



# Miss Fran's Early Learning Center APPLICATION FOR ENROLLMENT

Two \_\_\_ Half \_\_\_ Full  
 3 & 4 \_\_\_ Half \_\_\_ Full  
 VPK \_\_\_ Half \_\_\_ Full  
 4 & 5 Summer  
 \_\_\_ Half \_\_\_ Full  
 Start date: \_\_\_\_\_  
 Reg. fee: \_\_\_\_\_

**Student information:** Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F

Full name: \_\_\_\_\_  
Last First Middle Alias/Nickname

Child's Address: \_\_\_\_\_

**Family Information:**

Legal Guardian _____	Legal Guardian _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Child lives with/legal custody: \_\_\_\_\_

Is there a visitation order or other Florida court order barring anyone from removing the student during the school day or coming into contact with the student? Yes \_\_\_ No \_\_\_ If yes, provide a copy of the court order.

Parents **DO NOT** have shared parental responsibility. \_\_\_ If CHECKED, please provide school with copy of court order.  
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**Medical Information:**

ARTICLE XIII, B, 1 PBC Rules requires that parents complete an authorization for emergency medical care in the event of serious illness or accident and if the parents cannot be reached.

I authorize the staff of Miss Fran's Early Learning Center to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Does your child currently have health insurance? If yes, please list which plan and supply Miss Fran's Early Learning Center with a copy of the medical card. Plan \_\_\_\_\_

If your child does not have Health Ins. or you would like additional Ins., you can purchase Miss Fran's Early Learning Center Student/Accident Insurance for \$30 a school year. Check yes to purchase \_\_\_\_\_.

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

\_\_\_\_\_

**Is your child fully potty trained?** \_\_\_ Yes \_\_\_ No All children in the 3, 3&4 and VPK classes must be fully potty trained.

**Persons authorized to pick up child:**

Child will be released only to the parents or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from Miss Fran’s Early Learning Center in case of illness, accident or emergency, if the custodial parent or legal guardian cannot be reached:

\_\_\_\_\_  
Name Address Phone #

\_\_\_\_\_  
Name Address Phone #

\_\_\_\_\_  
Name Address Phone #

\_\_\_\_\_  
Name Address Phone #

\_\_\_\_\_  
Name Address Phone #

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ARTICLE XII, B PBC Rules require the parent and Miss Fran’s ELC to have an Alternate Nutrition Plan Agreement:

P – Parent provides C – Center (Miss Fran’s ELC) provides

P

C

P

C

P

P

Breakfast

**A.M. Snack**

Lunch

**P.M. Snack**

Dinner

Evening Snack

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals/snacks to meet my child’s nutritional and the dietary needs.

\_\_\_\_\_  
Signature of Parent/Guardian Date

I hereby give permission for Miss Fran’s Early Learning Center to use my child's photograph, video image and name in classrooms, monthly calendars, newspapers articles, graduation programs, school productions, website [www.missfransearlylearningcenter.com](http://www.missfransearlylearningcenter.com), Miss Fran’s Early Learning Center Facebook page and/or similar school media. I understand that, without my signature, my child's name and photograph cannot and will not be included in any publications or presentations.

ARTICLE IV, C, 5 PBC Rules requires that parents are notified in writing of the disciplinary practices used by the child care facility. I have received the disciplinary practices used by Miss Fran’s ELC.

ARTICLE XV, B, 7, a, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD’S DAY CARE CENTER. I have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD’S DAY CARE CENTER.

Your signature below indicates that you understand and agree to all PBC Rules and all statements on this application. Also, that the information on this enrollment form is complete and accurate.

\_\_\_\_\_  
Signature of Parent/Guardian Date