

# WELCOME



The Friends Academy  
FLOCS 4982

53 S. DEAN RD  
ORLANDO, FL 32825  
407-282-0039

[www.thefriendsacademy.com](http://www.thefriendsacademy.com)

We are so pleased that you have chosen Friends Academy for your child. To assist you with gathering all of the necessary items for enrollment, below you will find a checklist of items that you will need to complete application process:

- Student Application
- Emergency Treatment and Transportation Form
- Parental Authorization and Agreement Form
- Authorized Pick-Up and Student Release Form
- Physical
- Immunizations
- Copy of Birth Certificate
- Copies of Parent's Driver's License
- CCFP
- \$ \_\_\_\_ .00 Registration Fee
- \$ \_\_\_\_ .00 Curriculum/Activity Fee

If you have any other questions regarding enrollment, please feel free to contact the office at 407.282.0039 or email [Rochelle@thefriendsacademy.com](mailto:Rochelle@thefriendsacademy.com)

# The Friends Academy

53 S. Dean Rd  
Orlando, FL 32825  
407-282-0039  
407-249-4985 Fax

www.thefriendsacademy.com

## STUDENT APPLICATION

School Year 20\_\_\_\_ - 20\_\_\_\_

Primary Hours of Care My Child Will Need: \_\_\_\_\_ am to \_\_\_\_\_ pm (Estimated drop off and pick up times)

**Official Use Only:**  Application  Birth Certificate  Immunizations  Physical  Parental Authorization & Agreement  
 Authorized Pick Up & Release  Emergency Treatment & Transportation  Copies of Parents'/Guardian's Driver's Licenses

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Assigned Teacher: \_\_\_\_\_ Student Code# \_\_\_\_\_ Withdraw Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student's Full Legal Name:** \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female   
Child Resides With: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_  
Custody of Child: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

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

### FATHER/GUARDIAN

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Occupation \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone Carrier \_\_\_\_\_

### MOTHER/GUARDIAN

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Occupation \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### Sibling's Names and Ages

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

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

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

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

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

Has your child ever attended a daycare or preschool? No  Yes  If yes, please provide the name and phone number of the previous school(s) \_\_\_\_\_

Do you attend Church? No  yes  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** \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's Initials

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

**FINANCIAL AGREEMENT** \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's Initials

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

I understand that tuition payments that are past due will incur a **\$25.00** 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 **\$35.00 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 p.m., I will be charged an additional **\$5.00** fee for each 5 minutes, and every 5 minutes thereafter.

**PHOTO/Media/ClassDojo RELEASE** \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's Initials

I give my permission for my child's photograph to be taken while he/she is in the care of Friends Academy personnel. Such images may be posted in classrooms, craft projects, presentations or promotional materials, or distributed to staff. I understand that I may terminate this permission at any time in the future.

**MEAL FORM** \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's 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** \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's Initials \_\_\_\_\_

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

**PARENTAL PLEDGE AND SUPPORT** \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's Initials

- I have received the Friends Academy student/parent handbook and agree to read it in its entirety, and to adhere to the policies of FDLA. \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's Initials \_\_\_\_\_
- I have received a copy of the Child Care Facility Brochure "Know Your Child Care Facility." \_\_\_\_\_
- I have received a copy of the DCF "The Flu Guide for Parents." \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's Initials \_\_\_\_\_
- I have read the Friends Academy student health policy and agree to adhere and follow the practices and policies as stated. \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's Initials \_\_\_\_\_
- I have read the Friends Academy discipline policy and agree to adhere, follow and support the practices and policies as stated. \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's Initials \_\_\_\_\_
- I have read, understand and will support the schools HEALTH Policy \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's Initials \_\_\_\_\_
- I have received and read the Distracted Adult Driver Brochure. \_\_\_\_\_ Mother's Initials \_\_\_\_\_ Father's Initials \_\_\_\_\_

I have read, consent to, and support all of the above authorizations, pledges and agreements as stated above and as required by (School Name) handbook, policies and procedures.

\_\_\_\_\_  
Mother's Signature or Legal Guardian \* Date: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_  
Father's Signature or Legal Guardian \* Date: \_\_\_ / \_\_\_ / \_\_\_

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

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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 Condition(s)/Concerns/Medications:  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization for Medication

Disbursement of medication sent in from home is as follows: (1) Completion of an Over-the-Counter Medication Authorization Form (2) Medication in the ORIGINAL container - Prescription meds in the original pharmacy labeled container (3) All meds must be delivered by the parent(s) to the office so that an Authorization Form can be filled out. Medications should never be in the possession of the child, in backpack, lunch box, or on person, etc.

### Authorization for Emergency Medical Care

I understand that it is my responsibility to see that my child has regular medical examinations as required for attendance at Friends Academy and that my child's immunizations are kept current as required by the State of Florida. In case of emergency, I/we authorize any representative of Friends Academy to present above stated minor to receive any emergency care needed.

### Authorization for observation and Screening

I give my permission for my child to be observed and receive developmental screening which may include vision, hearing, speech, language, motor, and development skills. I understand that these screenings are to help the teacher plan appropriate activities for my child. I also understand that outside professional may be contacted to come do further evaluations. I also understand that these screening results will be shared with the child's parents and staff.

### Diaper Rash Ointment/Cream Waiver (To be provided by parent)

I give permission for The Friends Academy to apply diaper ointment/cream to my child, as needed.

Name of ointment \_\_\_\_\_ Initial: \_\_\_\_\_

I give permission for Friends Academy to call my child's physician in case of an emergency.

Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Authorize Ambulatory Transportation YES \_\_\_ NO \_\_\_

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

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## Authorized Pick-Up and Student Release

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

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 any question as to the identification of any person attempting to remove a child from 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 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 you specify.

For your child's protection, THEY WILL NOT be released to an unauthorized persons. Approved picture identification (driver's license) will be required. A list of these 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 # \_\_\_\_\_

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

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 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 top priority in any situation.

This also applies to those allowed to pick up the child from 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 listed names as active and approved people to pick up my child from Friends Academy facility.

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