



## Amazing Achievers Academy LLC

6247 County Line Rd, Miramar, FL 33023

Phone: (954)544-2561 | Email: [AmazingAchieversAcademy@gmail.com](mailto:AmazingAchieversAcademy@gmail.com)

License No. C17BO0796 | [www.amazingachieversacademy.com](http://www.amazingachieversacademy.com)

### CHILD ENROLLMENT APPLICATION

**Child's Name:** \_\_\_\_\_ First Day of Attendance: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Special Accommodations: \_\_\_\_\_

Password to Authorize New Pick Up Person by Phone: \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

Home Full Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

Home Full Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Guardian's Full Name:** \_\_\_\_\_

Home Full Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**May we consult the physician if the parent/guardian can not be reached?** [  ] Yes [  ] No

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## Emergency Care Plan Instructions (if applicable)

Describe what to do if child has allergies or other medical conditions here:

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## Emergency Contacts / Authorized to Pick Up

Your child will only be released to the persons mentioned on page one 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.

Full Name	Phone Number	Relationship to Child
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## List Other Helpful Information About Child

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Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myfamilies.com/DCFFormsinternet/Search/OpenDCFForm.aspx?FormId=860>, or

Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myfamilies.com/DCFFormsinternet/Search/OpenDCFForm.aspx?FormId=8411>.

Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or

Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.  
have access to my child's records.

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, DCF monitors, and ELC staff, to have access to my child's records.

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**Signature of Parent or Guardian**

**Today's Date:**



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**AUTHORIZATION FOR EMERGENCY TREATMENT**

Today's Date: \_\_\_\_\_

To Whom It May Concern:

I hereby give my consent to the following hospital \_\_\_\_\_

to administer necessary treatment to my child: \_\_\_\_\_

in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

\_\_\_\_\_  
**Child's Physician:**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**Phone Number:**

\_\_\_\_\_  
**Child's Allergies:**

\_\_\_\_\_  
**Date of Last DPT or Tetanus:**

\_\_\_\_\_  
**Insurance Company Covering Child:**

\_\_\_\_\_  
**Policy Number:**

\_\_\_\_\_  
Expiration Date:

\_\_\_\_\_  
**Signature of Parent or Guardian:**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Print or Type Name of Notary as Commissioned

\_\_\_\_\_  
Personally Known

\_\_\_\_\_  
Produced Identification.

Type: \_\_\_\_\_

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_



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## Tuition Payment Contract and Agreement

In order to record my understanding of my rights and responsibilities as parent, guardian, or custodian of the above named child, who is enrolling at Amazing Achievers Academy LLC., I acknowledge to have read, and agree to abide by the requirements written below and all policies set forth in the Parent Handbook and in this Enrollment Packet. In return for this promise of continual fulfillment of all policies, Amazing Achievers Academy LLC agrees to provide care for the above-named child who meets the standards and guidelines as set forth below in the Parent Handbook.

Please initial the following statements:

I agree to pay an annual registration fee for the amount of \$130.00 due every August.

I am aware that the parent contract is valid and enforceable for the term of one year.

I agree to pay my tuition, in advance, by Monday of every week. A \$25 late fee will be applied after Monday 6:00 pm. My child will not be able to attend on Tuesday morning until payment is received in full with added late fee.

A minimum of two weeks written notice is required for cancellation without financial penalty. The parent / guardian is responsible for any legal fees in attempt to collect a debt.

No credit or refunds on tuition is given for a schedule holiday, extreme weather condition, illness, pandemic event, illness, or family vacations. Your child's spot is reserved and will not be filled on a short-term basis.

A late pick up fee of \$3 per minute per child will be charged after 6:00 pm for full day enrolled children and after 12:00 pm for Only VPK children. This fee must be paid next day for my child to attend school.

Payments and contracts are individual. If my payment is late and have more than one child in school, as a parent, I am responsible for late fees of each child individually.

I am aware that there is an additional fee of \$35 for any returned or non-clear payment.

Failure to make payments will result in automatic withdrawal from the school.

Participation in AMAZING ACHIEVERS' ACADEMY any activity and use of recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by Amazing Achievers Academy, as a parent or guardian of participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless the Amazing Achievers Academy, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any recreational facilities at or conducted by Amazing Achievers Academy. In the event that cannot be reached, I hereby give authorization to Amazing Achievers Academy to secure proper medical treatment for my children at a hospital or physician chosen by Amazing Achievers Academy, with the cost to be paid by the parent.

I hereby give permission to Amazing Achievers Academy, and all persons acting with its permission, to obtain, use, copyright and/or publish photographic portraits or pictures of the above-named registrant(s), whether such pictures are still, moving, single or multiple, or in which registrant(s) is in whole or in part, in conjunction with the registrant's own name or another name. It is my understanding that such pictures are for the purpose of art, advertising, trade and any other lawful purpose whatsoever. I understand further that I will not have any opportunity to approve or review the finished product that may be applied.

In the event that Amazing Achievers Academy commences collection action to recover past due fees, charges, etc., for any program offered by Amazing Achievers Academy shall be entitled to reasonable attorney's fees and costs.

I understand my obligation to Amazing Achievers Academy and agree to abide by the terms of this agreement and following the policies of the school.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_



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### Hours of Operation | Holiday Closings

Amazing Achievers Academy is open from 6:00 am to 6:00 pm. Monday through Friday. The center is closed during major and Federal holidays. There is no discount or refunds given for these closures.

New Year's Day	Martin Luther King Jr Birthday
Presidents' Day	Good Friday
Memorial Day	Independence Day
Juneteen Day	Labor Day
Veterans Day	Thanksgiving Day
Day After Thanksgiving	Christmas Eve
Christmas Day	Teachers' Planning Date

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### Open Communication with Families

There are many ways to know what is happening in your child's classroom:

- ◆ Daily bulletins (Toddlers and Two's)
- ◆ Phone calls
- ◆ Email and text updates
- ◆ Family fun activities
- ◆ Journals and take home folders.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### Authorization to Release a Child

A child will be released to parents and those adults that have been identified by the parents as authorized to pick up their child in page number 2. If another adult comes to pick up your child, we will release the child only through notification in writing from the child's parent. Proper identification must be given before the child is released.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### Emergency Procedures

In the event of inclement weather, Amazing Achievers Academy will make every attempt to open as usual. However, to preserve the safety of our staff and children we will close if conditions warrant such action. It is at the discretion of the school's administration to make the decision to close earlier or open due to the natural disaster that may occur. We will make every effort to remain open for working parents; furthermore, if we find it necessary to close, we will not credit or discount tuition fees. Families will be notified of the decision to close in the following ways:

Email, Phone call, Text messages, Memos posted at school counter, bulletin board or social media pages such as Facebook, Instagram, School's website, and Google Maps.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_



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### Discipline and Dismissal Policy

Unfortunately, there are reasons we have to dismiss a child from our program. We want you to know that we will do everything possible to work with the family before expulsion of the child is necessary. Prior to most expulsions, a parent will be called and an incident report will be sent home indicating the nature of the problem. The center will make every effort to work with the parent to correct the problem. If behavior does not improve, and the center finds that they can no longer accommodate the child, the child will be expelled.

- ◆ Staff will try to redirect child from negative behavior.
- ◆ Staff will reassess classroom environment, appropriate of activities, supervision.
- ◆ Staff will always use positive methods and language while disciplining children.
- ◆ Staff will praise appropriate behaviors.
- ◆ Staff will consistently apply consequences for rules.
- ◆ Child will be given verbal warnings.
- ◆ Child will be given time to regain control.  
Child's disruptive behavior will be documented and maintained in confidentiality.
- ◆ Parent/Guardian will be notified verbally.
- ◆ Parent/Guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

### Immediate Causes of Dismissal from School

- ◆ The child is at risk of causing serious injury to other children or him/herself.
- ◆ Parent threatens physical or intimidating actions towards staff members or other parents.
- ◆ Parents exhibits verbal abuse to staff or other parents.

### Parental Actions that Cause Dismissal from School

- ◆ Failure to pay/habitual lateness in payments.
- ◆ Failure to complete required forms including the child's immunization records.
- ◆ Habitual tardiness when dropping off or picking up your child.

### Child's Action that Cause Dismissal from School

- ◆ Failure of child to adjust after reasonable amount of time.
- ◆ Uncontrollable tantrums/angry outbursts.
- ◆ Ongoing physical or verbal abuse to staff or other children.
- ◆ Excessive biting.

Signature of Parent or Guardian: \_\_\_\_\_ Today's Date: \_\_\_\_\_



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**Nutrition Statement**

Amazing Achievers Academy participates in the Florida Child Care Food Program, which requires a specific regimen of foods and servings sizes per age lever. We exceed these standards and strive to offer the healthier, appetizing meals to encourage your child to eat well. we will provide your child with a healthy, balanced menu for breakfast, lunch and mid-afternoon stack while your child is in attendance at our center.

Florida Chid Care Food Program Nutrition Requirements:

- ◆ Meals and snacks must meet specific U.S. Department of Agriculture meal patterns and requirements.
- ◆ Meals and snacks must include, at a minimum, food components in amounts specified by age.
- ◆ The meal pattern food components are: Fluid milk, fruits and vegetables, grains and breads, meat and meat alternatives.
- ◆ Breakfast must include at least three components.
- ◆ Lunch must include all four components with an additional fruit and / or vegetable.
- ◆ A snack must include at least two different food components.

I have read and understand the Amazing Achievers Academy’s Nutrition Statement.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today’s Date:** \_\_\_\_\_

**Permission for Food Related Activities and Special Occasion Food Consumption**

Pursuant to 65C-22.005 (1) (c)2., licensed child care facilities must obtain written permission from parents / guardians regarding a child’s participation in food related activities. These activities include: classroom cooking projects, gardening, school wide celebrations, holidays and birthdays.

I, \_\_\_\_\_ give / decline permission for my child \_\_\_\_\_ to participate in food related activities and special occasions where food is consumed.

Please write your initials next to your choice:

My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

My child DOES NOT have a food allergy or dietary restriction. He or she MAY NOT participate in activities.

My child DOES have a food allergy or dietary restriction. He or she MAY participate in activities, but may not eat or handle the following items listed below:

My child DOES have a food allergy or dietary restriction. He or she MAY NOT participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child’s enrollment.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today’s Date:** \_\_\_\_\_



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### Forms and Documents Required to Enroll a Student

I understand that the following medical documentation is required at the time of enrollment, and must be kept updated as required by law. Amazing Achievers Academy LLC requires parents to bring in this Enrollment Application at least three (3) days before the child's first day of school to process accordingly.

- ◆ Copy of Child's Birth Certificate
- ◆ Copy of Parent's or Guardian Identification (both sides)
- ◆ Proof of current shots (Certification of Immunization, Form DH 680)
- ◆ Proof of current physical (School Entry Health Exam, Form DH 3040 – valid 2 years)
- ◆ Please note that at the time of enrollment, there might be children attending our center that are exempt of immunizations.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### Authorization to Access Student's File

I understand that all staff members of Amazing Achievers Academy LLC, and various state (Department of Children and Families), and local agencies (such as Early Learning Coalition of Broward and Early Learning Coalition of Miami-Dade) will have access to my child's file and electronic records.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### Free Developmental Screenings and Assessments

In effort to ensure your child is ready to learn, Amazing Achievers Academy LLC, will provide Developmental Screenings and Assessments. Parents may request the results of these screenings and will be informed of any recommendations. Your signature below gives consent to conduct these screenings and assessments.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### Sickness/Illness Policy

Children with symptoms of possible communicable or infectious diseases/conditions will be sent home immediately. Children with symptoms such as fever, diarrhea, or vomiting will not be allowed to return the next day and should be symptom-free for at least 24 hours without the use of medication. Physician's clearance note will be required to return to school. The center administrators reserve the right to use discretion concerning possible communicable diseases and a child's temporary exclusion from school.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### Healthy Meals Policy

Breakfast is served between 7:30 am to 8:30 am. children arriving later should already have eaten at home. Nutritious lunch and PM snack are provided daily for all students. Parents must inform the center with a written request of any spacial dietary requirements including allergies. Candy, chewing gum, sugary snacks are not permitted in the school. the menu rotates on a weekly basis. Parents can request a paper copy. Please notifies of any allergies immediately.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_





## Children's Physical Activity Policy

The facility shall assure that age group or class must have a written and followed plan of scheduled daily activities. The plan shall be posted in a conspicuous location accessible to parents. The written plan must meet the needs of the children being served, and must include alternate activities in case of inclement weather, and include schedule scheduled activities that:

1. The written plan must meet the needs of the children being served, and must include alternate activities in case of inclement weather and include scheduled activities that promote emotional, social, intellectual and physical growth.
2. Planned activities for children one (1) year of age and up to enrollment in kindergarten shall include a minimum of forty (10) minutes of combined indoor and outdoor physical activity for every three and one-half (3 ½) hours in care, excluding quiet or nap times.
3. Planned activities for school-age children (kindergarten through 5" grade) enrolled in after school childcare programs should include a minimum of forty (10) minutes of outdoor physical activity for every three (3) hours in care.
4. These activities may include but are not limited to playground equipment, ball games, teacher lead small group games, and teacher directed large group games. In the event of inclement weather, a rainy-day activity schedule should be followed.
5. The children's clothing and shoes must be appropriate for the activity scheduled; i.e., sneakers or closed toe shoes, jackets, short pants, etc.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

## Indoor / Outdoor Daily Activities

We know that children also learn through play; because of this, we do not underestimate its importance on a growing child's mind, body and spirit. Therefore, the children under our care receive lots of both free-play and structured-play throughout each day. Age-appropriate activities will be scheduled with the flexibility allowed to respond to the needs of each individual child and their various ages. Activities that we and the children participate in include, but are not limited to the following.

Indoor activities include:

Children also learn through play time, building blocks, circle-time, tumbling exercises, Lincoln logs, music and dancing, dress up, play food, interactive stuffed animals, cars/trucks/planes, arts and crafts, puzzles, flash cards, animals/dinosaurs, trains, musical instruments, balls, dolls, various learning toys, musical instruments, various games, Mr. Potato Head, bean bag toss, blocks, beads and string, song games, play dough, coloring, sing along story books, painting, science, board games, puppets, Simon-says, and singing.

Outdoor activities include: Climbing, sliding, jumping, running, balls, jump rope, racing, water balloons, catch, bubbles, follow the leader, squirt bottles, ride-on toys, tunnels, sale water toys, various games, water table, painting, neighborhood walks, exploring nature/weather, soccer, and yes falling. As you know, children play hard and will get some bumps and bruises from time. We do our best to limit the number of times this occurs, with constant supervision and watchful eyes. Due to the safe environment/toys we have surrounded ourselves with, we hope to prevent any injuries before they can happen.

During the summer months (June, July and August) we allow for more outdoor activities and creative art project. Weather permitting, we play outdoors every day.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_



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## First Aid Permission and Emergency Information

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I, \_\_\_\_\_, give the staff at Amazing Achievers Academy LLC, permission to administer first aid to my child.

In case of an emergency, the school staff promptly contact the parent. If neither the parent nor emergency number can be reached and in case of surgical emergency, I hereby give permission to the physician selected by the Amazing Achievers Academy LLC to hospitalize and secure proper treatment for my child as named listed above.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

## Media Release Form

Please be advised that during the school year, your child's persona, likeness, and work produced at the Amazing Achievers Academy LLC, may be photographed, videotaped, or interviewed. with your consent, the media produced may be reproduced and released for use by Amazing Achievers Academy and / or the media, i.e. child's progress portfolio, newspapers, brochures, video, TV, social media and our website. Please indicate your preference:

\_\_\_\_\_ YES, I authorize. \_\_\_\_\_ No, I do not authorize.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

## Brochures Attached with this Packet

By writing my initials below, I have received, with this Enrollment Application the following information:

	Flu brochure. A guide for parents.
	Distracted Adult Brochure. A reminder to check for your child before locking your vehicle.
	Swim Central Water Safety. Information to register my child for free swimming lessons.
	Know your child care facility brochure.
	Ryla Wilson's Act Information.
	Amazing Achievers Academy's Parent's Handbook.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_