



Application Form (Part 2)

2019 – 2020

Please make sure all info is accurate and **easy to read** (one form per child)

Child's Name: Date of Birth:

Age as of 9/1/19: Year & month child join school: Sex: Girl Boy

Full Home address:

Has your child ever been a recipient of a special service program? Yes No
(Physical or Occupational Therapy, Speech Therapy etc.)

If yes, please specify:
.....

Mother's Information

Name: Home phone: Cell phone:

Home Address:

E-mail:

Employer: Occupation:

Address:

Work Phone:

Father's Information

Name: Home phone: Cell phone:

Home Address:

E-mail:

Employer: Occupation:

Address:

Work Phone:

Guardian's Information (if applicable)

Name: Home phone: Cell phone:

Home Address:

E-mail:

Employer: Occupation:

Address:

Work Phone:

Sibling

Enrolled at tangerine?

Name: Age: Yes No

Name: Age: Yes No

Parents are: () Married () Separated () Divorced () Single

Child lives with: () Mother () Father () Both Parents () Other

Emergency contact #1 (other than parent or Guardian)

Name: Authorized to pick up child: Yes No

Relationship: Work phone: Cell phone:

Address:

Emergency contact #2 (other than parent or Guardian)

Name: Authorized to pick up child: Yes No

Relationship: Work phone: Cell phone:

Address:

• Section 65C-22.006(2), F.A.C., **requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.**

• Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or** Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s). (Parent Handbook)



Emergency Card

2019 -2020

Medical contact:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Child's Name:

.....
(first) (middle) (last)

Doctor: **Phone:**

Address:

Specialist: **Phone:**

Address:

Dentist: **Phone:**

Address:

Hospital Preference:

Father: Name: Phone: E-mail:

Mother: Name: Phone: E-mail:

Blood Type:

Please list Allergies, special medical condition, dietary restrictions or other areas of concerns:

	Yes	No	If yes please describe:
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic	<input type="checkbox"/>	<input type="checkbox"/>
Asthmatic	<input type="checkbox"/>	<input type="checkbox"/>
Epileptic	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Action to be taken:

.....
.....
.....

Medicine:

.....
.....

Food Restrictions:

.....
.....

I authorize tangerine learning center to take my son/daughter to
Hospital in case of an emergency.

Parent signature: Date:

Printed Name:



Pick-up Authorization / Contacts

2019 -2020

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.

If a child is to be picked up from school by a person not listed on the child's pick-up authorization form, **written notification** must be given to the staff member in charge. Identification will be required before a child is released. Verbal approvals are **NOT acceptable**.

Name: **Relationship:**
Work phone: Cellphone:
Address:

Name: **Relationship:**
Work phone: Cellphone:
Address:

Name: **Relationship:**
Work phone: Cellphone:
Address:

Name: **Relationship:**
Work phone: Cellphone:
Address:



Arrival & Pick-up / Photography & Video Permission

2019 -2020

Arrival:

Arrival begins at **8.30 am and ends at 8.45 am**. After 8.45 am a late fee of \$15 will be assessed for every 15 minutes you are late (in 15 minutes blocks)

Pick-up:

Regular Day: Pick-up begins at 2.30 pm and ends at 2:45 pm.

After 2.45 pm a late fee of \$15 will be assessed for every 15 minutes you are late (in 15 minutes blocks)

Extended Day: Pick up is at **5.15 pm and ends at 5.30 pm**

After 5.30 pm a late fee of \$15 will be assessed for every 15 minutes you are late (in 15 minutes blocks)

Parents that arrive late are required to sign a late fee log and make payment as soon as they receive their invoice.

Photography & Video Permission

I hereby give my permission to “tangerine learning center” or any school approved media to photography/video tape my child during the time he/she is enrolled at tangerine learning center.

The photographs, video and or children’s work will be used for documentation, news, and promotional footage used in support of “tangerine learning center”.

I do not give permission

Agreement

I agree to the required **school rules and policies** as stated in all tangerine learning center documents (including Parent Handbook). I understand that I must submit all documentation for my child. All required information must be provided to tangerine learning center in order for my child to be considered enrolled.

Your signature below indicates that the information on this enrollment form is complete and accurate.

Parent signature: Date:

Print Name: