



COVID-19 Protocol Liability Waiver Effective June 1, 2020

Today's Date:

Parent/Guardian Name:

Names of Child(ren):

I acknowledge the contagious nature of Coronavirus/COVID-19 and that the CDC, the Department of Humans Services, and many other public health authorities have instituted many preventative measures.

I further acknowledge that Lascassas Baptist Church and Lascassas Baptist Preschool have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Lascassas Baptist Church and Lascassas Baptist Preschool cannot guarantee that I or my children will not become infected with Coronavirus/COVID-19 or any other contagious virus/disease. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others.

I voluntarily seek childcare services provided by Lascassas Baptist Preschool and acknowledge that I hereby release and agree to hold Lascassas Baptist Church and Lascassas Baptist Preschool harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the school or church, or that may otherwise arise in any way in connection with any services received from the church or school. I understand that this release discharges Lascassas Baptist Church and Lascassas Baptist Preschool from any liability or claim that I, my heirs, or any personal representatives may have against the church or school with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Lascassas Baptist Church and Lascassas Baptist Preschool. This liability waiver and release extends to the church and preschool together with all owners, partners, and employees.

Signature:

Lascassas Baptist Preschool Personal Safety Curriculum



“Keeping Kids Safe” is the personal safety curriculum used by our child care agency.



Our agency uses another personal safety curriculum described below:

Keep Kids Safe is a state mandated curriculum that we are required to teach to each child 3 years through 5 years. We will be teaching this curriculum at the beginning of February of each year.

Method of Instruction:

This curriculum will be taught to 3, 4 & 5-year-old students in small groups using stories and activities that will be introduced by Spot, the Dalmatian puppet.

Sample Terminology:

We will use the term “Private Body Parts” when we are referring to all body parts that a bathing suit covers up. We are asked to encourage all parents to use the proper terminology when you are talking to your children about their private body parts, not to make up alternate names for them.

The instructional materials used in the agency personal safety curriculum are available for review by the parents or legal guardians and are located in the preschool office. Please just stop anytime to look them over.

Curriculum Review

A copy of this curriculum is always kept in the preschool office. Feel free at any time to stop by and preview what will be taught to your children. We will be happy to meet with you and talk about any questions or concerns you may have.

I/We acknowledge that we have been provided an opportunity to review the agency’s personal safety curriculum and have been notified of the sexual abuse/personal safety curriculum for our child/children.

Child’s Name: _____

DOB: ____ / ____ / ____

Printed Name: Parent or Legal Guardian

Date

Signature: Parent or Legal Guardian

Date

Signature: Agency Representative

Enrollment Agreement

Lascassas Baptist Preschool

Emergency Contact Information Sheet							
Child's Information							
Child's first name		Child's middle name		Child's last name		Preferred name	
Birth date	Sex	Allergies/Medical Conditions		Sunscreen Permission	Diaper Rash Cream Permission		
				Circle: YES or NO	Circle: YES or NO or N/A		
Child's home address			City		State		Zip
Family Information							
Parent/Guardian #1		Relationship to child		Home phone		Cell phone	
Home address if different from above			City		State		Zip
Preferred email					Work phone		
Employer	Employer address		City		State	Zip	Work hours
Parent/Guardian #2		Relationship to child		Home phone		Cell phone	
Home address if different from above			City		State		Zip
Preferred email					Work phone		
Employer	Employer address		City		State	Zip	Work hours
Child Emergency Contact and Release Information (do not include parents/guardians)							
For the safety of your child, we request that all authorized pick-up persons with whom the staff is not familiar provide a photo ID at the time of pickup. The first person on this list must have their address listed, in addition to their phone number.							
Person #1	Relationship to child		Cell phone		ADDRESS		
Person #2	Relationship to child		Cell phone		Alternate phone number		
Person #3	Relationship to child		Cell phone		Alternate phone number		
Person #4	Relationship to child		Cell phone		Alternate phone number		
Person #5	Relationship to child		Cell phone		Alternate phone number		
Use this section to list anyone who is NOT ALLOWED to pick up your child.				Media release – more info on page seven of this packet:			
				CIRCLE: YES NO LIMITED TO YEARBOOK			

Staff initial _____ Date _____

Medical Information - continued

Child's name	Birth date	Height	Weight	Hair color	Eye color
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Distinguishing marks

Child's Medical & Developmental History

- Does your child have any special medical conditions? Yes No
Explain: _____
- Does your child have any chronic illnesses? Yes No
Explain: _____
- Please list a brief history of your child's serious injuries and hospitalizations.

- Is medication administered regularly? Yes No *(LBP does not administer medication, except in the case of life-threatening situations.)*
- Does your child have any special dietary needs? Yes No
- Is your child able to fully participate in all activities? Yes No
- Does your child have any physical restrictions? Yes No
- Does your child function at the level of other children in his/her age group? Yes No
- Is your child able to walk Yes No
- Can your child communicate his/her needs? Yes No
- Does your child need assistance at meal time? Yes No Explain.
- Does your child rest during the day? Yes No
- Does your child use any special equipment, wheelchair, hearing aid, braces, glasses, etc? Yes _____ No
- Are all the child's immunizations up to date? Yes No
If no, please explain:

- Medical History** *(please check all that apply)*
- | | | |
|--|---|---|
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Skin rashes | <input type="checkbox"/> Mouth sores |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Sore throats | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Persistent cough |
| <input type="checkbox"/> Asthma/breathing problems | <input type="checkbox"/> Urinary tract infections | <input type="checkbox"/> Other |
- Please attach care instructions from your physician for any of these illnesses, if needed.*

- Disease History** *(please check all that apply and add the date)*
- | | | |
|---|---|--|
| <input type="checkbox"/> Chicken Pox (Varicella) | <input type="checkbox"/> Bronchiolitis | <input type="checkbox"/> Botulism |
| <input type="checkbox"/> Measles Rubeola | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Haemophilus Influenza |
| <input type="checkbox"/> Rubella (German Measles) | <input type="checkbox"/> Pertussis (Whooping cough) | <input type="checkbox"/> Meningococcal Infection |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Rabies |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Bacterial Meningitis |

Allergies *(please list)*

Medication	Reaction	Foods	Reaction
_____	_____	_____	_____
_____	_____	_____	_____
Bee Stings	Reaction	Respiratory	Reaction
_____	_____	_____	_____
Other	Reaction	Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____		

Please fill out our Allergy Form and attach care instructions from your physician for any life-threatening allergies.

- Miscellaneous Screenings and Tests** *(please check all that apply and add the date of last screening)*
- | | | |
|--|--|---|
| <input type="checkbox"/> Vision _____ | <input type="checkbox"/> Developmental _____ | <input type="checkbox"/> Tuberculosis (PPD) _____ |
| <input type="checkbox"/> Hearing _____ | <input type="checkbox"/> Aptitude _____ | <input type="checkbox"/> Sickle Cell Anemia _____ |
| <input type="checkbox"/> Speech _____ | <input type="checkbox"/> Educational _____ | <input type="checkbox"/> Other _____ |

Staff initial _____ Date _____

Enrollment Agreement

Lascassas Baptist Preschool

General Information

Child's name _____	Birth date _____	Sex _____
Who has custody of the child? Father _____ Mother _____ Both _____		Siblings – Names; Ages; School attended _____
May the non-custodial parent pick up the child? Yes _____ No _____		

Does your family attend Sunday School and/or church? If so, where? _____

How did you find out about our program? _____

Habits and Routines

What time does your child eat: breakfast*: _____ lunch: _____ dinner: _____ snacks: _____
***Remember sweet, sugary breakfasts are not a good way to start the day.**

Does your child feed self? _____ Attitude towards eating? _____

How do you handle it if they refuse to eat? _____

****If your child is an infant, use the **Infant Feeding Plan** form for information about formula, bottles, etc. We will work closely with parents while introducing new baby foods and table foods.*

Wakes up at: _____ naps at: _____ goes to bed at: _____

Potty training: (write n/a if the following questions do not apply to your child.)
 Is your child potty trained? _____

Does your child require assistance in the bathroom? _____ Words for urination: _____ Words for bowel movement: _____

How well does your child indicate bathroom needs? _____

Special words for body parts: _____

(We are asked to encourage all parents to use the proper terminology when you are talking to your children about their private body parts, not to make up alternate names for them.)

Developmental Health

<input type="checkbox"/> Problems talking or making sounds	Explain: _____
<input type="checkbox"/> Problems walking/running/moving	Explain: _____
<input type="checkbox"/> Problems seeing	Explain: _____
<input type="checkbox"/> Problems hearing	Explain: _____
<input type="checkbox"/> Problems using hands (puzzles or small items)	Explain: _____

Does your child have any special habits? Please explain: _____

Social Relationships/Play

Is your child:	Friendly	Aggressive	Withdrawn	Shy
Attention span?	Short	Average	Long	
Activity level?	Calm	Average	Very active	
Group experiences?	Childcare	Church	Playgroups	Other
Is your child frightened by?	Animals	Other children	Loud noise	Darkness Storms
Does your child play well alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have a comforting item?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what? _____			

What discipline method do you recommend for your child? _____

What ages are your child's most frequent playmates? _____

What do you hope your child will gain by attending our preschool? _____

Are there any skills or hobbies you would be willing to share with our students? _____

Is there any other information you would like to share that would assist in meeting your child's needs? _____

Staff initial _____ Date _____

Tuition Agreement and Contract

Child's name	Birth date
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Hours of Operation

Regular operating hours in the fall and spring are Monday through Friday from 7:00 AM to 4:30 PM and summer hours are Monday through Friday from 8:00 AM to 3:00 PM. Closings for various holidays, and inclement weather are described in the Parent Handbook. Please consult the current calendar these dates. Tuition reductions, if applicable, are described in the Parent Handbook.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on all local television stations under the heading "Rutherford County". If it becomes necessary to close early, we will contact you or someone listed on the *Emergency Contact Information Sheet*, and it will be your responsibility to arrange for your child's early pick up. Closing information will also be found on our Facebook, Instagram, and texts will be sent out to the parents who have registered with Remind.

Fee Policy	Initial
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Tuition is due on the 1 st of each month and is considered late on the 5 th .	
Tuition is not subject to discounts, except those as outlined in the Parent Handbook.	
I agree to pay the full tuition in advance of services rendered.	
I agree to pay the full tuition fee even if my child is absent for one or more days.	
A late fee of \$10.00 is due if tuition is paid after the 5 th .	
A non-refundable registration fee of \$100.00 is due yearly.	
Non-refundable Summer Holding Fees are due for children who do not join our summer program. These fees are outlined in the Parent Handbook. Such fees also apply to children who do not start school on time, but are being saved a spot, such as newborns.	
A late pick-up fee of \$1.00 per minute per child is due if my child is not picked up by their scheduled departure time. The same \$1.00 fee will apply if a child is dropped off before their scheduled arrival time.	
Accounts two weeks in arrears may result in immediate termination of service.	
All returned checks will be charged a fee of \$32.00 . Two or more returned checks will result in your account being placed on "money order only" status.	
A receipt for income tax purposes will be provided.	

Other Agreements

Private Employment Acknowledgement and Release	Initial
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Any arrangement/employment between staff of this center and myself (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected or sanctioned by this center. This center shall remain harmless from any such arrangement.	
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Media Release

Photographs of your child's activities at Lascassas Baptist Preschool will be taken by school personnel and teachers. These photos may appear in forms such as display panels, portfolio notebooks, teacher-made books, the school's website, or the school's Facebook and Instagram pages. We will also use these photos for our yearbook and special slide shows during school programs. You will receive no compensation for your child's appearance. Your child's participation gives you no ownership rights to the photographs or negatives whatsoever. Please choose from the following selections:

_____ YES! LBP can use pictures of my child on their Facebook page, their website, or for advertising.

_____ NO! LBP CANNOT use pictures of my child on their Facebook page, their website, or for advertising.

_____ Please use my child's pictures for in-school purposes only (yearbook, classroom books or decoration, slide shows).

Staff initial _____ Date _____

Enrollment Agreement

Lascassas Baptist Preschool

Other Agreements <i>(continued)</i>	
Child's name	Birth date
Visits or Playdates	
Students who intend on visiting the preschool during the summer months, or in other months during which they are not currently enrolled, are welcome to visit their classroom one time a week, for a maximum of one hour.	Initial
A parent or guardian must be present during these visits, and it must be scheduled with the directors ahead of time.	
Visits are not to include any snack times/mealtimes and should occur preferably during an outdoor or gross motor activity time.	
Handbook Acknowledgement	
I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them.	Initial
I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.	
I understand that the Summary of DHS Licensing Standards can be found on the school's website and that I have been sent a copy or already have a copy that was given to me at enrollment.	
I understand that information contained in the Parent Handbook may be subject to change at any time and I agree with all the policies within the Parent Handbook .	
Contract Approval	
I certify that I have read, understand, and accept all the terms and conditions described in this <i>Enrollment Agreement</i> and the <i>Parent Handbook</i> .	
Parent/Guardian Signature _____	Date _____
Staff Signature _____	Date _____