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Christ The King Lutheran Church

& Preschool

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**CTK PRESCHOOL PARENT AUTHORIZATIONS**

**Please read and check each box that applies to your child. Each child must have his or her own form completed. By checking each box, you agree to strictly follow the guidelines outlined in each section. Not only will you follow these authorizations, but you are acknowledging your part in the team effort to safely care for your children.**

( ) Parent Handbook I have received and read the Parent Handbook, returning the signed signature page. I agree to follow the policies of CTK.

( ) Know Your Facility, Influenza and Distracted Driver-DCF brochures

Section 402.305 of the DCF Rules and Regulations states that all parents receive, in writing, copies of Know Your Facility, Influenza and Distracted Driver brochures. These forms are all found on the CTK website.

I have read, signed and returned copies of these DCF information forms, to be kept in my child’s file. The Influenza and Distracted Driver brochures are signed twice a year-September and April.

( ) Childcare Facility Health Forms

I understand that I must provide CTK with completed documents form 680-Certification of Immunization AND form DH3040-Florida Department of Health-School Entry Health Exam. These forms are available from my child’s pediatrician. I will be notified throughout the school year if these forms will be expiring. I understand that failure to provide updated forms in a timely manner could lead to my child being dismissed from the program.

( ) Photo/Video Release

I allow my child to be photographed or videographed for the purposes of marketing and publicity on the CTK webpage or social media pages. I understand that names will not be used.

( ) Special Events on Campus

I allow my child to participate in special events that occur during the school year on campus. These include, but are not limited to, birthday parties, Chapel, holiday celebrations, special visitors.

( ) Bug Spray and Sunscreen

During rainy or hot weather periods, I will allow CTK to apply bug spray to my child. I will supply sunscreen for my child.

( ) Food Usage and Safety Measures

I have read and understand the Food Usage and Safety Measures authorization, returning the signed form to the office.

( )Authorization for Records to be Viewed

I have received and understand the authorization to allow CTK Administration and DCF Personnel to view my child’s records, as necessary.

( ) CTK uses assessments and observations to record children’s progress throughout the school year. Written progress reports are shared with the parents. *Please note that children in VPK will be given state mandated assessments 3 times per year.*

I allow my child to be assessed by CTK.

( ) CTK reserves the right to cancel the enrollment of a child for any of the following reasons, including, but not limited to;

1. Non-payment or excessive late tuition payments
2. Failure to adhere to policies and procedures in the Parent Handbook
3. The child has needs which we cannot adequately meet with our current staff resources
4. The child’s behavior threatens the health and safety of himself/herself, other children or staff
5. The parent/guardian exhibits behavior which is detrimental to the health and well-being of the children and staff in a classroom, or negatively interferes with the normal functioning of the classroom or school. This includes vulgarity, intimidation, harassment or violation of child care licensing regulations.

I understand these policies and will adhere to them.

Your signature below indicates that you were provided access to all of the information listed above and that you will provide any required documents immediately.

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Signature of Parent or Legal Guardian Date

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