCMC are not permitted to become past due on weekly fees. ELCMC has instructed facilities to suspend care after the parent misses the first week until the account has become current. Fees for late pick-up and/or early drop off will be \$5.00 per 15 min.

If your work shift changes we will need to be notified immediately. ELCMC will not pay if the shift differs from what you submitted to them as your work schedule. By signing this agreement you agree to accept responsibility for any fees not covered by ELCMC. Clients will be charged \$ 25.00 or 10% (whichever is greater) for any returned checks. **Not accepting checks now!**

Dr. D.D. Brown Christian Academy of Hope has been having problems with parents not signing in and out properly. The sign in/out sheet is a part of your contract and must be filled in daily. If you forget to sign your child in or out you will become responsible for the entire fee that is non-subsidized for that day.

We will be closed on the following holidays: New year's, M. L. King day, President's day, Good Friday, Memorial day, Independence day, Labor day, Veteran's day, Thanksgiving (2), Christmas (2) and all Federal Holidays.

The payment policy for provider vacation and sick days is as follows: Substitute will be provided.

The payment policy for clients' vacation and sick days are as follows: 1 - 5 day period during a physical year can be used for vacation; however, a two week notice must be given prior to taking a vacation. Dr. D.D. Brown Christian Academy of Hope WILL WAIVE THE FEE FOR ONE WEEK TO PRIVATE PAY PARENTS IF A NOTICE IS GIVEN.

All fees are due weekly for tuition whether or not the child/ren are in attendance. ELCMC parents must bring a doctor's note if the child has been out for more than three days during the month every time the child does not attend otherwise the parent becomes responsible for the full fees for that day.

By signing this agreement you agree to abide by the rules and policies of the academy. This means that if you are unhappy with something you see at the facility you will work with the staff in a professional manner to resolve any disputes that you may have. Under no circumstances will we tolerate the use of profanity and rude treatment of our staff. We are here to provide a safe place for your children to grow and learn and that is for every child in the facility. Dr. D.D. Brown Christian Academy of Hope does not discriminate against race creed color or national origin.

This agreement is for one full year as we are a non-profit school and a preschool; however the agreement can be terminated by either party by giving two weeks' notice. Although a two week notice is given the tuition fees will be due whether or not the child attends during the two week period.

Dr. D.D. Brown Christian Academy of Hope will take every step to collect past due fees. The provider may terminate without notice due to any violations of this agreement, or if the welfare of any child is in danger. Deposit money will not be refunded.

Dr. D.D. Brown Christian Academy of Hope takes the children 3 and up on field trips weekly to the Library, Barnes and Nobles, Post Office, Fire Dept. Publix, Sam's Club; by signing this agreement you agree to have your child attend these outings because we do not have a library in place on campus.

If your child cannot attend you need to give us a statement in writing; otherwise this is a standing permission slip to be placed in the child's file.

Dr. D.D. Brown Christian Academy of Hope

POLICY STATEMENT

1. Dr. D.D. Brown Christian Academy of Hope does not discriminate on the basis of race, national origin, color, religion, sex or handicap.
2. We have an "open door" policy which simply means you are welcome at anytime.
3. Pick-up and drop-off times are usually busy, therefore we recommend scheduling appointments or using telephone conferences in order to discuss any problems we may be having.
4. Children are not allowed to have personal "security items" (i.e., toys, blankets, games, dolls, etc.) we cannot be responsible for any damage or lost of these items including pacifiers. Teachers will not look for lost pacifiers.
5. No food, drink, gum, hard candy, suckers, coins, toy weapons, or small objects are allowed at any time.
6. We cannot give out any medication without your written approval. Forms are available upon request.
7. Always have at least one change of clean clothing for your child, as well as, infant supplies (see sheet in application packet). All items must be labeled with your child's name.
8. Breakfast is served at 9:00 am: please, feed your child at home if you are going to be later.
9. No one under 18 years of age can drop off or pick up children.
10. **We cannot accept a child who is experiencing diarrhea, vomiting, severe rash, or temperature over 99 degrees, or any child who has been diagnosed with a contagious disease. If symptoms appear while the child is in our care, the parent / guardian will be called and will be expected to pick up the child as soon as possible. Re-admittance is at the discretion of the provider.**
11. Occasional field trips will be made to the library, zoo, park and various other outings. Parents will be verbally notified of these trips. A signature of the parent / guardian is required on the permission slip for children to attend trip (that will be located on the sign in table; at least 2 days before trip).

Parent Signature _____ Date _____

Dr. D.D. Brown Christian Academy of Hope

907 SW 3rd St., Address
Ocala, Florida 34471

921 SW 3rd St.,
Ocala, Florida 34471

Phone : 352-433-2217 or 352-304-5109

Fax: 352-433-2731

Email : ddbcaoh@gmail.com

Parent Signature: _____ Date: _____

Administrator/Director _____ Date _____

Dr. D.D. Brown Christian Academy of Hope

Registration fee is \$ \$50.00 for one child or 100.00 for a family. All payments are due on Friday morning and will pay for the ensuing week. There will be a \$20.00 late charge for all fees paid after Monday. Parents who have not paid fees by Tuesday evening will not be permitted to leave children at Precious Children Pre-School or Dr. D.D. Brown Christian Academy of Hope on Wednesday. There are no exceptions. Fees must be paid in full for the current week and the following week in advance at that time. If Fees are not paid by Wednesday, child (ren) will be suspended indefinitely at the discretion of the Administrator. **Exceptions may apply.** Inquire about subsidized childcare.

	Full-time
\$175.00 weekly	(0 – 12 months)
\$150.00 weekly	Full-time (13-24 months)
\$130.00 weekly	Full-time (24months & up)
\$120.00 Weekly	3 years – 12 years

Part-time Care

\$80.00 WEEKLY	Before & after care
\$70.00 WEEKLY	Weekend or evening Care
\$75.00 WEEKLY	Pre-school only- (8:00 a.m. – 12:00 p.m.)

Drop-ins based on space available

Will be charged the daily rate which is the weekly rate divided by five. Children must be registered in the facility to receive daily or drop- in care. Parents must pay the initial registration fee and provide the required documents to remain on file at all times. Fees for transportation are \$30.00 a week and must be paid on Monday morning in order for your child to be transported.

(Parents must call to see if space is available)

Dr. D.D. Brown Christian Academy of Hope

Dear Parents,

The health requirements of the children are always a concern for you as well as for us. Therefore, we have written a policy to assist you should you have any questions.

As stated in the HRS child care standards:

Communicable Diseases in Children:

Any child who is suspected of having a communicable disease or exhibits other signs and symptoms that include any of the following:

1. Severe coughing, causing the child to become red or blue in the face or to make a whooping sound,
2. difficult or rapid breathing,
3. Stiff neck, sore throat, mouth sores (eg). Thrush)
4. diarrhea (more than one abnormally loose stool within 24-hour period),
5. temperature of one hundred degrees Fahrenheit or higher taken by the auxiliary method when in combination with any other sign of illness,
6. conjunctivitis (pink eye),
7. untreated infected skin patch(es),
8. unusually dark urine and/or gray or white stool and yellowish skin or eyes, and
9. Any other unusual sign or symptom of illness (eg. Vomiting).

They shall be placed in the isolation area, the condition shall be reported to the parent, guardian or other person authorized by the parent and the child shall be removed from the facility as soon as possible. Such children can return to the childcare facility when the signs and symptoms are no longer present. Re-admittance to our program will be allowed with a written medical diagnosis from a licensed physician.

Dr. D.D. Brown Christian Academy of Hope

907 SW 3rd St., Address 921 SW 3rd St.,
Ocala, Florida 34471 Ocala, Florida 34471

Phone : 352-433-2217 or 352-304-5109

Fax: 352-433-2731

Email : ddbcaoh@gmail.com

“Where learning and play becomes one and the health, safety and welfare of your child is our number one priority.”

Dr. D. D. Brown Christian Academy was opened in Florida in April of 2001 as a family childcare home to provide quality childcare and to prepare children for school. While Daycare problems exist in Marion County,

Dr. D. D. Brown Christian Academy is responding to the need to have children prepared to enter into public school prepared to read and learn. There are too many children entering elementary and middle school unprepared. We are committed to providing a parent with the assistance they rely on when they place their child in the care of an extended home. These services include learning, nurturing and playing in a safe and happy environment.

The children will enjoy an age appropriate curriculum, along with enriching activities to stimulate all of the five senses. Activities will range from but is not limited to m finger painting to modeling clay, storytelling and singing songs. Outside play is an important part of each day. Every child will have the opportunity to play in the white sand, enjoy water play, swings or use the climbers. We provide a broad range of activities to stimulate a child’s imagination and help them to into a well-rounded and well-prepared young person.

ABOUT OUR PRE-SCHOOL

The pre-school program will expose them to various activities to enhance their ability to recognize letters, numbers, shapes and concepts.

Many “hands on” activities will be provided in centers. Table work will help children be prepared for “school”.

It is the goal of the day care to make the transition from pre-school to school easy as possible for the child.

Dr. D.D. Brown Christian Academy of Hope

DISCIPLINE POLICY

1. Children are not permitted to hurt themselves or each other.
2. Children are not to belittle or damage the feelings or work of others.
3. Children are helped to learn to cooperate with adults as adults cooperate with them.

DISCIPLINE PROBLEMS are avoided by having:

1. A well-organized room.
2. A well-organized routine.
3. A calm, considerate staff.
4. Clear, consistent standards and expectations.
5. Informing children what will happen if negative behavior occurs.
6. Offering a wide variety of prepared activities.
7. Offering opportunities every day for children to choose their own indoor & outdoor activities, friends, pace and space.

When an adult must intervene, the adult will give:

1. Each child an explanation of why an intervention is occurring.
2. Children a chance to express feelings, even if negative, but in words only.
3. Clear, positive, specific, firm & polite directions.
4. Direct the child to another activity.
5. As a last resort, a time out from the group.
6. The child the responsibility of deciding when he/she can return.

Parent signature

Date

Dr. D.D. Brown Christian Academy of Hope

EMERGENCY CONSENT FORM

TO: Dr. _____ or emergency physician.
This letter authorizes any emergency treatment required for
my child (ren) in the event a parent/guardian cannot be
located to give permission for treatment.

Parent/Guardian: _____

Telephone #: _____

Address: _____

(City) (State) (Zip code)

Name(s) of child (ren): _____

Age(s): _____

Allergies: _____

Date: _____

Insurance Co.: _____

Policy/Medicaid #: _____

Address of Insurance Co.: _____

(City) (State) (Zip code)

Parent/guardian signature: _____

Witness sign: _____ tel. # _____

Witness sign: _____ tel. # _____