

**JACKSONVILLE JEWISH CENTER PRESCHOOL & KIDS CLUB
2011-2012 REGISTRATION, ENROLLMENT, EMERGENCY & FIELD TRIP FORM**

EMERGENCY CONTACTS: In case of illness or emergency and you cannot be reached, please list at least two people for us to contact. These people also have permission to remove your child from our facility.

1. Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Relationship: _____
2. Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Relationship: _____

ADDITIONAL AUTHORIZED PERSONS TO REMOVE MY CHILD FROM THE PREMISES AND OR AUTHORITY OF THE JACKSONVILLE JEWISH CENTER:

1. Name: _____ Ph.: _____ Relationship: _____
2. Name: _____ Ph.: _____ Relationship: _____
3. Name: _____ Ph.: _____ Relationship: _____
4. Name: _____ Ph.: _____ Relationship: _____

EMERGENCY MEDICAL TREATMENT, FIELD TRIPS AND PUBLICITY

- I do hereby authorize that in the event of an emergency the staff of the JJC may have my child transported by ambulance to the nearest hospital or emergency clinic. I understand that the JJC does not bear any financial responsibility for medical care or any related charges incurred as a result of an accident during any of the programs in the JJC Preschool and Kids Club.
- I hereby give my permission for my Parparim and Tzeeporim student (3 or 4 yrs. old as of 9/1/11) to go on all field trips planned by the Jacksonville Jewish Center Preschool for the 2011-2012 school year.
- I permit the free use of our names and/or pictures in broadcasts, newspapers, brochures, or other forms of communication. I also permit our names, address, phone numbers and e-mail addresses to be shared with other JJC families.

Parent's Signature: _____ **Child's Name:** _____

• **JJC PRESCHOOL AND KIDS CLUB DISCIPLINE POLICY**

Corporal punishment is not permitted in our school. It is the policy of this school to use positive reinforcement whenever possible in eliciting proper behavior. Parents will be notified of any behavior problems in order that we may work together to assist students. The school reserves the right to request parents pick up any child whenever the director deems it necessary. The school also reserves the right to discontinue the child's enrollment if the child's behavior is deemed detrimental to the well being of other children or the staff. *{Section 65C-22.006(4), F.A.C. requires that the parents be notified in writing of the disciplinary practices used by the child care facility.}*

• **KNOW YOUR CHILD CARE FACILITY**

The Jacksonville Jewish Center Preschool is a licensed child care facility. Our current license was issued on December 15, 2008. Please read the enclosed copy of the Know Your Child Care Facility brochure. *{Section 402.3125(5), F.S., requires that parents receive a copy of the brochure, "Know Your Child Care Facility".}*

• **CHILD'S HEALTH RECORD**

The JJC Preschool requires that these forms be provided before the first day of school. These forms must be kept up-to-date. **Forms are obtained from your child's Florida physician.** *{Section 65C-22.006(2), F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) be provided to your child's school or your child will be excluded.}*

• **INFLUENZA VIRUS "The flu: A Guide for Parents"-**

A new law was passed in 2009 requiring child care facilities to provide parents with information detailing the causes, symptoms & transmission of the flu each year.

By signing below, I verify that I have received and understand the above noted information and that all information contained herein is complete and accurate. Although the medical information of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case the judgment of the school authorities will prevail. I understand that I must notify the director in writing if there are any changes in the information provided including schedule changes and withdrawals.

PARENT/GUARDIAN'S SIGNATURE _____ **DATE:** _____

I would like to register for PTA at this time. I have included an additional \$25 to my registration fee to cover the once a year PTA membership fee. _____ **YES** _____ **NO**

