Bugaboos Kids Club & Learning Center

Childcare Application for Enrollment

Student Information: Date of Birth*: Sex*: Date of Enrollment: MM/DD/YYYY MM/DD/YYYY Full Name*: ___ Middle Last* Nickname Child's Home Address: ____ Street Address* City* Zip* Primary Hours of Care: From: _____ To: ____ Days of the Week in Care: M Tu W Th F Family Information (leave address blank if same as child): Parent 2 Name: Parent 1 Name*: Relation to Child: Relation to Child*: Address*: _____ Address: _____ City, Zip*: _____ City, Zip: Cell Phone*: Cell Phone: E-Mail*: E-Mail: _____ Employer: Employer: City, Zip: City, Zip: _____ Work Phone: _____ Ext: ____ Work Phone: Ext: Parent 1 Parent 2 _____ Other ____ Custody: Lives With: Parent 1 _____ Parent 2 ____ Other ____ Are you in/Do you plan to enroll in School Readiness/4Cs Financial Aid program? Yes______ No_____ **Medical Information:** I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. Doctor: _____ Address: _____ Phone: _____ Emergency Care Plan: Please list **allergies**, special medical or dietary needs, or other areas of concern:

new milestones. We nee	_	your child's learning and growth as he/she reaches erm baby or premature. If your child was born at of milestones
Is there a family history If yes, please explain:	of childhood deafness or hearing in	npairment? YesNo
Is there a family history If yes, please explain:	of childhood vision impairments? _	YesNo
Other helpful information	on about your child:	
The following people w	ill also be contacted and are authoriz	cuardian (listed above) and the persons listed below. Zed to remove the child from the facility in case of odial parent or legal guardian cannot be reached: Cell/Home#
Work#	Lives With? Emerge	ency? Pickup?
Full Name	Relationship to child	Cell/Home#
Work#	Lives With? Emerge	ency? Pickup?
Full Name	Relationship to child	Cell/Home#
Work#	Lives With? Emerge	ency? Pickup?
Full Name	Relationship to child	Cell/Home#
Work#	Lives With? Emerge	ency? Pickup?

Bugaboos Requires: Parents to PROVIDE A LABELED BLANKET, LABELED CRIB SHEET, WIPES & <u>2 CHANGES OF CLOTHING</u> for EACH child. All blankets, sheets and soiled clothing will be sent home on Fridays to be cleaned & returned on Monday. The following applies for my child, _____ (select one). ____ My Child does **NOT** have a food allergy or dietary restriction. My Child **DOES** have a food allergy or dietary restriction. They may participate in activities but may not eat or handle the following items: My child **DOES** have a food allergy or dietary restriction. They may **NOT** participate. Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040- "Yellow") and Immunization record (Form 680 or 681 "blue") within 30 days of enrollment. Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24). Section 65C-22.006(3)(c)2., F.A.C., requires that parents be notified in writing of the disciplinary practices used by the childcare facility. I would like to have my child, _____ have insect repellant applied to exposed areas before going outside daily. <u>I understand that I will need to provide insect repellent for my child</u> Yes / No (labeled with name please). I would like to have my child, _____ have sunscreen applied to exposed skin areas before going outside daily. <u>I understand that I need to provide sunscreen for my child (Labeled</u> Yes / No with name please). Your signature below indicates that you have received the above brochures, read all information requested and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff to this facility to access to my child's records.

Signature of Parent/Guardian	Signature of Director	
Printed Name of Parent/Guardian	Printed Name of Director	
Date	Date	

BUGABOOS KIDS CLUB & LEARNING CENTER TUITION TABLE

As of July 1st, 2024

Annual registration fee \$80.00 due upon registration and every July first. **Pro-rated registration** July to Sept- \$80.00 Oct to Dec \$60.00 Jan to March \$40.00 April to June \$20.00 Part -Time 3 Full days Weekly **Daily Infants** \$180.00 N/A \$210.00 One year Old \$185.00 \$150.00 N/A 2 year Old \$180.00 \$140.00 \$50.00 3 year Old \$175.00 \$135.00 \$50.00 4 year Old \$170.00 \$130.00 \$50.00 5 year old \$165.00 \$130.00 \$50.00 VPK Wrap N/A \$125.00 45.00 Non VPK days/Weeks = regular rates will apply After School **\$85.00** per week **Early Release** \$25.00 additional per half day \$150.00 per week Summer Camp (5+) Child(ren)'s Name: 1st child 2nd child 3rd child **Your weekly tuition rate:** 1st child \$_____ + 2nd child \$____ + 3rd child \$____ = Subtotal \$____

Subtotal - \$10/each child after 1st = Total \$ /Week

All Subtotals added = Total \$____/Week

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Primary Hours of Care: From: Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: ® JNS QUAST Store Please (agail the instructions and adactions) and adactions are explained by specific comments. Children's Name, First Name, Fi	Child's Name:	Center Name & Address:		Bugaboos Kids Clu	s Club & Learning Center	nter			
Indige the Glowing Lable fore ININANT s.md CHILDREANthough 15 form. If you need assistance completing this form, call: Childrean of CHILDREANThough 15 for the Childrean Childrean of CHILDREANThough 15 for the Childrean of Chil	Primary Hours of Care: From:To:	Days of the	Week in Care: M T			d While in C	àre: @	NS (TO AS) SU	ES None
SIJE 2 COMIDIGA (ILICA SIAMNE) Date of Birth Altered Shi center(c) (circle) Foster Child's Name (Last Name, First Name) Date of Birth Altered Shi center(c) Foster Child's Carcilla (Initial Circle) Migrant? (circle) Migrant? (circle) Migrant? (circle) Ves No	Please read the instructions and accompanying P	arent Letter before com	pleting this form. If yo	ou need assi	stance completing this form	ı, call: (
Yes No	STEP 1: Complete the following table for all IN Child's Name (Last Name, First Name)	FANTS and CHILDRE Date of Birth	N through age 18 the Attends this cente	at reside in	the household, even if no Foster Child? (circle)	it related. (in Migrant? (ci	clude chi ircle) }	ild listed at top of for Homeless/Runawa	om) av? (circle)
Yes No			Yes No		\rightarrow	Yes N		Yes N	0
Yes No							•		0
Yes No Yes No Yes							0		0
SISE 2. BLOOMY household members (children or calcular) receive Food Assistance Program (EAPISMAP) or Emporary Assistance for Needy Familias (TANE) benefits? FAPISMAP Case Number:							0		0
SIZE 3. COLIDICATES INCOME - Total: 5	STEP 2: Do any household members (children If NO, go to STEP 3. If YES, enter one of the follo	or adults) receive For wing case numbers, the	od Assistance Progr en go to STEP 5.	am (FAP/SI		tance for Ne	edy Fam	nilies (TANF) bene	efits?
Children's Income - sometimes children earn or receive income. Enter the total income received by Check only one): Weekly Children's income - sometimes children earn or receive income. Enter the total income received by Check only one): Weekly Children's income - sometimes children earn or receive income. Enter the total income received by Check only one): Weekly Children's income - sometimes children earn or receive income. Enter the total income received by Check only one): Weekly Children's income - sometimes children earn or received members and income - Its all adult household members and income - Its all adult household members and income - Its all adult household members on the source in whole debliss only (no cents) and how often it is received (1c., weekly, blaveekly, white a month, monthly, or an adult that does not receive income from early source, write more 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 Santount / How often? Santount / How often?	FAP/SNAP Case Number:		or TANF C	ase Numbe					
Children's income — Intelligence United in Executive Dy an United States State State State States S	STEP 3: Children's Income Information (see re	verse side for what ty	pes of income to re	port) (skip th	p if you listed a ca	# in STEP 2)	off on the		
Star Libroshold (microme - Total: Star Libroshold (microme) How often received (Let, weekly, bleveekly, bleveekly, whice a month, monthly, Loft and thousehold 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 received (Let, weekly, bleveekly, whice a month, monthly, or an adult that does not receive income from any source, write 'none' or 'o' o' leave any income fields blank, you are certifying that there is no income to report. Adult Household Member's Name (Last Name, First Name)	Cilidicii a liicolle – adilicullea dilidicii calii di	icocive illouile. Like	ile total illeonie recei	, all c	וייייייייייייייייייייייייייייייייייייי	- CICCA IION		S III COIII O I O COIVO	Š
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 flor cents) and how often it is received (i.e., weekly, buveekly, twice a month, monthly, or amually). For an adult household Member's Name Adult Household Member's Name Adult Household Member's Name (Last Name, First Name) Supressional February Supressional February Supressional February Supressional February Last four digits of Social Security Number (SSN) of adult household member: Supressional February Supressional February Supressional February Last four digits of Social Security Number (SSN) of adult household member: Supressional February Supressional February Last four digits of Social Security Number (SSN) of adult household member: Supressional February Public Assistance/Child Support/Alimony Public Assistance	Children's income – Total: S STEP 4: Household income and adult househol	How often rece)n (see reverse side	ne): ⊔ We forwhattyr		vice a Month skip this step	if you lis	thly ☐ Annually ted a case # in ST	EP 2)
Clast Name Cla	Adult Household Members and Income – list al taxes & deductions) from each source in whol that does not receive income from any source, wr	adult household memle dollars only (no center none" or "0." If you	bers (age 19 and up) ts) and how often it enter "none" or "0" or	even if they is received leave any in	do not receive income. For (i.e., weekly, bi-weekly, tv icome fields blank, you are	each adult, vice a month certifying tha	list the t n, month at there is	total gross income y, or annually). For income to repose	e (before or an adult or t
S	Adult Household Member's Name (Last Name, First Name)	Earnings fro (\$ Amount / Ho	m Work w often?)	Public Assi	stance/Child Support/Alir Amount / How often?)		nsions/R (\$ A)	Retirement/All Oth mount / How ofter	er Income n?)
Total Household Members (Add STEP 1 & 4): Last four digits of Social Security Number (SSN) of adult household members: Last four digits of Social Security Number (SSN) of adult household member:		1	Biweekly Monthly Month Annually	S				I Weekly Biwee Twice a Month	kly Monthly Annually
Total Household Members (Add STEP 1 & 4): Last four digits of Social Security Number (SSN) of adult household member:				ક	Weekly Biweekly Month! Twice a Month Annually			/ Weekly Biwee Twice a Month	kly Monthly Annually
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 Signature of adult household member: Date signed: Dat	Total Household Members (Add STEP 1 & 4):		of Social Security N	lumber (SSI	N) of adult household me	mber: _		. If no SSN, \	write "none."
Street Address, City, State, Zip Code Printed name:	By signing below, I am certifying (promising) that all of federal funds and that institution officials may verif	nformation on this applic (check) the information	ation is true and that a	ll income is re urposely give	eported. I understand that thi false information, I may be p	s information in	is being g der applic	given in connection vable state and fede	with the receipt ral laws.
### Printed name:	Home address (if available):	Street Add	ress, City, State, Zip Co	de		aytime phor	ne #: (
American Indian or Alaskan Native Asian Black or African American American Household Income: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Signature of adult household member:		Pr	inted name			0	ate signed:	
or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	OPTIONAL: Child's ethnic and racial identities We are Responding to this section is optional and does not affect you	required to ask for informat ur child's eligibility for free o	ion about your child's ethror reduced-price meals.	nicity and race. Ethnici	This information is important and ty (check one): Hispanie	d helps make su c or Latino L	I Not H	are fully serving the o	ommunity.
gibility: □ FAP/SNAP or TANF Household □ Foster Child Total Household Size: Total Household Income: S rmination: □ Free □ Reduced-Price □ Non-needy How Often Income is Received (Frequency): □ Weekly □ Twice a Month □ Monthly r-needy Status: □ Income too High □ Incomplete Application □ Other Reason:	Race (check one or more): American Indian or A			ican American	-	Other Pacific Is	lander	White	
mination: ☐ Free ☐ Reduced-Price ☐ Non-needy How Often Income is Received (Frequency): ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Month n-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason:	Categorical Eligibility: ☐ FAP/SNAP or TANF House		Total Household Siz	e:	Total Household Income: §		1		
n-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason:	Eligibility Determination: ☐ Free ☐ Reduced-Price NOTE: If different income frequencies are li	☐ Non-needy sted, convert all income	How Often Income i to an annual amount.	s Received (F Annual Incor	requency): ☐ Weekly ☐ E	3iweekly □: , Biweekly x 2	Twice a M 6, Twice a	nonth ☐ Monthly a Month × 24, Month	☐ Annually nly x 12
fficial's Signature: Date: Second Party Check Signature: Dat Page 1 of 2		☐ Incomplete Application	☐ Other Reason:						
	Determining Official's Signature:		Date: Page 1 of 2	Second	Party Check Signature:			Date:	009-08

Before returning this packet, please remember to turn in the enrollment information, food application, immunization records (or exemption thereof), and physical records.

Thank you for considering

Bugaboos Kids Club & Learning Center!