



SCHOOL HISTORY

If this is your child's first school experience, please check here () and skip the next question.

List all schools or daycares previously attended.

School	Address & Zip	Dates Attended

How do you comfort your child when he/she is upset? _____

Where did you receive information about our school? _____

HEALTH INFORMATION

Does your child have any physical condition or is your child on any prescribed medications? (include allergies or physical limitations) _____

Who is the child's physician: _____ Phone: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, _____ as Parent or Legal Guardian of _____

Hereby authorize the Director, Acting Director or Supervisor of Conway Learning Center to take whatever steps necessary for medical care to be rendered to my child in the event of an emergency. I understand that the order of actions taken will follow the outline below unless there is a need for immediate action, but will not be limited to these actions.

1. Parent (s) or guardian will be called.
2. Child's physician will be called.
3. Contact person (s) the parents have listed in application will be called.
4. If none of these efforts are successful:
 - A. Another physician may be called.
 - B. The ambulance will be called.
 - C. The child will be taken to the emergency room of _____ accompanied by a staff member
5. In order for the school to assume responsibility for my child, I understand that I must sign my child in at arrival time and sign them out at departure time.

Printed Name: _____ (Parent or Guardian)

Signed: _____ Date: _____

Printed Name: _____ (Witness)

Signed: _____ Date: _____

Conway Learning Center

Photo Release Form

I, _____ hereby grant permission for my child to be photographed by Conway Learning Center or other approved outside agencies, to be named by CLC, for use in the classrooms and/or in agency publications.

I, _____ hereby grant Conway Learning Center permission to publish in agency publications and/or on the agency website located at www.conwaylearningcenter.com: (check all applicable boxes)

My photograph/s

My child's photograph/s

I understand that I have the right to request, in writing, removal of the photo from the website within 30 working days of receipt of the request by Conway Learning Center.

I understand that this photo may be used in agency publications or on a website designed to promote the agency's services as well as offer information and resources. Conway Learning Center is a 501c3 non-profit organization.

By signing below, I acknowledge my understanding of the above and grant my permission for use of the photograph/s.

Yo, _____ quiero conceder permiso para que mi hijo sea fotografiado por el Conway Learning Center u otro aprobado fuera de las agencias, a ser nombrado por CLC, para su uso en las aulas o en publicaciones de la Agencia o a la venta a mí mismo.

Yo, _____ conceder crea centro de Conway Learning Center permiso para publicar en publicaciones de la Agencia o en el sitio Web de la Agencia ubicada en www.conwaylearningcenter.com: (por favor, marque todas las casillas aplicables)

Mi fotografía/s

Fotografía de/s mi hijo

Entiendo que tengo el derecho a solicitar, por escrito, la eliminación de la foto de la sitio Web dentro de 30 días hábiles de la recepción de la solicitud por el centro de aprendizaje de Conway.

Tengo entendido que esta foto puede utilizarse en las publicaciones de la Agencia o en un sitio Web diseñado para promover los servicios de la Agencia, así como ofrecer información y recursos. Conway Learning Center es una organización sin fines de lucro de 501 c 3.

Al firmar a continuación, I reconocer mi comprensión de lo que antecede y conceder mi permiso para uso de la fotografía/s.

Child's Name

Parent/Guardian's Signature

Date

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: _____ Center Name & Address: _____

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

A. Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Total children's income: \$ _____ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

B. Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	Weekly Biweekly Monthly / Twice a Month Annually	Weekly Biweekly Monthly / Twice a Month Annually	Weekly Biweekly Monthly / Twice a Month Annually
	Weekly Biweekly Monthly / Twice a Month Annually	Weekly Biweekly Monthly / Twice a Month Annually	Weekly Biweekly Monthly / Twice a Month Annually
	Weekly Biweekly Monthly / Twice a Month Annually	Weekly Biweekly Monthly / Twice a Month Annually	Weekly Biweekly Monthly / Twice a Month Annually

Total Household Members (children and adults): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none"

STEP 4: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Street Address, City, State, Zip Code _____ Daytime phone #: (_____) _____

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Total Household Size: _____ Total Household Income: \$ _____

Eligibility Determination: Free Reduced-Price Non-needy How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Monthly x 12

Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____

Receipt & Acknowledgement of Our Manual

I certify that I have received, read, and understand the Conway Learning Center parent handbook and that a copy has been provided to me. I also understand that the manual is not a contract and that my child's enrollment with Conway Learning Center is "at will." I understand the parent handbook may be changed, revised, or updated at any time and that all such changes would supersede all prior issues and/or statements.

I understand that the violation of any of these rules is grounds for immediate dismissal of the child and that verbal or written warning need not be made prior to my child's dismissal. I agree to conform and follow all reasonable directions from the administration.

___ I fully understand that all tuition payments must be made before closing on Monday in order for service to continue.

___ I fully understand once my child holds a full time space the following rules apply: Each student is allowed TWO non-paying/non-attending weeks per year August to August. These are weeks that your child does not attend CLC for the entire week and you do not pay. If your child takes more than the allowed 2 weeks, you will be required to pay in full for the extra weeks.

___ I have received the **Know Your** Child Care Facility brochure.
MyFLFamilies.com/ChildCare. CF/PI 175-24, 03/ 2014

___ I understand my child needs to be at CLC for three consecutive months in order for the above vacation rule to become valid.

___ I understand that CLC is a uniformed school and my child is required to wear uniform each day.
(Red polo and navy or kaki bottoms)

___ I understand that CLC is closed 2 consecutive days twice per year; once at Thanksgiving and once at Christmas. During this two day closure, parents are required to pay for the entire week.

___ I understand that student medical insurance coverage is the responsibility of the parent. Since schools do not pay for medical care due to accidents, parents are encouraged to seek coverage for their individual children.

___ I agree and understand all the above policies and assume responsibility.

Parent's Name - Printed

Child's Name

Parent's Signature

Date

Staff _____

Date _____

Conway Learning Center's Infant/ Toddler Program

Conway Learning Center's Infant/ Toddler Program enhances your baby's natural curiosity and early experiences to instill an everlasting love of learning.

At Conway Learning Center we believe in building trust through positive interactions by implementing the "Circle of Security". Circle of security is designed to enhance attachment security between teachers and children. Teachers are trained to identify your child's requests and manage their social- emotional needs of care outside of the home. Knowledgeable teachers follow cues to care for your child weather they are hungry, tired, need a change of scenery or just need some comforting cuddles.

Conway Learning Center acknowledges that all children grow and develop at different rates, and that's OKAY! We provide weekly faith based lesson plans that encourage learning and development through activities and play. The Infant Lesson Plan focuses on cognitive development, social- emotional development, language development, fine and gross motor development skills, as well as, music and movement, creative expression art activity, and sensory activity.

*Reading stories encourages use of language

*Singing songs develops first approaches to early literacy

*ASL starting at 8 months old encourages communication and independence

*Tummy time builds large muscles

TWO YEAR OLD PROGRAM

CONWAY LEARNING CENTER OFFERS A UNIQUE TODDLER PROGRAM THAT ENHANCES CURIOSITY THROUGH PLAY AND SMALL GROUP LEARNING.

OUR CLASSROOMS ARE SET UP WITH SEVEN DIFFERENT LEARNING AREAS TO ENGAGE YOUR ENERGETIC TWO YEAR OLDS WHILE THEY EXPLORE AND GROW. WE RECOGNIZE THE NEED FOR TRIAL AND ERROR AT THIS AGE AS YOUR TODDLER BUILDS SOCIAL RELATIONSHIPS AND GAIN CONFIDENCE. OUR HIGHLY TRAINED TEACHERS PROVIDE MANY OPPORTUNITIES THROUGHOUT THE DAY THAT WILL ENHANCE YOUR GROWING TODDLERS NEEDS, SUCH AS, MUSIC AND MOVEMENT, SMALL GROUP INTERACTIVE LEARNING, SENSORY INTEGRATION AND MANY OPPORTUNITIES FOR LANGUAGE ACQUISITION.

FOUR YEAR OLD PROGRAM

CONWAY LEARNING CENTER HAS CREATED A SUPERIOR FOUR YEAR OLD PROGRAM DESIGNED TO EMBRACE THE NEEDS OF CHILDREN THAT ARE CONSTANTLY GROWING AND CHANGING AS THEY PREPARE TO BECOME INDEPENDENT LEARNERS.

AS YOU TAKE A LOOK INTO THE FOUR YEAR OLD PROGRAM HERE AT CONWAY LEARNING CENTER YOU WILL FIND A STRUCTURED LEARNING ENVIRONMENT WHERE BOTH TEACHERS AND CHILDREN TAKE AN ACTIVE ROLE IN THE LEARNING PROCESS. BOTH THE MATERIALS AND SPACE HAVE BEEN ARRANGED TO PROMOTE ACTIVE LEARNING. LESSON PLANS ARE FILLED WITH ENRICHED LEARNING ACTIVITIES CENTERING AROUND THE EARLY LEARNING EDUCATIONAL STANDARDS DEVELOPED BY THE FLORIDA DEPARTMENT OF EARLY LEARNING AND THE WEE LEARN CURRICULUM. THESE LESSONPLANS ARE DESIGNED TO PROMOTE EXPLORATION AND DISCOVERY. OUTDOOR ACTIVITIES AND HEALTHY MEALS PLANS ARE ALSO A PART OF THE DAILY FOUR YEAR OLD PROGRAM OFFERED AT CONWAY LEARNING CENTER.

3 years old

Three year olds are great observers and explorers. Our classrooms are designed as a learning community with exciting new experiences and age appropriate lessons. Our three year olds love silly songs, story time, and word games that allow them to enjoy their new found sense of humor. Preschoolers strive to perfect their fine and gross motor skills, and they are eager to learn. At CLC, your three year old's day is filled with activities that engage their minds and bodies, and embrace their imagination and curiosity! We believe that each student is an individual and through age appropriate interaction and activities they are able to meet their full potential.

Voluntarily Prekindergarten Program (VPK)

Conway Learning Center offers a high-quality education program that has a variety of learning opportunities where children are taught in a class setting, in small groups or one on one with the teachers. Lesson plans are in line with the Florida Early Learning and Developmental Standards in educating children's intellectual, creative and emotional skills. Most of a child's brain's growth is established during the first five years of a child's life. Conway Learning Center has provided a framework for the planning of quality early learning experiences for our four year olds. Our VPK program is designed for teachers to "connect the dots" by linking your child's experiences to learning objectives. Parents are welcome to come in and learn from the teachers what the children are doing and also why they're doing it. Conway Learning Center's ultimate goal is to have your four year old children ready for kindergarten.