_____
Staff Initials

GOLDEN BEAR ACADEMY APPLICATION FOR ENROLLMENT

Children are enrolled without regard to race, color, religion, national origin, disability, or other protected status pursuant to law.

Student Information:

Date of Birth: _____ Sex: F ☐ M ☐ Date of Enrollment: _____

Full Name: _____
Last First Middle Preferred Name

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the week in Care: M T W Th F

Private Pay/Agency: 4C VPK Private Pay EHS

Family Information:

Child Lives with: _____

Mother's Name: _____
Address: _____
Cell Phone: _____ Carrier: _____
Email: _____
Employer: _____ Work Phone: _____

Father's Name: _____
Address: _____
Cell Phone: _____Carrier: _____
Email: _____
Employer: _____Work Phone: _____
Custody: Mother: _____ Father: _____ Both: _____ Other: _____

Medical Information:

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

Doctor: _____ Address: _____ Phone: _____

Dentist: _____Address: _____Phone: _____

Hospital preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____
_____
_____

Contacts and Emergency Release:

Child will be release only to the custodial parent or legal guardian and the person 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, or if for some reason, the custodial parent or legal guardian cannot be reached.

I hereby grant permission for GBA to take whatever step may be necessary to obtain emergency, medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the people listed above.
4. If we cannot contact the parent or child's physician, we will do any or all the following:
   a. Call another physician or paramedics.
   b. Call an ambulance.
   c. Have the child taken to a hospital or emergency facility in the company of a staff member.
5. Any expenses incurred under the above will be borne by the child's family.
6. GBA will not be responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

Name	Address	Cell Phone#
Name	Address	Cell Phone#
Name	Address	Cell Phone#
Name	Address	Cell Phone#

Physician to contact in the event of an emergency:

_____

_____

Helpful information About Child:

_____

_____

_____

_____

_____

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 402.31125(5), FRS., requires that parents receive a copy of the Childcare Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".
Section 65C-22.006(3) ©2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the childcare facility. Parent Handbook, influenza Virus and Distracted Brochure.

Your signature below indicates that you have received the above items and that all information on this enrollment form is complete, accurate and give consent to our childcare personnel to have access to your child's record.

I/ We _____, parent/guardian of: _____
Have received, read, understood, and agreed to all the terms and conditions that apply to GBA Parent Handbook.

I/ We_____, parent/guardian of: _____
Authorize GBA to exchange confidential information with their staff for Emergency and Safety purposes and with different Agencies for Educational purposes.

_____ _____

Signature of Parent/ Guardian **Date**

Media/ Photograph / Video Release:

I, _____Parent/guardian of: _____

Grant permission to GBA to use photographs and/or video taken of me or my child for use in promotional and education materials such as brochures, newsletters, advertisements, and magazines, and to use it in electronic version of the same publications or on the GBA website or other forms of media, electronic or otherwise, without notifying me. I authorize the use of and reproduction by GBA or any photographs and/or video tapes taken of my child, without compensation to me or my child. All these photographs/video recordings shall be the property, solely and completely of GBA. I waive any right to inspect or approve the finished photographs/video tapes, and the soundtrack, script or printed matter that may be use by GBA.

I have read this release before signing below, and fully understand the contests, meaning, and impact of this release.

_____ _____

Parent/Guardian Signature Date

At GBA, we observe many holidays and celebrate birthdays by having classroom parties. During these events we may ask you to donate store bought foods for the consumption of the children, parents, and staff to participate.

We ask that parents bring only healthy snacks if donating food to the center.

Parents, please sign below if you wish for your child to participate in these events.

☐ YES my child _____is allowed to consume foods from outside GBA.

☐ NO I do not wish my child _____to participate in class events where is outside food involved.

If YES, please list any food allergies your child may have:

_____

_____

_____

_____ _____

Parent/Guardian Signature Date

Discipline Policy

GBA knows that every child should learn from their mistakes and be taught how to handle themselves properly in every situation.

Appropriate behavior will be highly praised.

Teachers use age-appropriate discussion, redirection, and positive reinforcement.

Expulsion Policy

Unfortunately, there are sometimes reasons we must expel a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child/ren to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center.

Immediate Causes for Expulsion

The child is at risk of causing serious injury to other children or him/herself.

Parent threatens physical or intimidating actions towards staff members.

Parents exhibit verbal abuse to staff in front of enrolled children.

Parental Actions for Child's Expulsion

Failure to pay/habitual lateness in payments.

Failure to complete required forms including the child's immunization records.

Habitual tardiness when picking up your child. VERBAL ABUSE TO STAFF.

Child's Actions for Expulsion

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outburst.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Running out of the classroom.

Prior to expulsion, a parent will be called, and correspondence will be sent home indicating what the problem is, and every effort will be made by both the center and the parents to correct the problem. If after one or two weeks, depending on the risk of the children's welfare or safety, behavior does not improve, and the center finds that they can no longer accommodate the child, the parent will be asked to remove him/her. The parent will be given a minimum of one week's notice to find another center to provide care for their child.

I have read this Discipline and Expulsion Policy before signing below, and fully understand the contest, meaning, and impact of this policy.

_____ _____

Parent/Guardian Signature Date

Child Information

Child's Name: _____ D.O.B: _____

What do you want your child to be called at school? _____

Parents' Name(s): _____

_____

Child lives with: _____

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other:_____

Email Address: _____

Child's Siblings (this will help us spell their names on their artwork):

_____

_____

Family Pets: _____

Child's Allergies (please include food, animal, or other allergies):

_____

_____

Does your child have a health condition that may impact the educational experience?

☐ Vision ☐ Hearing ☐ Speech / Language ☐ Physical ☐ Social / Behavioral ☐ Cognitive

Specify:_____

_____

Any prescription medication (Daily or occasionally) ☐ YES ☐ NO

If yes, please specify: _____

_____

Medical Conditions, Diagnosis, hospitalization, operation, or major illness? ☐ YES ☐ NO

If yes, please specify_____

_____

_____

What is your child's favorite snack food? _____

_____

What are your child's interests? _____

_____

_____

What activities does your child like to do? _____

_____

_____

What are your child's dislikes (food, activities, other): _____

_____

_____

If there is anything else you would like to tell us about your child, please write it on the back.