

**CLAIRE AND EMANUEL G. ROSENBLATT
CAMP SHALOM JR.
AT THE
EDWARD AND THELMA GLANTZ
EARLY CHILDHOOD LEARNING CENTER**

REQUIRED FORM PACKET

This packet includes all mandatory forms. All forms must be filled out and returned to the Early Childhood Office by the camp Open House on Friday, June 10, 2011. Your child will not be allowed to attend our Early Childhood Camp Shalom Jr. program without these mandatory forms. If your child is currently enrolled in school, you will only need to fill out new forms if any of your information has changed or they are camp related forms only. Should you have any questions, please contact the preschool office @ 561-732-7620.

1. EMERGENCY CARD/CARPOOL/PICKUP LIST - AVAILABLE IN PRESCHOOL OFFICE ONLY
2. DEVELOPMENTAL HISTORY FORM
3. VERIFICATION FORM
4. ALTERNATE NUTRITION PLAN AGREEMENT
5. KNOW YOUR CHILD'S DAYCARE PAMPHLET - AVAILABLE IN PRESCHOOL OFFICE ONLY
6. AUTHORIZATION MEDICAL/SURGICAL FORM
7. PHOTO RELEASE/MEDIA EXCLUSION/RELEASE OF INFORMATION FORM
8. MEDICAL FORM 3040*
9. FLORIDA CERTIFICATION OF IMMUNIZATION 680 WITH DATE CHICKEN POX VACCINE RECEIVED INDICATED*
10. SUNSCREEN/SWIM PERMISSION FORM
11. DIAPER CREAM PERMISSION FORM - IF APPLICABLE
12. E-MAIL ADDRESS FORM

***THESE FORMS ARE ONLY AVAILABLE FROM YOUR PHYSICIAN**



**EDWARD & THELMA GLANTZ EARLY CHILDHOOD LEARNING
CENTER**

DEVELOPMENTAL HISTORY FORM

Child's Name: _____

Home Address: _____ Apt. # _____

City/State/Zip: _____

Home Phone: _____ D.O.B. _____ Age: _____

Mother's Name: _____

Home Address (if not same as above) _____

Home Phone (if not same as above) _____

Cell Phone #: _____

Occupation: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Presently Employed: Part time ☐ Full Time ☐

Father's Name: _____

Home Address (if not same as above) _____

Home Phone (if not same as above) _____

Cell Phone #: _____

Occupation: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Presently Employed: Part time ☐ Full Time ☐

Name, Phone No. & relationship of person to contact in an emergency:
(other than parents/guardian) _____

Siblings Names:

1. _____ age _____ sex _____ school _____

2. _____ age _____ sex _____ school _____

3. _____ age _____ sex _____ school _____

How does child get along with brother/sisters(s)? _____

DEVELOPMENT

Language: At what age did your child start talking? _____

Previous school or playgroup experience: _____

How long did child attend? _____

Does your child have the opportunity to play with other children? _____

Child prefers playing alone _____

Does child have a trusting attitude toward adults (friendly, detached, seeks adult attention)? _____

Parent-child relationship: Who does disciplining? Child's reaction to authority?

Are there any other adults caring for this child?

What kind of indoor activities does he/she enjoy (Games, blocks, puzzles, drawing, painting, TV, dolls) _____

What outdoor activities? _____

How does child react to a new situation? _____

What kinds of things upset your child? Can make him/her angry? How do you reassure him/her? Any special fears? _____

How do you describe your child? (Active, shy, inquisitive, quiet, easily upset, etc.)

SLEEPING HABITS

Does he/she have a regular bedtime? _____

Sleep through the night? _____

Does your child share a room? _____

Does your child take a nap? _____

TOILETING HABITS

Is your child toilet trained? _____ At what age? _____

How was his/her training? Easy ☐ difficult ☐ child initiated ☐

What word does child use for urination _____ bowel movement? _____

HEALTH

Has your child had any serious illness or accident? _____

Has your child been hospitalized? _____ Any childhood diseases? _____

Are there any kinds of health problems, allergies or disabilities that you wish to make us aware of? _____

Is your child currently on any special medication? _____

List names of medication? _____

Does medication have to be given during school hours? _____

EATING HABITS

Please describe your child's eating habits (well, poorly, picky, etc.): _____

Any food allergies not listed above: _____

If so, please describe reaction: _____

ADDITIONAL INFORMATION

Reason for parent's seeking this program: _____

What do you hope your child will get out of his/her preschool experience? _____

Any other information on your child or family that we should know that will assist us?

The Edward and Thelma Glantz Early Childhood Center
Jewish Community Center of the Greater Palm Beaches-
Lore & Eric F. Ross Branch
8500 Jog Road • Boynton Beach, FL 33472

VERIFICATION FORM

Please read all items on this verification form. Initial next to all items and sign and date at the end of the form. The third page has 2 special sections - for Single Parents, and for those enrolled in Tiny Toddler Town only.

- _____ In the event of an emergency, I authorize the Ross Jewish Community Center to act on my behalf.
- _____ I give permission for my child to participate in all activities of the Ross Jewish Community Center, including field trips outside of the Ross JCC ; JCC campus "field trips" (trips to the gym, tennis courts, etc...) and buggy rides.
- _____ I have read the Department of Children and Families pamphlet "Know Your Child's Day Care".
- _____ I have read and understand the discipline policy as stated in the Parent Manual.
- _____ I have read and will abide by the sickness policy as stated in the Parent Manual.
- _____ I agree to provide a complete, up to date physical and immunization record on a Florida Department of Children and Families form prior to the start of school.
- _____ I have filled out and returned my emergency card.
- _____ I have read and agree to abide by the arrival and drop-off procedures as stated in the Parent Manual.
- _____ I understand that no one new can pick up my child without the password.
- _____ I have read and agree to abide by the late policy as stated in Parent Manual. The Early Childhood Program closes at 6 p.m. If I have not picked by 6:00 p.m., a late charge will be charged of \$1.00 per minute for every minute that the child remains in our care.
- _____ I have read and understand the medication policy. I know that the only medication that can be dispensed must be brought to the office in the original prescription bottle and must be accompanied by a signed medication form (available in the Early Childhood office).
- _____ I have read and agree to abide by the JCC Early Childhood Program's Kashrut policy as stated in the Parent Manual, which states that children's lunches must be Dairy/Parve Only - NO meat of any kind is allowed.

- _____ I agree to send a nutritionally balanced Dairy or Parve lunch, including a drink, for every day that my child is enrolled.
- _____ I understand that when it is my child's birthday, I can only send in a Kosher snack.
- _____ I agree to allow my child to be photographed or filmed. I understand that these photographs may be used for the purpose of news coverage by the media and as such are to be viewed by the general public. By initialing here and signing below, I am giving my legal authorization for the above use of photographs and films.

Parent/Guardian Signature

Date

SINGLE PARENTS ONLY:

- _____ I agree to provide the Ross JCC Early Childhood Program with custody and/or any legal documents regarding my child/children. These papers will explain all visitation rights. This policy is for the safety of my child. I understand that the Director or other JCC staff member has no responsibility in this matter, unless such papers are on file. I understand that the Director and other JCC staff will act in good faith when any such matters are brought to their attention.

Parent/Guardian Signature

Date

=====

TINY TODDLER TOWN ONLY

- _____ I understand that there is daily child observation chart to be completed by both parent and caregiver.
- _____ If my child is still on formula and baby food I agree to send the appropriate amount for the amount of time my child is in care.
- _____ I understand that there will be no bottle propping, nor will children be permitted to walk around with a bottle/cup or any type of food.

Parent/Guardian Signature

Date

EDWARD & THELMA GLANTZ EARLY CHILDHOOD LEARNING
CENTER

1. ARTICLE XIII, A,8,A, Palm Beach County Rules require that parents must receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD'S DAY CARE CENTER".
2. ARTICLE XIII, A,8,A, Palm Beach County Rules require that parents be notified in writing the disciplinary practices used by this child care facility.
3. AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accident and if parents cannot be reached.
4. ALTERNATE NUTRITION PLAN AGREEMENT:

Indicate special dietary requirements: _____

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(Mark P for Parent Provides, or C for Center Provides)

Breakfast	<u>P</u>	Dinner	<u>N/A</u>
A.M. Snack	<u>C</u>	Evening Snack	<u>N/A</u>
Noon Meal	<u>P</u>	Formula	<u>P</u>
P.M. Snack	<u>C</u>		

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Date

Tema Friedman
Signature of Director

I have received and read the above forms:

Date

Signature of Parent or Guardian

**EDWARD & THELMA GLANTZ
EARLY CHILDHOOD LEARNING CENTER**

Dear Parent:

We are asking that you complete this consent form, to be used in the event of an emergency. It is our hope and expectation that we will never have the need to use this form. Of course, every effort will be made to contact you; your spouse and/or emergency contact person if an emergency arises.

**AUTHORIZATION FOR EMERGENCY - MEDICAL AND/OR
SURGICAL TREATMENT**

In case of an emergency, I hereby authorize the doctor or the hospital to which my child is brought (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child during his/her stay in the Edward & Thelma Glantz Early Childhood Program.

I have read the above authorization.

SIGNED _____ DATE _____

RELATIONSHIP TO CHILD _____ PHONE# _____

NAME OF CHILD _____ AGE _____ SEX _____

ADDRESS _____

Allergies _____

Is your child covered by hospitalization insurance? _____

Name of Insurance Plan _____ Policy# _____

Name of Insured (Policy Holder) _____

Person to be contacted in case of emergency:

Name _____ Phone # _____

Relationship to Child: _____



**Edward & Thelma Glantz
Early Childhood Learning Center**

Release for Photographs

☐ I authorize the Edward and Thelma Glantz Early Childhood Learning Center to use any photographs containing the picture of my child, _____ for any publication put out by the Early Childhood Learning Center or those publications which customarily present information or news to the public.

☐ I do not authorize the use of any photographs containing the picture of my child, _____.

Release of Information

☐ I authorize the Edward and Thelma Glantz Early Childhood Learning Center to include my name, my child's name _____, address and telephone number on the classroom list for distribution to parents/guardians in the classroom.

☐ I do not authorize the information to be released on my child, _____.

Date

Signature of Parent or Guardian



Sprinkler Park/Swim Permission Form

I authorize the Edward and Thelma Glantz Early Childhood Learning Center to allow my child, _____ to participate in swim activities, to include the JCC pool and sprinkler park during the Camp Shalom Jr. summer program.

Parent or Guardian Signature

Date



Sunscreen Permission Form

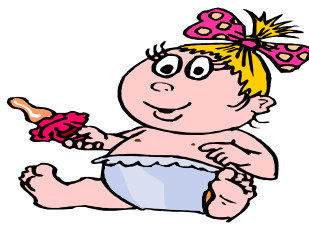
Child's Name _____

I hereby give my permission for the Edward & Thelma Glantz Early Childhood Learning Center staff to apply sunscreen, provided by parent, to my child.

Parent's Signature

Date





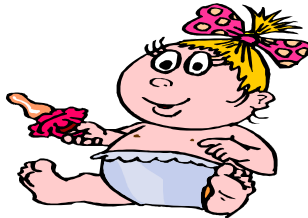
Diaper Cream Permission Form

Child's Name _____

I hereby give my permission for the Edward & Thelma Glantz
Early Childhood Center Staff to apply diaper cream to my child.

Parent's Signature

Date



Diaper Cream Permission Form

Child's Name: _____

I hereby give my permission for the Edward & Thelma Glantz
Early Childhood Center staff to apply diaper cream to my child.

Parent's Signature

Date

Please complete both copies, one copy is for the classroom and the
other is placed in your child's file in the preschool office.



Edward and Thelma Glantz Early Childhood Learning Center
Claire and Emanuel G. Rosenblatt Camp Shalom Jr.

In an effort to keep you informed of upcoming Early Childhood Learning Center events and meetings, we will be utilizing the internet and email as an additional method of communication. Please provide us with your email address:

Name: _____
(Please Print)

Email Address: _____
(Please Print)