



Blessed Sacrament Catholic School

VPK Application Checklist

11501 66th Avenue N.

Seminole, FL 33772

Phone: (727) 391-4060 Fax: (727) 391-5638

Thank you or your interest in our VPK program. In this packet you will find several forms that you will need to fill out. They are required by the Pinellas County Licensing Board. Please fill out all of these forms. Every line must be filled out. You may put "none" if necessary. You can use this checklist to help when filling out information.

1. Child Eligibility and Enrollment Certificate (VPK voucher) _____
2. Child's enrollment record _____
3. Emergency Medical Release notarized _____
4. Emergency Care Form _____
5. Signed and dated flu brochure _____
6. Volunteer Acknowledgement _____
7. Food Experience Permission Form
8. Child Health and Development Questionnaire _____
9. Home and Language Survey _____
10. Current Physical _____
11. Current Immunizations _____
12. Birth Certificate _____
13. Complete the new student application found on the school website.

<http://www.blessedsacramentcatholicschool.com/>

If you have any questions or concerns please e-mail me at mstewart@bscschool.com. I look forward to getting to know you and your child.

Mrs. Stewart

VPK Certificate of Eligibility Registration Process

To register for a VPK certificate of eligibility (voucher), please visit the Early Learning Coalition of Pinellas County's website.

Please type the following link into your internet browser:

<http://elcpinellas.net/register-for-vpk/>

Once on the site you will read the information provided before clicking on the image to the right with the little girl that says "Click here to register". Once you click that image you will be directed to the "Family Portal." Click on the green VPK text box that says apply for voluntary Prekindergarten. All that is needed to register for an account is a valid email address and the required documentation for proof of eligibility.

Please contact the Coalition's VPK Eligibility Department at: 727-400-4411, option 3, and then option 1 if you have any questions. Families are able to complete a VPK application and submit all documentation through the portal. The Family Portal is designed to save families time and money while enhancing communication between the Coalition, early learning providers and families.

Then, complete the paperwork in this packet along with the new student registration (link found on school website) and provide the requested records in this packet to the school office.

Please note:

ALL forms must be filled out entirely. Forms with blanks in any field will be returned to the family in order to be completed. If there is a category that does not apply to you, please fill in the field with NA or a similar response.

Also, please note that the Emergency Medical Release form must be notarized. If you do not know a notary, you may see Mrs. DeSio in our school office as she is a notary.



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last

Sex _____ Birth Date _____

Child's preferred name/nickname _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Primary hours child will be in the children's center _____

Days of week child will be in the children's center _____

Who has legal custody _____ Relationship _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Home Phone _____ Cell Phone _____

Parent's name _____

Home Phone _____ Cell Phone _____

Home Address _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Home Address _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

CHILD'S ENROLLMENT RECORD
(Back Page)

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:
I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the children's center discipline policy.

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack Dinner

I verify that the information on this enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: Birthdate:

Allergies:

Medicines Routinely Taken:

Name of Custodial Parent(s)/Legal Guardian(s):

Address: Street Address (number, apartment #, street) City State Zip Code

Home Telephone Cell Telephone Work Telephone

Family Physician's Name/Health Care Resource:

Address: Street Address (number, apartment #, street) City State Zip Code

Telephone ()

Hospital Preference: Name City

Medical Insurance Company:

Policy #: Expiration Date:

Emergency Contact (if custodial parent/guardian cannot be reached):

Address: Street Address (number, apartment #, street) City State Zip Code

Home Telephone Cell Telephone Work Telephone

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF

The foregoing instrument was acknowledged before me on (Month) (Day) 20 (Year)

by (Name of Affiant) who is personally known to me or who has

produced (Type of Identification) as identification.

SEAL OF NOTARY

Signed: (Signature of Notary)



Emergency Care Form

This form should accompany children being transported by the children's center that have a chronic medical condition, i.e. asthma, diabetes or seizures.

This section should be completed by the children's center:

Child's Name _____
Condition _____
Symptoms _____
Medications/Supplies to be available _____

Name of adult trained to respond to the emergency _____

This section to be completed by parent or health care provider:

The following steps should be followed in the event that this condition requires action:
• _____
• _____
• _____
• _____
• _____

Parent or guardian's signature _____

Director's signature _____

Date _____

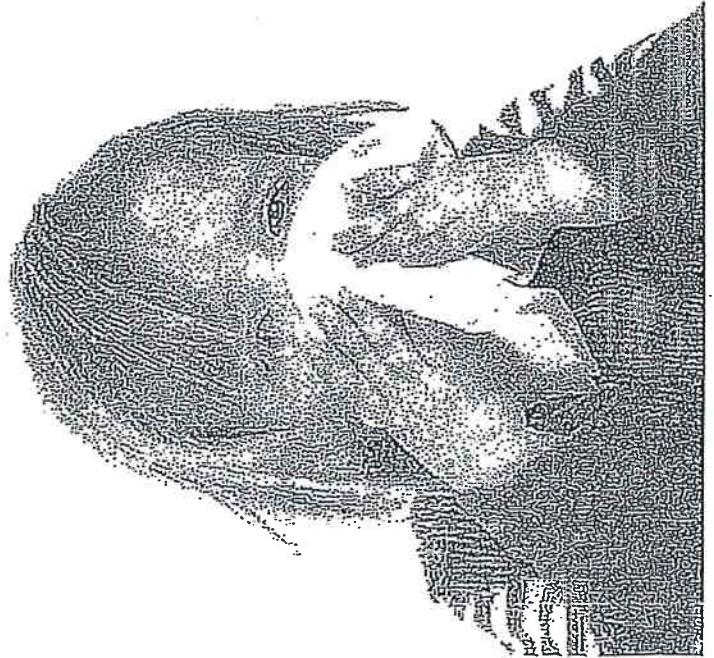
See Child Enrollment Form or Emergency Medical Release Form for Health Care Provider and Preferred Hospital Information.

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: 8/9/17
 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.

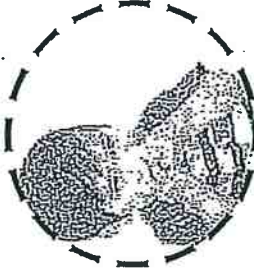
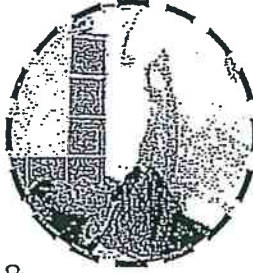
CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- 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

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.

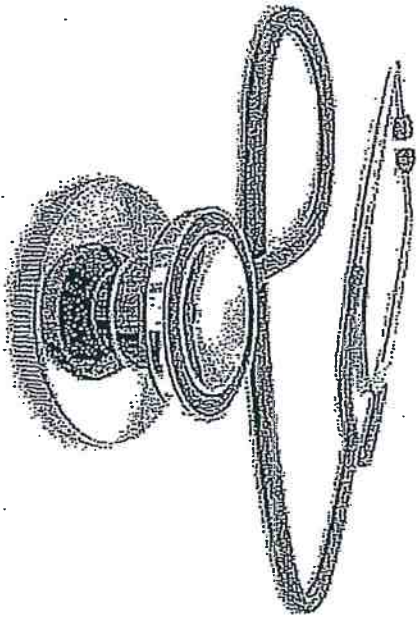
How can I protect my child from the flu?

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.

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

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

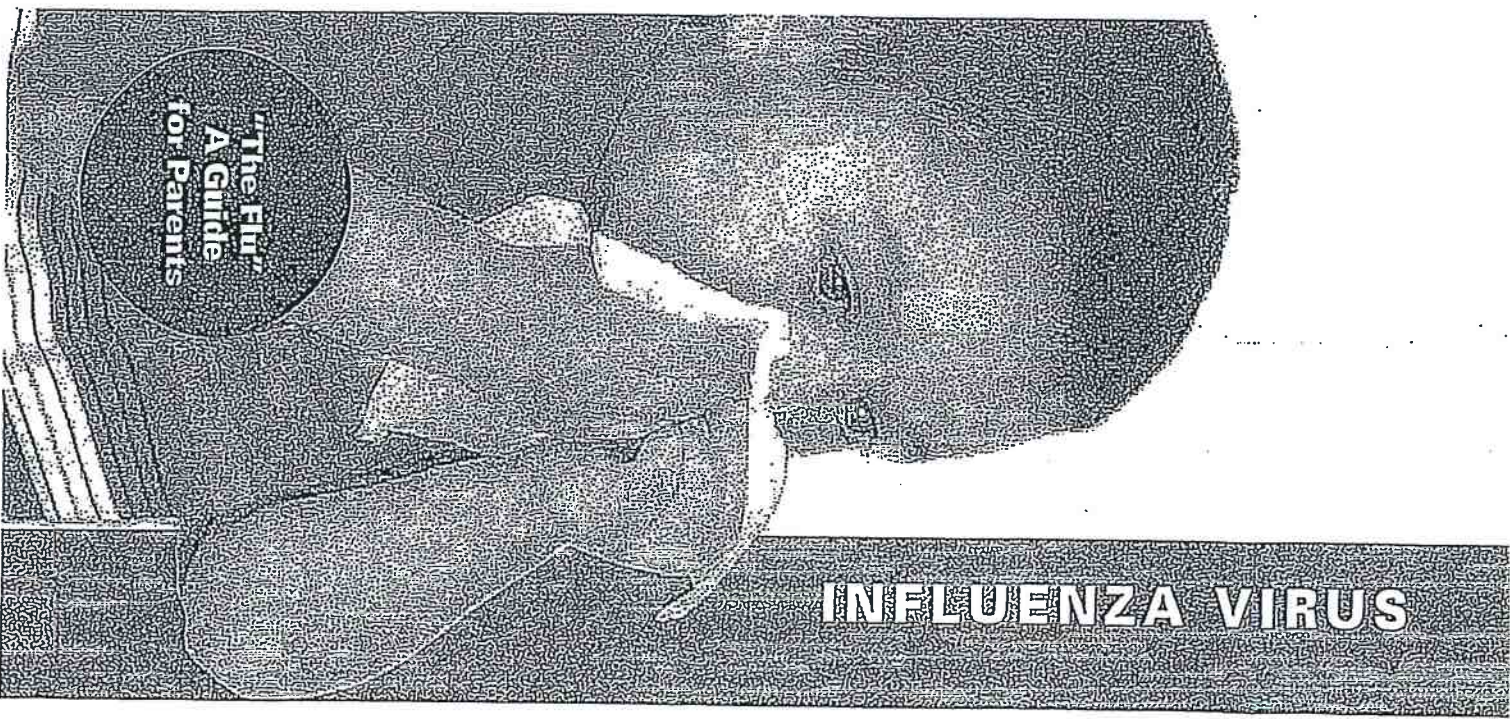
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CFR/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.





VOLUNTEER ACKNOWLEDGEMENT

I attest my name is _____ and
(print volunteer/foster grandparent name)

serve in the child care program known as _____
(print name of child care program)

I serve as a (check one)

Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the mandated training requirements.

Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(m) or rule 65C20.009(1)(a), Florida Administrative Code

I attest that I have read the foregoing, and the facts alleged are true and correct.

Volunteer/Foster Grandparent Signature _____ Date _____

<p>I attest my name is _____, and I <small>(print owner/operator/director name)</small></p> <p>am the <u>owner/operator/director</u> of the child care program identified above. <small>(circle one)</small></p> <p>The above individual serves, under the above definition, as a volunteer/foster grandparent in this child care program. I attest that I have read the foregoing, and the facts alleged are true and correct.</p> <p>Owner /Operator /Director Signature _____ Date _____</p>	
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Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or hand the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date



CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE
(To be completed by parent or guardian)

Date _____

Child's Full Name _____

Date of Birth _____ Race _____ Sex _____

Name of Parent or Guardian completing form _____

Please answer the questions on this form. We feel this information will help us be more effective in working with your child.

<u>Childhood Disease Child has had</u>	<u>Date</u>
Chicken Pox	_____
Measles	3 Day (Rubella) _____ 10 Day (Rubella) _____
Scarlet Fever	_____
Rheumatic Fever	_____
Mumps	_____
Strep Throat	_____

Is your child taking over-the-counter or prescribed medication regularly at home? Yes No

If yes, what? _____

Is your child taking vitamins regularly at home? Yes No

If yes, what? _____

List any known allergies to food or environment _____

Describe the allergic reaction _____

Does your child complain of feeling ill often? Yes No

Have you ever suspected your child of having seizures? Yes No

Describe your child's appetite _____

Does your child dislike any foods? Yes No If so, what? _____

What does your child usually eat for breakfast before arriving at the center? _____

How easily does your child fall asleep? _____

What is the usual bedtime? _____ Wake up time? _____

What is the usual naptime? _____ Wake up time? _____

Is the child completely toilet trained? Yes No

Does the child remain dry all night? Yes No

When did the child begin to walk alone? _____

Are other adults (not family) able to understand the child's speech? _____

Does your child have a regular playmate? Yes No Same Age Yes No

Older Yes No Younger Yes No

What is your child's favorite toy or activity at home? _____

Does your child have temper tantrums? Yes No

Does your child bite his nails? Yes No Twist his hair? Yes No

If you could describe your child in one word, what would it be? _____

Please list your child's strong points, such as happy, curious, loving, etc. _____

Is there anything else, medical or otherwise, that we need to know about your child? _____

Home Language Survey*

Check here if the child's parents or legal guardians decline to provide information for this survey.

A. What language do family members use when speaking to the child in the home?

N/A	1	2	3	4	5
Not applicable	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)

(Write in home language: _____)

B. What language does the child use when speaking to family members in the home?

N/A	1	2	3	4	5
Not applicable	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)

C. What language does the child use when speaking to other children in the classroom?

N/A	1	2	3	4	5
Not applicable	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)

D. What language does the child use when speaking to teachers?

N/A	1	2	3	4	5
Not applicable	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)

Sum of circled numbers / _____ = _____

If this value is 2 or greater, assess the child by using Objectives 37 and 38.

*These research reports helped guide our thinking in the development of the "Home Language Survey":
 Aikens, N. L., Caspe, M. S., Sprachman, S., López, M. L., & Atkins-Burnett, S. M. (June 2008). *Paper-Synopticon: Development of a language routing protocol for determining bilingual Spanish-English speaking children's language of assessment*. Biennial Head Start Research Conference. Washington, DC.
 Puma, M., Bell, S., Cook, R., Heid, C., López, M. L., et al. (2005). *Head Start impact study: First year findings*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
 Gutiérrez-Clellen, V. E., & Kreiter, J. (2003). Understanding child bilingual acquisition using parent and teacher reports. *Applied Psycholinguistics, 24*(2), 267-88.