

# The Friends Academy

53 S. Dean Rd.  
Orlando, FL 32825  
407-282-0039  
www.thefriendsacademy.com

## STUDENT APPLICATION



**Student Information:** Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

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

Primary Hours of Care: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Days of the Week in Care: \_\_\_\_\_

**Family Information:** Child lives with: \_\_\_\_\_

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

Custody:  Mother  Father  Both  Other \_\_\_\_\_

*It is the responsibility of the parent(s) and/or legal guardian(s) to provide documentation regarding custody and/or revocation of parental rights.*

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

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

In the event of an emergency, and the parents listed above cannot be reached, please contact:

Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____

Do you attend church?  Yes  No If yes, where do you attend church? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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## Parental Authorization and Agreement

\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Child's Name

### ENROLLMENT AGREEMENT \_\_\_\_\_ Parent/Guardian Initials

I understand that my child is being enrolled at The Friend's Academy and will be attending programs for the upcoming school year.

### FINANCIAL AGREEMENT \_\_\_\_\_ Parent/Guardian Initials

I understand that tuition payments are to paid on a weekly basis and due on the first day of the week. The Friends Academy now offers Visa, MasterCard, Discover, and debit payments.

I understand that tuition payments that are past due will incur a **\$25** late fee. All tuition accounts must be kept current. Any payment over 10 days old will result in the removal of your child from the program until all payments, including late fees, are paid in full unless arrangements have been approved by the administration. I understand that a **\$35 NSF** fee will be charged for all returned checks and after a total of 2 NSF charges due to returned checks, tuition payments must be made by cash or credit. All registration fees and curriculum/activity fees are non-refundable.

I understand that the preschool closes at 6:00pm. I understand that if my child is picked up after 6:00 pm, I will be charged an additional **\$5** fee for 5 minutes, and every 5 minutes thereafter.

### PHOTO/SOCIAL MEDIA/CLASS DOJO RELEASE \_\_\_\_\_ Parent/Guardian Initials

I give my permission for my child's photograph to be taken while he/she is in the care of The Friends Academy personnel. Such image may be posted in classrooms, craft projects, presentations/promotional materials, on The Friends Academy social media accounts, such as Facebook, Instagram, Class Dojo..., and/or distributed to staff. I understand that I may terminate this permission at any time in the future.

### MEAL FORM \_\_\_\_\_ Parent/Guardian Initials

I understand that this facility participates in the National Food Program, where nutritious meals are provided. All students enrolled must complete the CCFP Meal Application form.

### ACTIVITIES PERMISSION \_\_\_\_\_ Parent/Guardian Initials

I agree to allow my child to participate in any activity that The Friends Academy deems age appropriate-including outside activities (i.e. Bouncy House)

### PARENTAL PLEDGE AND SUPPORT

- I have received the Friends Academy student/parent handbook and agree to read it in its entirety, and to adhere to the policies laid out in it. \_\_\_\_\_ Parent/Guardian Initials
- I have received a copy of the Child Care Facility Brochures "Know Your Child Care Facility" and "Distracted Driver" \_\_\_\_\_ Parent/Guardian Initials
- I have received a copy of the DCF "The Flu Guide for Parents." \_\_\_\_\_ Parent/Guardian Initials
- I have read the Friends Academy student health policy and agree to adhere and follow the practices and policies as stated. \_\_\_\_\_ Parent/Guardian Initials
- I have read the Friends Academy discipline policy and agree to adhere, follow, and support the practices and policies as stated. \_\_\_\_\_ Parent/Guardian Initials

I have read, consent to, and support all of the above authorizations, pledges and agreements as stated above and as required by The Friends Academy handbook, policies, and procedures. Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

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

\_\_\_\_\_  
Date

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## Emergency Treatment & Transportation

\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Child's Name

Please check and/or list any medical condition your child may have:

Allergies  Asthma  Diabetes  Heart Condition  Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

If allergic, what are signs/symptoms of allergic reaction(s)?

\_\_\_\_\_

Other health conditions/concerns/medications:

\_\_\_\_\_

\_\_\_\_\_

### Authorization for Medication

Disbursement of medication sent in from home will follow the below procedures:

- Completion of an "Authorization for Dispensing of Medication" form
- Medication in the ORIGINAL container- prescription meds must be in original pharmacy labeled container- delivered by the parent/guardian to the office. Medications should never be in the possession of the child, in their backpack, lunchbox, or on their person.
- This includes diaper rash ointment/cream. A form must be on file for staff to apply to your child.

### Authorization for Emergency Care

I understand that it is my responsibility to see that my child has regular medical examinations as required for attendance at The Friends Academy and that my child's immunizations and physicals are kept current as required by the State of Florida.

In case of an emergency, I/we authorize any representative of The Friends Academy to present the above stated minor to receive any emergency care needed.

Preferred Hospital: \_\_\_\_\_

Authorize Ambulatory Transportation (if deemed necessary) YES \_\_\_\_ NO \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Authorized Pick-Up & Student Release

\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Child's Name \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

The Friends Academy uses the following criteria to assure each child is picked up or removed from the preschool by authorized persons only:

1. No child will be released to any person whose name does not appear on this Authorization Pick-Up List or has been approved and added by using the authorized addition form.
2. Before any person can remove a child, proper I.D., such as a current Driver's License, must be shown.
3. If there is ever a question as to the identity of any person attempting to remove a child from The Friends Academy, the legal parent or guardian will be notified immediately.
4. The legal parent or guardian must give advanced written authorization before any person not appearing on our Authorized Pick-Up list will be allowed to remove a child from The Friends Academy.
5. In the event of an emergency, the legal parent or guardian may give above stated permission verbally, but only if given directly to the Administrator or authorized office personnel. This new pick-up person will not be added on the permanent list unless specified.

For your child's protection, THEY WILL NOT be released to an unauthorized person. Approved picture identification (driver's license) will be required. A list of persons will be placed in each classroom.

List below those who have permission to pick up your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

The Friends Academy defines a legal parent or legal guardian to be person(s) who enrolled the child and whose signature is found on the enrollment form. An official birth certificate proving he/she is the legal parent or guardian is also required. In the case where a divorce or legal separation has occurred or is in the process, legal court documentation must be presented as proof that he/she has been awarded temporary or permanent custody of the child in question. We will not hesitate to call 911 immediately if any disruptions or disputes develop on school property. The safety of the minor child in our custody will always take our top priority in any situation.

This also applies to those allowed to pick up the child from The Friends Academy. Official court documents, whose authenticity has been verified, will supersede any other documents received or placed on file.

I hereby authorize all above list names as active and approved to pick up my child from The Friends Academy.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature

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## School & Personal Property Parental Agreement

\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_

Child's Name

The Friends Academy strives to provide a safe and fun environment for all children to thrive. We have purchased many fun games, toys, equipment, and technology to ensure that this happens. While we understand and account for normal wear and tear of these items, there are times when they are mistreated and used inappropriately causing them to break or not work any longer. When these occasions happen, it will be the responsibility of the parent to pay for a replacement or repair of the item. The particulars will be decided on a case-by-case basis. Please discuss with your child the importance of treating all items with care and respect. We would like the resources that we provide to last as long as possible and thank you in advance for your help in this matter.

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

\_\_\_\_\_  
Date

Children are permitted to bring personal items with them to The Friends Academy. Please note and be advised that it is their sole responsibility to keep track of said items. The Friends Academy is not responsible for any lost, stolen, or broken items that were brought with your child.

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

\_\_\_\_\_  
Date