

**MUSTARD SEED KIDZ
ENROLLMENT PACKET**



CHILD INFORMATION

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

Father's Name: _____ 4-Digit Door Code # _____
Address: _____ City _____ Zip _____
Employed By: _____ City _____ Zip _____
Home Phone #: _____ Work Phone # _____
Email Address: _____

Mother's Name: _____ 4-Digit Door Code # _____
Address: _____ City _____ Zip _____
Employed By: _____ City _____ Zip _____
Home Phone #: _____ Work Phone # _____
Email Address: _____

I wish to enroll my child for the _____ School Year in the _____ program unless it is determined by both the director and parents for the betterment of the student they be placed in a different program.

Enrollment Date: _____

ATTENTION: PLEASE MAKE SURE THE EMERGENCY CONTACT INDIVIDUALS ARE ALSO LISTED ON THE PICK-UP PERMISSION FORM

Who referred you to MUSTARD SEED KIDZ?

For ALL STUDENTS (one per child)

Emergency Contact and Medical Information for a Child

Child's Name _____		Date of Birth _____	M	F
			Sex	
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____		
() _____	() _____	() _____	() _____	
Home Phone	Work Phone	Home Phone	Work Phone	
Address _____		Address _____		
City, ST ZIP Code _____		City, ST ZIP Code _____		

Alternative Emergency Contacts

Primary Emergency Contact _____		Secondary Emergency Contact _____	
() _____	() _____	() _____	() _____
Home Phone	Work Phone	Home Phone	Work Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____	Phone Number _____
Dentists Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to go on field trips. I release Mustard Seed Kidz and individuals from liability in case off accident during activities related to Mustard Seed Kidz, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____

For ALL STUDENTS (one per child)

**MUSTARD SEED KIDZ
PICK-UP PERMISSION & EMERGENCY CONTACT FORM**

Name of child: _____

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any change. (Even Mother and Father's name need to be listed!)

<u>Date</u>	<u>Name</u>	<u>Relationship</u>	<u>Home/Cell phone</u>	<u>Work Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If there is a separation or divorce custody problem of which MUSTARD SEED KIDZ should be aware, please explain. (attach custody documentation if necessary)

Names of persons who may not pick up the child:

I also give my permission for my child to leave the above named facility for trips in a center owned vehicle such as field trips or on walks.

Date _____

X _____
Signature of Parent or Guardian



MUSTARD SEED KIDZ Transportation Permission

1. Every driver of this vehicle holds a current and valid driver's license, and has up to date certification in CPR and First Aid.
2. The Vehicle, when children are aboard, shall not be left unattended for any time.
3. The children must wear a seat belt while the vehicle is in motion.

Transportation Agreement

1. I _____, give permission for my child, _____,
PARENT'S NAME CHILD'S NAME
to ride in the vehicle provided by Mustard Seed Kidz child care center.
2. My child will be transported from the center to the school or vice-versa and the elementary school will assume responsibility until she/he is on board the center vehicle.
3. *I agree to notify the MUSTARD SEED KIDZ daily if my child will be absent.*
4. I also give my permission for my child to ride in the vehicle provided by the center for any field trips arranged by the center. I understand that I will be notified of all field trips prior to the day of the event

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

MUSTARD SEED KIDZ IMMUNIZATIONS/PHYSICAL FORMS

ALL students (other than After school only) are required to have current immunization and physical records on file with Mustard Seed Kidz.

Please note that at the time of enrollment (within 30 days) some children in care may not have current immunizations.

According to environmental health laws and Mustard Seed Kidz requirements each child must complete current immunization and physical forms. The physical must be updated every 2 years. Non-compliance will result in suspension of services at parents financial responsibility until all forms are current on file. Please inform the director if your child should require any special needs such as physical or mental conditions, illness, hospitalizations or any dietary conditions.

STATEMENT OF HEALTH STATUS

Child's Name

Age

Birthday

I hereby certify that my child _____ is free of communicable disease.
(child's name)

I also specify below any allergies, regular medications or acute or chronic conditions.

Parent's Signature

Date

For ALL STUDENTS (one per child)

**MUSTARD SEED KIDZ
Allergy/Food Exemption Medical Statement**

Child's Name _____ Date _____

Length of time for food exemption _____

Allergy: _____ Reaction: _____

Foods to avoid _____ Substitute foods _____

Parent's Signature: _____ Date _____

Doctor's Signature: _____ Date _____

**MUSTARD SEED KIDZ
PHOTO RELEASE FORM**

I understand that MUSTARD SEED KIDZ offers school pictures two times a year, in the spring and fall. I further understand that I am under no obligation to purchase the photos that are taken of my child or pictures that my child may be in.

I also understand that MUSTARD SEED KIDZ may take pictures of the children playing from time to time for use on their cubbies or for use with a project. I understand that pictures are sometimes used to help show parents what their children are doing during the day. I realize that photos may be displayed in the room from time to time and could possibly include my child. I also realize that my child might be in the background or play area with another child when a picture is taken and that it is possible that that particular picture might be sent home with the other child to show their parent what they are doing.

I agree to give permission for MUSTARD SEED KIDZ to take photographs or video images of my child. I agree to allow these photographs to be displayed my child's room, on room or center bulletin boards, or to be used as mentioned above. I further agree to allow the center to use these photographs or video images in limited promotional or training applications.

Child's Name _____

Parent's Name

Parent's Signature

Mustard Seed Kidz Discipline & Child Expulsion Policy

At Mustard Seed Kidz we pride ourselves in understanding and developing positive behaviors and attributes in your child's behavior. Our staff is fully trained in positive, productive guidance. Our guidance will always be positive and immediate when behavior is inappropriate. Our discipline will always fall in line with God's word and behavior which are pleasing to Him. Children will never receive physical punishment. Children who have conflicts or problems with others while at our center will be encouraged to verbalize their angers and concerns. Even infants without verbal skills will hear their caregivers describing problems, and logical consequences. The role of the adult at school is to be a helper to positive problem solving. Our staff members guide rather than punish. Children whose behavior endangers others will be supervised away from other children. The child will then process the problem with a staff member and other concerned parties. Staff rarely use "time out" unless a child is emotionally out of control and needs private time to regain composure. Verbal processing is our preferred technique. All Mustard Seed Kidz staff will comply with the facilities written disciplinary policy as stated in Chapter 65-C of the Florida Administrative Code of Child Care Standards. Such policies shall include standards that prohibit children from being subjected to discipline, which is severe, humiliating, frightening or associated with food, rest, or toileting. Spanking or any other form of punishment is prohibited by all childcare personnel. Our Directors' have numerous years of experience as Interventionalists working with child behaviors. We will utilize our strengths towards providing the best behavior modification for your child. Behavior that is chronic will be brought to the attention of the parents so we can work together to correct the situation. If the behavior continues or worsens your child may be asked to discontinue enrollment at our center. We genuinely want to work with you and your family to provide the best possible solution for all involved. Mustard Seed Kidz has enacted a child discipline policy for the safety of your child. We want to do our best to protect your child and give you a sense of comfort and peace while your child is in our care, so therefore we have put in writing a copy of our discipline policy for your review. The following actions will take place for behaviors such as hitting, biting, verbal aggression, physical aggression towards peers or adults to list a few.

First Offense: Incident Reports will be signed by parents and behavioral adjustments discussed.

Second Offense: Meeting with parents on ways to combat behavior.

Third Offense: Child will be given one (1) day suspension from school.

Fourth Offense: Child we will be expelled from school.

***Management reserves the right to immediately expel children who pose a server threat to themselves, others and/or staff without notice ***

Please Sign below to verify you have read and understand both the child discipline policy and expulsion policy.

X _____

**MUSTARD SEED KIDZ
2021/2022 Fee Agreement**

6:30 A.M.--6:00 P.M. Monday through Friday
 Registration Fee -- \$100 per child
 (Non Refundable) paid to hold spot

Ages Served: Birth-Up
 Annual Reenrollment -- \$50 per child

Fees:

Infant Full Time (6 weeks-1 yr)	\$ 235 per week		
Toddler Full Time (ages 1-2 yr)	\$ 220 per week		
Full Time (ages 2-3 yr)	\$ 205 per week		
Full Time (ages 3-4 yr)	\$ 190 per week		
Part Time MWF – (Class dependent)	Ones - \$ 165	Twos - \$ 155	Threes/Fours - \$ 145 per week
Part Time TTH - (Class dependent)	Ones - \$ 125	Twos - \$ 115	Thress/Fours - \$ 105 per week
VPK	Free		
VPK Extended Care	\$155/\$175(not in session)		
Before/After School	\$ 85 per week		
Before School only	\$ 40 per week		
Summer Camp (School Age)	\$ 150 per week + \$30 Field Trip fee (may vary depending on trips)		
Daily Drop In	\$ 8 per hour or full time/5days		

- LATE Pickup FEE (After 6:00 PM) & EARLY (before 6:30 AM) will be \$3.00 per minute.
- Fees are due whether child is in attendance or not
- All holidays and Inclement weather days will be charged at the regular rate and fees are still due.
- Discounts:
 - 1) 10% Family Discount on oldest child or Part time spot (whichever is lower)
 - 2) 10% Military Discount
 - 3) 10% Foster Care Discount

School Readiness: If in ELC’s school readiness program, parents are still responsible for the parent fee plus the difference between MSK tuition prices and the reimbursement amount that ELC provides according to your specific voucher.

Fees are due in advance on Monday. \$20.00 late payment convenience fee added if not paid on Tuesday. Credit Card Decline fee and ACH return fee \$30.00. Failure to pay on time may result in termination of services. Fees for two weeks will be added if a two week written notice is not given prior to your child leaving the center. MUSTARD SEED KIDZ may seek collection of fees; clients may be required to pay a two week termination fee, and any collection costs and attorney’s fees incurred by MUSTARD SEED KIDZ to collect this amount. If Mustard Seed Kidz elects, it may immediately terminate all services provided by it including but not limited to the immediate dismissal of the children from it’s facility.

Child’s Name: _____	Schedule: _____ (i.e. M-F 7-5)	Rate: _____ (per wk)
_____	_____	_____
_____	_____	_____

By signing below I am stating that I understand and agree to the terms of the above fee agreement. I also understand that the fees may increase between the date this agreement is signed and my start date. In the event this happens, I agree to pay the new rates or forfeit my deposit and my child’s spot in the center. I further agree to pay all fees and late fees as stated above and any and all attorney fees, court costs and collection costs related to the collection of my account not to exceed 50% of my total account.

PARENT’S SIGNATURE: _____ Social Security # _____ DATE: _____

PARENT’S SIGNATURE: _____ Social Security # _____ DATE: _____

MUSTARD SEED KIDZ PARENT ACKNOWLEDGEMENT FORM

I understand that these policies describe important information regarding MUSTARD SEED KIDZ. If at any time I have questions regarding these policies, I should consult a member of the management team.

My relationship with the MUSTARD SEED KIDZ is voluntarily entered into and is subject to termination by me or the Center at will, with or without cause, at any time that either the Center or I believe such action is appropriate. Such termination shall be subject to all the policies relating to termination of services.

I acknowledge that I have received, read and understand the policies contained in the parent handbook. I further agree to comply with these policies. I hereby grant permission for the staff of this facility to have access to my child's records.

Parent Signature

Date

Parent Signature

Date

Child's Name

Signature Received by (Center Staff)

Date Received

Sign and Return to office

Helpful Information About Child:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
Section 65C-20.11 F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

****For you to keep****

**MUSTARD SEED KIDZ
Notification of Vacation or Other Absence**

****Children must be enrolled for 90 days before vacation credit is usable****

_____ will be absent from class on the following dates:
Child's Name

From _____ To _____

The following statements can be found in the Parents Handbook:

Vacation Time:

Each child is given one week of vacation credit with no tuition charge after 90 days of enrollment. The family account must not have any balance due before using the vacation credit. Any additional weeks require weekly tuition being due, to hold the spot.

Other Time Off:

If the one week of vacation time has been used then time off for any other reason will result in weekly tuition being due. In the case of a family emergency, please notify the center director and these situations will be considered individually at the director's discretion.

Parent/Guardian Signature _____ Date _____

Directors Signature _____ Date _____

****For you to keep****

MUSTARD SEED KIDZ
Termination of Services Form

Name: _____ Date: _____

Address: _____

City & Zip: _____ Phone # _____

Child(ren)'s Names: _____

My Child's (children's) position at MUSTARD SEED KIDZ will be/has been terminated effective as of ____
_____. (Month/date/year)

Our reasons for termination are: _____

I will pay the final two weeks but my child will not attend

My child will be in attendance the final two weeks

My Child will be returning on _____

Additional Comments: _____

I understand that the center requires a two week written notice prior to a child leaving the center. I further understand that the center will add fees for these two weeks and/or for the weekly fees as long as my child(ren) are in attendance at the center – whichever is greater

Signed by Parent: _____ Date: _____

Director's Signature: _____ Date: _____