SMART START PRE-PREP 13801 McCormick Drive Tampa, Florida 33626 813 855-7333

APPLICATION FOR ENROLLMENT

Student Information:		Date of Enrollment_	
Full Name:			
		Middle	Nickname
Date of Birth:			
Child's Address:			
Primary Hours of Care:	From	to	
Days of the Week in Care:	M T W TH	F	
Meals Typically Served Wh	nile in Care: Br	Lunch PM Snack	
Family Information:			
Parent Name:			
Last Four of Social:			
5 Digit Security Code		•	
	_	ning your child in/out)	
Address:		_ Address:	
Home Phone:	 	_ Home Phone:	
Email Address:		Email Address:	
Employer:		Employer:	
Address:		_ Address:	
Work Phone:		_ Work Phone:	
Cell Phone:			
Custody: Mother Fa	ther Both	Other	-
Medical Information:			
I hereby grant permission	for the staff of	this facility to contact	the following medical
personnel to obtain emerge	ency medical car	e if warranted.	
Doctor:	Address:		Phone:
Doctor:			
Dentist:	Address:_		
Hospital Preference			
Please list allergies, specia			as of concern:

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home #
Name	Address	Work#	Home #
Name	Address	 Work#	 Home #

Helpful Information About Your Child:

I hereby acknowledge that I received with this application the written Disciplinary Procedure Guide as required by Section 65C-22.006(4)2., F.A.C.; a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" as required by Section 402.3125(5),F.S. and Smart Start Pre-Prep Parent Handbook.

I hereby acknowledge that I am required to provide a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment pursuant to Section 65C-22.006(2), F.A.C.

I hereby acknowledge that I received the brochure "The Flu" A Guide for Parents - Influenza Virus created by Department of Children and Families and the written Sick Child Procedure Guide followed by Smart Start Pre-Prep.

I hereby acknowledge that I received with this application the written Sick Child Procedure Guide followed by this facility.

I hereby agree and acknowledge that I am responsible for all tuition charges associated with the care and education of my child enrolled with Smart Start Pre-Prep.

I hereby consent and allow you to conduct individual assessments and/or screenings on my child for the purpose of determining his/her educational/developmental level and applying said findings to the development of an appropriate lesson plan.

I hereby consent and allow Smart Start Pre-Prep, LLC., the use of any photos of the above named child for any necessary or appropriate Smart Start related publicity purposes

By signing below, you verify that you have received above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian	Date	
Signature of Parent/Guardian	Updated Date	
Signature of Parent/Guardian	Updated Date	_