



894 Gary Hillery Dr
Winter Springs, FL 32708

Payment Contract

Name: _____ DOB: _____ Enrollment Date: _____

Responsible Parent/Guardian: _____

S.S. #: _____ Driver's License #: _____

- Thank you for selecting Green Day Early Learning Center as your child's care provider. The initial registration fee is \$50. Thereafter, VPK / four-year-old students have an annual supply fee of \$15 due in August. WEEKLY childcare payment is \$ _____ and is due on Friday for the upcoming week or on Monday at the latest for the week of service. A late fee of \$20.00 will be assessed on Tuesday to those who have not paid in full for the week of service. If your account is not cleared by Wednesday, GREEN DAY reserves the right to terminate services. The fee for NSF check is \$35.00. After the **second returned check**, we will accept cash only. We would appreciate your cooperation in keeping your child's tuition current.
- School hours of operation are from 6:30 a.m. to 6:30 p.m. Parents picking up their child after 6:30 p.m. will be charged \$10 for the first fifteen minutes and a \$1.00 per minute, per child after 6:45 p.m.
- Under NO circumstances will any child be released to any person, unless specifically authorized in writing by the legal parent/guardian. If there is ANY uncertainty regarding identity, your child will NOT be released. GREEN DAY reserves the right to request identification from any person on the premises.
- Your child may be photographed or taped during activities at the center and also by a professional photographer during the year. These pictures/videos may be displayed in the center and in company brochures.
- Each child who is enrolled for 52 weeks is allowed one weeks' vacation. If not taken during the appropriate time your vacation will not roll over to the following year. It renews every year on the month you enrolled.
- To comply with state requirements, all applicable enrollment forms and immunization/physical records must be completed and furnished before your child attends Green Day Early Learning Center.

Registration and childcare fees are non-refundable.

By signing this contract, you agree to the above terms.



CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____ Date of Enrollment: _____ Nickname: _____

Full Name: _____
Last First Middle

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____ Days of the Week in Care: M T W Th F

Child Lives With: _____ Custody: Mother _____ Father _____ Both _____ Other _____

Family Information:

Mother's Name: _____

Address: _____

Home Phone: _____

Employer: _____

Address: _____

Work Phone: _____ Cell: _____

Father's Name: _____

Address: _____

Home Phone: _____

Employer: _____

Address: _____

Work Phone: _____ Cell: _____

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: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

Contacts:

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:

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____



Informed Consent & Acknowledgments

Medical Acknowledgment

_____ I understand the State of Florida and Florida Department of Children and Families requires a current physical examination form (Form 3040) and immunization record (form 680 or 681) for every child within 30 days of enrollment.

_____ Your child should stay home if he/she is vomiting, has diarrhea, a rash, persistent cough. Fever over 100.6, head lice, pink eye or obvious contagious conditions. If your child becomes ill while at the center, center staff will call you to pick your child up.

Walk Permission & Transportation

_____ I give my child permission to go on supervised walk with staff on the center premises. This includes infants strolling in their buggy.

_____ I give the center permission to transport my child for purposes of field trips that require van transportation and/or transportation to or from his or her local school.

☐ Not applicable

Photography Permission

Green Day Early Learning Center regularly takes photographs of children enrolled. They may be shared with you and other families enrolled through our ProCare app. They also may be used for marketing purposes such as Facebook. By initialing below, you are consenting or denying permission of photographs of your child being taken. This permission does not include third party vendors contracted to take school year pictures.

- NO photographs/video will ever be taken of any child in the restrooms.

_____ Yes, I give permission for Green Day Early Learning Center to take photos of my child within various areas of the school and used for communication and marketing purposes.

_____ Yes, I give permission for Green Day Early Learning Center to take photos of my child within various areas but prefer them to be used for communication purposes only.

_____ No, I do not give permission for Green Day Early Learning Center to take photos of my child.

Nutrition Plan

Green Day provides 2 nutritional snacks and lunch throughout the day. If you chose to provide your child's lunch, it must come in a small lunch box or container with your child's name clearly printed on it. Please do not bring food that needs to be heated. The items must be able to be kept in the lunch box until lunch and ready for the child at the child's lunch time.

Holiday Participation

Green Day often schedules instructional activities around Holidays. Additionally, most classrooms schedule holiday snack events. We want to be sensitive to the individual needs of our students and their families. We recognize that some families may object to holiday activities, and we will arrange for these students to have an alternative activity. Please indicate below if you do or do not wish for your child to participate in these activities.

_____ Yes, my child may participate in holiday activities.

_____ No, I do not wish for my child to participate in holiday activities.

Behavior Guidance

_____ Green Day Early Learning Center is committed to providing students and families with quality childcare in a safe and loving environment as indicated in Green Day Family Handbook. Our children will be taught age-appropriate rules and encouraged to make positive choices regarding their behavior. No form of corporal punishment is ever tolerated.

Expulsion Policy

_____ In certain circumstances, as outlined in Green Day Family Handbook, it may be necessary for the center to decide to discontinue a child's attendance either on a short-term or permanent basis. Such a decision would be based on the best interests of the child, other children in the classroom and the overall operation of the center. Green Day Early Learning will make every reasonable effort to work with the family of the child(ren) to correct the problematic situations before a final decision is made. We reserve the right to disenroll and child or terminate services as deemed necessary or appropriate at our sole discretion, with or without notice.

Screening/Assessment Permission Form

___ I DO give Green Day Early Learning Center permission to use Ages & Stages Screening Tool and Progress Report assessments.

___ I DO NOT give Green Day Early Learning Center permission to use Ages & Stages Screening Tool and Progress Report assessments.

My child will have an Individual Education Plan (IEP) for the _____ school year. I will need to schedule a conference to review my child's IEP with my child's teacher.

By signing this form, I understand that both documents are researched-based and age-appropriate for preschoolers. I understand that I will have two opportunities to review the results of the screening and the assessments with my child's teacher during Parents/Teacher Conferences. You can request a copy of your child's assessments at any time.

Parent/Guardian Signature

Date

By signing below, I give consent to Green Day Early Learning and Florida Department of Children and Families permission to access and review my child's files. I understand access will be valid during the duration of my child's attendance. I verify that all the information given is accurate and true to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Section 402.3125(5), F.S requires parents to receive a copy of the Child Care facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24). I acknowledge that I have received a copy of "Know your Child Care Facility" brochure.

Signature of Parent/Guardian _____ Date _____



Parent Handbook Acknowledgement

Green Day Early Learning Center is Eco-friendly to the environment. Please visit our website or any news, applications forms, and parent's handbook.

Please sign acknowledgement of the parent handbook that is on our website.

<http://www.greendayearlylearning.com/parent-handbook.html>

DISCLAIMER AND SIGNATURE

I hereby acknowledge the receipt of this parent handbook and understand that Green Day Early Learning Center has the right, without prior notice, to modify, amend or terminate policies, practices and other institutional programs within the limits and requirements imposed by law.

Student Name: _____ Date of Birth: _____

Name of Parent/Guardian/Caretaker: _____

Signature: _____ Date: _____

Florida Department of Health
RELEASE FOR EMERGENCY CARE

To whom it may concern,

I hereby give my consent to any emergency facility and physical to administer necessary treatment to my child _____.

Name of Child

In the event of any emergency at which time I cannot be reached, I give consent for my child to be transported by ambulance to the nearest hospital.

Physician's Name

Phone

Preferred hospital: _____

Allergies: _____

Date of last DPT or Tetanus: _____

Insurance company covering the child: _____

Policy Number

Date

Signature of Parent or Guardian

Date

This form is to be notarized

State of: _____ County of: _____

On the _____ day of _____, 20____, before me

came _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that (s)he executed the same.

Notary Public