

**Solid Rock Christian Preschool**  
A Ministry of Solid Rock Worship Center, Inc.  
Enrollment Application  
Preschool (2-5 Years) and Extended Day



## Enrollment Application

Date of Enrollment: \_\_\_\_\_ Class: \_\_\_\_\_

### Student Information

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Street City State/Zip

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ to \_\_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Authorized to Remove: \_\_\_\_\_ Yes \_\_\_\_\_ No

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Authorized to Remove: \_\_\_\_\_ Yes \_\_\_\_\_ No

### Custody

Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**Contacts**

If for any reason you or your spouse/partner are unable to pick-up your child, please call and let us know who will be picking up your child and make sure that the person you authorize to pick up your child knows to bring a valid driver's license or State Identification Card to prove their identity. If they do not have proof of identity, they will not be allowed to remove your child from school.

I authorize the following people to remove my child from school:

Name	Address	Work/Cell#	Home#

\_\_\_\_\_ (Initial)

**Emergency Medical Treatment**

In the event that your child is seriously injured, or becomes ill while at preschool, we will make every effort to notify you immediately. If we are unable to contact you, we will make every effort to contact the persons you have authorized to make medical decisions for your child. In the event that we are unable to reach you or the individuals you have authorized to make medical decisions, we will call 911 and allow the paramedics to make medical decisions for your child including whether to transport your child to the hospital or not. **All medical bills, including ambulance fee, become the sole responsibility of the parents or legal guardians.**

\_\_\_\_\_ (Initial)

The following persons are authorized to make medical decisions for my child:

Name	Address	Work/Cell#	Home#

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I hereby authorize Solid Rock Christian Preschool and its staff to contact the following medical personnel and to obtain emergency medical care for my child if warranted.

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Doctor	Address	Office#
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Doctor	Address	Office#
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\_\_\_\_\_ (Initial)

Please list all allergies, special medical or dietary needs, and any other areas of concern for your child

\_\_\_\_\_ No Known Allergies      Or      List Allergies and/or Special needs:

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------(initial)

**Parent Statement of Agreement**

**Financial Policy**

**Tuition is due Monday morning.** If your tuition payment has not been received by Monday evening and you do not make payment arrangements with the preschool administrator, your child will not be allowed to return to school until payment in full is received.

Because the expenses of providing a high quality education for your child are fixed and averaged out over the full year, there will be no adjustments made for holidays, Christmas break, spring break, vacations or absences. **Parents are responsible for full tuition whether their child attends school or not.**

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Parent Signature

**Late Pick Up**

Parents who have not picked up their child before the preschool closes will be charged a late fee of **\$10 every ten minutes or portion thereof.** If a child has not been picked up within 30 minutes after the preschool closes, and all efforts to contact their parents have been exhausted, we will have no alternative but to contact the Sheriff's Department and surrender the child into their custody.

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Parent Signature

### Termination Policy

Should Solid Rock Christian Preschool cease to operate, Solid Rock agrees to give parents a minimum of 2 weeks written notice before its closing.

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Parent Signature

### Handbook

We have received a copy of the Solid Rock Christian Preschool Parent Handbook and have read the requirements of Solid Rock Christian Preschool contained therein. We do hereby agree to abide by the policies, and financial responsibilities set forth. Our child and we agree to abide by all the standards, policies, and procedures, established by Solid Rock Christian Preschool.

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Parent Signature

### Statement of Non-Discrimination

In the spirit of Christian unity and the love that Jesus Christ shows for all mankind, Solid Rock Christian Preschool does not discriminate on the basis of race, sex, religion, national origin or physical disability.

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Parent Signature

### Illness Policy

We are committed to maintaining the good health of the children as much as possible. We ask that you cooperate with us in this effort. When children have any of the following conditions they are not allowed to attend or will be asked to be removed from school:

- Temperature of 100 or higher
- Vomiting
- Diarrhea – 2 or 3 loose stools in a short time
- Thick, yellow or green mucus coming from nose
- Undiagnosed rash on the body \*\*\*
- Cloudy, reoccurring discharge from the eye(s) \*\*\*
- Any communicable disease

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Parent Signature

### Medication

Prior to Solid Rock Christian Preschool dispensing any medication, the following conditions must be satisfied.

#### Non-prescription medications, oral or topical, to be dispensed by the preschool:

1. Letter of authorization from the child's doctor stating medication, dosage and administration details.
2. Provided by the parent or legal guardian.
3. Be contained in the original container.
4. Accompanied by a written parental authorization form.
5. Accompanied by a medications form that lists in detail the correct name of the medication, the exact dosage to be dispensed, and the dates and time the medication is to be dispensed.

#### Prescription medications, oral or topical, to be dispensed by the preschool:

1. Provided by the parent or legal guardian
2. Be contained in the original container from the pharmacy and list the following on the label:
  - a. The doctor's name and contact information.
  - b. The pharmacy name and contact information.
  - c. The child's name.
  - d. The name of the medication.
  - e. Complete instructions for dispensing the medication.
3. Accompanied by a written parental authorization form.
4. Accompanied by a medications form that lists in detail the correct name of the medication, the exact dosage to be dispensed, and the dates and time the medication is to be dispensed.

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Parent Signature

### Discipline

Solid Rock Christian Preschool uses discipline practices that are age appropriate and constructive. Children are not disciplined in any way that is severe, humiliating or frightening. Corporal punishment of any kind, deprivation of food, drinks, rest and toileting are strictly prohibited.

Instead, Solid Rock uses age appropriate positive reinforcement and time out sessions (1 minute of time out for each year of age) to correct negative behavior. However, from time to time we have encountered situations where positive reinforcement, "time-outs", and frequent communication between the child's parents and teacher have not had the desired effect in modifying the child's behavior. In such cases, a parent conference will be scheduled in which disciplinary action will be taken up to and including permanently removing the student from the program.

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Parent Signature

### Emergency Preparedness Plans

#### **Evacuation Procedure Due to Fire:**

1. With the aid of the sign in sheet, the lead teacher accounts for all the children by count and follows the evacuation route out the side door to the designated spot in the back parking lot.
2. Once in place, the teacher counts children again and verifies by the sign in sheet that all children are accounted for.
3. Parents (whose phone numbers are stored in the school cell phone) are notified by the Director via cell phone that a fire has occurred.
4. If the school has to close, parents will be kept up to date on when school will be reopened.

#### **Shelter -In Procedure for Tornado:**

1. Weather apps on cell phones and weather radios are used to advise the staff of an approaching tornado.
2. Should a impending tornado warning be sounded for our portion of Mount Dora, children will be removed from the classroom, all doors will be closed behind them and children will be brought into the hallway near the bathroom.
3. Children shall remain in this position until the threat has lifted.
4. Should the building become uninhabitable, parents will be notified (via the school cell phone ) to come immediately to retrieve their children.

#### **Hurricane/Tropical Storms**

In the event that Lake County enters the cone of a hurricane/tropical storm, parents will be advised that because Solid Rock Christian Preschool follows the closing and opening schedule of the Lake County School Board, they will be able to stay up to date through their local news station.

#### **Lock Down Procedure**

In the event a lock down becomes necessary, the lead teacher will lock all three doors leading into the preschool area and bring the children to the cozy area until the event has passed.

By enrolling my child at SOLID ROCK WORSHIP CENTER, INC. DBA Solid Rock Christian Preschool, I understand and agree to the above listed Emergency Preparedness Plans

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Parent Signature

**Authorization for Emergency Medical Care**

In order to meet all legal requirements, I hereby authorize Solid Rock Christian Preschool, to give my consent for all necessary emergency medical treatment my child, \_\_\_\_\_, may require while in said individuals custody. In the event of serious illness or accident, and I cannot be immediately contacted, I give permission for my child to be transported by ambulance or other conveyance to a doctor’s office, clinic, or hospital for immediate attention. In addition, I affirm that I will assume sole responsibility for all medical bills, including ambulance fees, which are incurred.

**Authorization to Transport**

In the event of an emergency that requires the school to vacate the premises and I and/or my contacts are unreachable, I hereby authorize Solid Rock Christian Preschool, to transport my child to a safe environment until I can be reached.

Pursuant to Florida Statutes and the Florida Department of Children and Families, all parents enrolling their children in a child care facility must receive a copy of the following brochures:

- Know Your Child Care Facility
- Influenza Virus, The Flu Guide for Parents

In addition, Florida Statutes requires that all parents are notified in writing of disciplinary practices used by the child care facility.

By my signature, I attest that I have received both brochures and a handbook which has the disciplinary practices of the child care facility defined.

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Parent's Name and Signature

State of Florida  
County of Lake.

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

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**Parent/Guardian Signature**

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**Print Name**

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**Notary Seal Notary Signature**

Personally known to me \_\_\_\_\_

Produced identification \_\_\_\_\_