

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*: _____
First* 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 1 Name*: _____ Parent 2 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: _____

Custody: Parent 1 _____ Parent 2 _____ Other _____

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:

Bugaboos Kids Club & Learning Center will be monitoring your child's learning and growth as he/she reaches new milestones. We need to know if your child was a **full-term baby or premature**. If your child was born early, **please tell us how many weeks early for adjustment of milestones.** _____

Is there a family history of childhood deafness or hearing impairment? _____ Yes _____ No

If yes, please explain:

Is there a family history of childhood vision impairments? _____ Yes _____ No

If yes, please explain:

Other helpful information about your child:

Contacts:

Child will be released only to the custodial parent or legal guardian (listed above) 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:

Full Name	Relationship to child	Cell/Home#
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Work#	Lives With?	Emergency?	Pickup?
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Full Name	Relationship to child	Cell/Home#
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Work#	Lives With?	Emergency?	Pickup?
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Full Name	Relationship to child	Cell/Home#
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Work#	Lives With?	Emergency?	Pickup?
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Full Name	Relationship to child	Cell/Home#
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Work#	Lives With?	Emergency?	Pickup?
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Bugaboos Requires: Parents to PROVIDE A LABELED BLANKET, LABELED CRIB SHEET, WIPES & 2 CHANGES OF CLOTHING 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.

Yes / No I would like to have my child, _____ have insect repellent applied to exposed areas before going outside daily. I understand that I will need to provide insect repellent for my child (labeled with name please).

Yes / No I would like to have my child, _____ have sunscreen applied to exposed skin areas before going outside daily. I understand that I need to provide sunscreen for my child (Labeled 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			
	Weekly	Part -Time 3 Full days	Daily
Infants	\$210.00	\$180.00	N/A
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	\$125.00	N/A	45.00
Non VPK days/Weeks = regular rates will apply			
After School	\$85.00 per week		
Early Release	\$25.00 additional per half day		
Summer Camp (5+)	\$150.00 per week		

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

Child's Name: _____ Center Name & Address: Bugaboos Kids Club & Learning Center

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: ☒ Breakfast ☒ Lunch ☒ Supper

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
		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 5.

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

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

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.

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

STEP 4: 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)

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

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 5: 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): ☐ White ☐ Black or African American ☐ 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, Twice a Month x 24, 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: _____

**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!**