

ADMISSION FORM

**FIRST BAPTIST CHRISTIAN SCHOOL
WEE CARE CENTRE
A MINISTRY OF FIRST BAPTIST CHURCH OF GRAND CAYMAN
P. O. BOX 10275 APO, GRAND CAYMAN
Tele. 345- 949 -7906/345-949-0691, Fax #345-945-5758**

SECTION 1. PERSONAL DETAILS

Full name of child _____ M / F

Place of Birth: _____ Day _____ Month _____ Year _____

Street Address _____

Postal Address _____

E-Mail Mom _____ Dad _____

Preferred Start Date _____ Confirmed Start Date _____

Family's Ethnic & Religious Background _____

Name of Church family attends _____

Do you wish for First Baptist Church to contact you? Yes / No

Mother's Name _____ Home # _____

Employer: _____ Work# _____ Cell _____

Father's Name _____ Home # _____

Employer _____ Work # _____ Cell # _____

Guardian's Name _____ Home # _____

Employer: _____ Work # _____ Cell# _____

Insurance Co. _____

Group# _____ Plan ID# _____

SECTION 2.

CHILD'S BACKGROUND

This information is requested to enable our staff to understand your child and therefore better care for your child. Please provide any additional comments on a separate sheet of paper. All information will be kept confidential.

A. FAMILY RELATIONSHIPS & HOME LIFESTYLE:

(1) Are parents together? Yes / No. If only one parent has custody of the child, does the Non-custodial parent have permission to pick-up at WEE Care Centre? Yes / No

(2) List names and age of siblings _____

(3) Are other adults living in the home? Yes / No. If so give details: _____

(4) Do you have pets at home? Yes / No. If so describe below _____

(5) If your child is of walking age, at what age did your child start to walk? _____

(6) At what age did your child first speak recognizable words? _____

(7) Are there any unusual names that your child uses for common objects? _____
_____ Is there anything we should know about your child's speech? _____

Is child receiving outside help? Yes / No

Do you wish to seek therapy with Early Intervention? Yes / No

(8) Does your child use a bottle? Yes / No. If so, what liquid does your child drink from the bottle? Breast Milk / Formula / Cow Milk / Goat Milk / Juice / Water / Other. (Please specify) _____

(9) Does your child need a bottle or pacifier at naptime? Yes / No. Does your child drink from a cup? Yes / No Does your child feed him/herself? Yes / No.

(10) Is your child toilet-trained? Yes / No. Does your child need reminders? Yes / No

(11) What name does your child use for urination? _____ What name does your child use for bowel movements? _____ Does your child have a regular time for bowel movements? Please state: _____

(12) Age of daytime dryness _____ Age of night time dryness _____

CURRENT SLEEPING HABITS

- Wake-up Time? _____ Bedtime Hour? _____
- Daytime Nap Schedule? _____
- Waking Disposition? _____
- How does your child act when tired? _____

Does your child need any comfort objects at nap time? Yes / No

Specify _____

- Does your child take a bottle at naptime? Yes / No
- How does your child like to sleep? _____

Please describe his/her favourite sleeping pattern or any special ways that you have of getting him / her to sleep. _____

EATING HABITS

- Favourite Foods? _____

- Food Dislikes? _____

- Food Allergies? Specify: _____

- Diet Restrictions? _____

- Any unusual eating patterns or behaviour? _____

- Please list any foods that you would **NOT** like your child to have. _____

SOCIAL DEVELOPMENT

- How does your act when around other children? _____

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- How does your child act when around adults? _____

- What do you like to do with your child? _____

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- How do you discipline your child? _____
 - How does your child react when you leave? _____

 - What do you say to him / her? _____

INTERESTS:

- What television programmes does your child enjoy watching?

*what are your child's favourite activities? _____

EMOTIONAL DEVELOPMENT

*Please list any situations, things etc. that may upset your child. _____

- What is the child fearful of? (e.g. loud noises, barking dog, thunder & lightning.)

PREVIOUS CARE

*What type of childcare has your child experienced to date? _____

- How did your child react to this care? _____

AUTHORISATION FOR EMERGENCY MEDICAL TREATMENT

In the event that an emergency should arise whilst your child is in our care **and you, your physician or the person you have designated as responsible are all unavailable, we would take your child to the Govt. hospital.** It is important that you read below and please sign and date the authorization so that we may act effectively, should an emergency arise.

THIS IS TO CERTIFY THAT THE CHILD NAMED BELOW ATTENDS THE FBCS WEE CARE CENTRE WITH THE PARENTS / GUARDIAN'S PERMISSION. IF THE STAFF BELIEVES THAT IT IS NECESSARY TO OBTAIN MEDICAL ASSISTANCE, THIS AUTHORISATIN WILL APPLY TO DOCTORS IN CARE OF HOSPITALIZATION.

I GIVE PERMISSION FOR MY CHILD _____ TO BE TREATED AT THE CAYMAN ISLAND HOSPITAL BY THE NURSE OR DOCTOR.

I GIVE PERMISSION TO THE STAFF OF FBCS WEE CARE CENTRE TO TRANSPORT OR ARRANGE FOR THE TRANSPOTATION OF MY CHILD TO THE EMERGENCY ROOM AT THE HOSPITAL OR CLINIC AND TO SIGN FOR PERMISSSION FOR MEDICAL TREATMENT DECLARED TO BE MEDICALLY NECESSARY BY THE PHYSICIAN IN THE EVENT THAT THE ABOVE NAMED PEOPLE CANNOT BE CONTACTED.

Signature: _____

Date: _____

Mother's Name _____ C# _____ W# _____

Father's Name _____ C# _____ W# _____

Guardian:- _____

Ins. Coverage _____

Any reaction to medication: Specify: _____

MEDICAL INFORMATION

Name of child's paediatrician or general practitioner _____

Address and telephone #: _____

Is child ALLERGIC to any medication? Specify _____

* Does your child have any ALLERGIES, SENSITIVITIES TO DRUGS, OR BEE STINGS, ANT BITES or ENVIRONMENTAL ALLERGIES: Please specify:

- Does your child have any particular medical condition? Please describe.

- Is your child on any medication? Specify: _____
- When was the last Tetanus shot? _____
- Has your child had any serious illnesses or surgeries? Specify: _____

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- Does your child have tubes in the ears? Yes / No
If so what, what procedures are necessary for water play. _____
-

- Has your child ever had measles? Yes / No Chicken Pox Yes / No. Is there any other information that we should be aware of? Please give details.
 - Is child's immunizations up to date? Yes / No If No which are lacking and Why?
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AUTHORISATION FOR PICK-UP

We require the names and signatures of all individuals permitted to pick-up your child from the FBCS WEE Care Centre. If someone arrives to collect your child and the name is not on this list we are **UNABLE TO RELEASE YOUR CHILD** to that person. Please call to inform the office when you are sending someone else to pick-up your child.

Name	Telephone #	Signature
1. _____		
2. _____		
3. _____		

PHOTOGRAPHY & PUBLICITY RELEASE

From time to time we may be asked to allow photographing of the children for various publicity and news features. Copies of such publications include making photos available to such publications, radio, TV and other medium at the discretion of the Centre. Photos are also taken for use in our Yearbook and you may also be permitted to buy these photos if you wish. Please confirm whether or not you give your permission for the child to be photographed.

I do / do not give permission for (child's Name) _____
To be photographed.

Parent Signature: _____ Date: _____

CONCERNS OR COMMENTS

Please use this space to provide us with any additional information that you feel is important. Include any concerns or hesitations you may have about the Centre and the time your child will be spending at FBCS WEE Care Centre.

Parent / Guardian Signature: _____

Print Name: _____ Date _____

PARENT – FBCS WEE CARE CENTRE AGREEMENT

This agreement is between the parents or guardians of the child attending the FBCS WEE Care Centre and the Centre's staff. The following conditions involved in the care of _____ (child's name) are understood and agreed between Parent / Guardian _____ and FBCS WEE Care Centre

The programme agrees that:

- (a) In return for the sum of money that the parent agrees to pay, the program will provide regular care to the above named child from 7:30am – 5:30pm or 8:00 am to 12:30 pm for the number of days specified by the parent / guardian excepting Public holidays, Saturdays, Sundays, the last week of August and Christmas week.
- (b) The Director or teacher will check for symptoms of illness, bruises or rashes, upon arrival. If the child is found to be ill they WILL NOT be permitted to attend until symptom free. If ill for three or more days a doctors' note is required stating that the child is not contagious.
- (c) The Centre will exercise reasonable care and judgment in all matters relating to the welfare and safety of the child.
- (d) In case of an accident the Director or teacher will assess the situation and call 911 if needed, parents / guardians or your emergency contacts. An Incident Report form will be completed and given to parent or guardian. When necessary the Early Childhood Unit will be notified.
- (e) The Centre will provide, in addition to the physical care the following services: a nutritious meal for purchase, emotional, moral and spiritual opportunities in a group situation.
- (f) The centre will provide resources in sufficient quantities to permit a variety of play and learning activities during the day. Children may share favourite books and tapes.
- (g) You will be notified of Periodic Parent / Teacher meetings and other activities. Your assistance and attendance are appreciated.
- (h) You may request teacher meetings by calling 345-949-0691

THE PARENT / GUARDIAN AGREE THAT:

- (1) Parent will pay the Centre a month in advance. If payment is not received by the 5th of the month a late fee of twenty five dollars (\$25) per child will automatically be added to the account. When a parent knows that the payment will be late, they have direct responsibility to make acceptable arrangements with the business office for delayed payment. If proper arrangements have not been made contract services maybe terminated.
- (2) Tuition is due each month the child is enrolled in the programme whether absent or present. Two weeks notice is required when you wish to withdraw from the programme.
- (3) When a child needs medication a “permission to give medicine form” must be signed by parent / guardian weekly and given to the office.
- (4) The programme reserves the privilege of dismissing a child if, after entering they are unable to participate in group-time experiences.
- (5) The programme is not liable for accidents or illnesses occurring to the child whilst they are in our care, unless proof is presented that the accident or illness was the direct result of the staff’s negligence.
- (6) The parent will provide two (2) nutritious snacks daily.

BOTH WEE CARE AND THE PARENT AGREE THAT:

- (1) This agreement is a contract for Centre and parent / guardian.
- (2) The contract may be terminated by either parent or Centre with the notification of intention at least two weeks in advance or at any time by mutual agreement by both parties.

Signature of parent / guardian

_____ Date _____

Authorized signature of programme Director

_____ Date _____

CHILD INFORMATION SHEET

(Information by parent /guardian given to teacher when starting FBCS WEE Care Centre.

Child's Name: _____ **DOB:** _____
Address: _____ **Date:** _____
E-Mail address: _____

Emergency Information

Mother's Name: _____ Work# _____ Cell _____
Father's Name: _____ Work# _____ Cell _____
Relative Contact: _____ W /H # _____ Cell _____
Other Contact: _____ Ph. # _____
Child's Doctor: _____ Ph# _____
Ins. _____

SPECIAL Needs:

Medical:

Medication taken regularly: _____
Time to be given: _____ (Complete Permission to give medicine form.)
Allergy ? Yes / No. If so what type: _____
Medication supplied for allergy: _____

Feeding:

Times for meals: _____ Snacks: _____
Usually shows hunger by: _____
Favourite Foods: _____
Disliked foods: _____
Usual Drinks: Water/ Milk Cow's / Goat's / Formula / Juices / Apple/ Orange / Grape /
Prune / Cranberry / Other Specify _____

Sleeping:

Usual nap time: _____ How long? _____
Special routine used: _____

Personal:

Language spoken at home: _____
Child's Personality: Friendly / Shy / Withdrawn / Aggressive / Fearful /Enjoys playing
Likes to be held/ likes to swing/ rock/ Likes to play in crib.