



Agapeland Childcare Center

Rev. David T. Demola, Ph.D
Pastor

Jaclyn Demola-Pitre
Director

How did you find out about our school? Word of Mouth/Other: _____

Does your child have any physical or mental handicaps that may affect his/her activities or progress?

Yes No. If yes, please explain: _____

Has your child ever had a serious discipline problem at home or at previous day care facilities?

Yes No. If yes, please explain: _____

Please describe any allergies your child has: _____

If other than English, what language(s) are spoken at home? _____

Parent's Statement

Your signatures below indicate your willing submission to and accountability for the following statements:

- While Agapeland caregivers are partners in the effort, I, as a parent, am ultimately responsible before God to model Christian character and behavior for my child and to raise him/her according to Christian principals.
- I willingly remand the care of my child to Agapeland Childcare Center, its employees, policies, and subjective judgments in a spirit of partnership towards the physical, education and spiritual well-being of my child.
- If I disagree with any policy, action, or statement made by employees of Agapeland Childcare Center, I will bring my concerns directly to the Director of Agapeland for frank and reasonable discussion in accordance with Matthew 18.
- I have read and understood the Agapeland Parent Handbook.

Father/Guardians Name: _____ Father/Guardians Signature: _____

Mother/Guardians Name: _____ Mother/Guardians Signature: _____

Date: ____ / ____ / ____

A Ministry of Faith Fellowship Ministries World Outreach Center

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Authorized Child Pickup

For your child's protection, we have instituted an authorized child pick up policy. Please notify the person/persons responsible for picking up your child that, *without exception*, the child will not be released to individuals who cannot present a photo ID and who is not listed below as an authorized person to pick up your child. Unfortunately there are no exceptions.

In addition, no one under the age of eighteen (18) may pick up a child without previous written permission from the parent.

I, _____, the parent/guardian of _____, give Agapeland Childcare Center authorization to release my child to the following persons:

Name:	Relationship to child:	Address:	Home /Work Phone:

Parent/Guardian Name: _____

Parent/Signature: _____

Date: ____/____/____



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Emergency Contact Information

Child's Name: _____

Father/Guardian Name: _____

Work Telephone No.: () _____

Home Telephone No.: () _____

Cell Phone No.: () _____



Mother/Guardians Name: _____

Work Telephone No.: () _____

Home Telephone No.: () _____

Cell Phone No.: () _____

Other Emergency Contacts

Name: _____ Relationship to Child: _____

Daytime Telephone: _____

Cell Phone No.: () _____

Name: _____ Relationship to Child: _____

Daytime Telephone: _____

Cell Phone No.: () _____

Name: _____ Relationship to Child: _____

Daytime Telephone: _____

Cell Phone No.: () _____

Name: _____ Relationship to Child: _____

Daytime Telephone: _____

Cell Phone No.: () _____



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Medical Emergencies

I, _____, the parent/guardian of _____,
Authorized the Agapeland Childcare Center program to administer medication/first aid to my
child in accordance to the written instructions of my child's doctor and myself.

New paperwork will be required for each and every medication that Agapeland must administer.

I also authorize Agapeland employees to transport my child to a health care facility by any means
necessary and to authorize any emergency medical treatment deemed necessary by a physician.

I agree to hold Agapeland Childcare Center, its administration, and its employees harmless for any
liabilities or costs incurred as the result of emergency treatment.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____/____/____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS			<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____		
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening		Date Performed		Record Value	
Type Screening		Date Performed		Note if Abnormal	
Hgb/Hct				Hearing	
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous				Vision	
TB (mm of Induration)				Dental	
Other:				Developmental	
Other:				Scoliosis	
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)				Health Care Provider Stamp:	
Signature/Date					



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Discipline Policy

Methods of discipline that frighten, demean, or humiliate a child will not be tolerated.

Corporal punishment is forbidden.

We will first comfort & calm the child and then discuss the behavior.

We focus on the reason behind the child's inappropriate behavior rather than the negative act.

We redirect negative behavior.

We encourage the child to think of an alternate solution to their problem.

Parents will be notified upon dismissal of any disciplinary actions taken and why it was necessary.

I have read, understand and agree to comply with Agapelands discipline policy.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____/____/____



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Trip Permission Form

I, _____, the parent/guardian of _____,
Give my child permission to participate in all field trips, walking trips and daily outdoor activities
sponsored by Agapeland Childcare Center.

The undersigned agrees to hold harmless and indemnify Faith Fellowship Ministries World Out-
reach Center and Agapeland Childcare Center, it employees and agents.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____/____/____



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Financial Commitment Form

Thank you very much for your faithfulness and full cooperation regarding your financial commitment to this policy. Together we are educating your children to effect the world with the gospel of Jesus Christ. As you have taken this step of faith, we join with you in believing God will meet every need you have.

1. We understand that there will be a late charge of \$ 30.00 assessed on accounts not paid by the 10th of the month. Late fees are considered as part of the next month's tuition, when applicable.
2. We understand that there will be a \$30.00 charge for any check returned to the school by the bank for any reason. The payment is considered unpaid and a late fee is also assessed. ***In the event two checks are returned to the school for any reason, all future payments for any school related costs are required in cash or money order.**
3. We understand that non-payment of any monies owed to the school will be added to the monthly tuition payment.
4. We understand that in the event any payment has not been received in the accounting office by the 15th of each month our child will not be admitted into class. **Payments made after the 15th must be in cash or money order form only.** Carol Gomes in the accounting office may be contacted at ext. 2105 to resolve extenuating circumstances **prior** to the tuition due date. (the Agapeland administrative office cannot help you with this situation.)
5. We agree to pay the balance of our account before requesting transcripts to be released.
6. We realize that consistently delinquent accounts will result in the removal of our child from Agapeland Child-care Center.
7. We have read and agree to comply with the above stated commitment.

Student: _____ Grade Entering: _____

Father/Guardian Name: _____

Father/Guardian Signature: _____

Mother/Guardian Name: _____

Mother/Guardian Signature: _____

(Both parents or guardians signature preferred)

Print name of person responsible for payment: _____

Date: ____/____/____



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Certification

This is to certify that I have been given the information sheet issued through the Community Education Office, Division of Youth and Family Services. I understand that this sheet explains my rights as a parent of a child attending a child care facility in the State of New Jersey as per the Manual of Requirements for Child Care Centers (N.J.A.C 10:122)

Child's Name

Print Parent/Guardians Name:

Signature Parent/Guardian:

Date: