



# Kidz 1st Choice Daycare LLC

## Childcare Enrollment Application

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

Full Name: \_\_\_\_\_

Last

First

Middle

Nickname

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

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

**Family Information:** Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_

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

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

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 Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

**Helpful Information About Child:**



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- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or  
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or  
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

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

\_\_\_\_\_  
Date



# Kidz 1st Choice Daycare LLC

## Payment Policy

**Please be aware that all payments are due at the beginning of the week that your child will be in care. Childeare fees are based on enrollment (a reserved space), not on attendance. To maintain a reserved space, fees must be paid during the absence of a child due to illness, holidays, vacation (w/out notice), or for any other reason.**

**\*\* Parents** receive one vacation week per year with no payment required (MUST GIVE 2 WEEK NOTICE) Vacation weeks **DO NOT** roll over into the next year.

**\*\* Provider** receives one vacation week per year; full payment is still required. For the benefit of the parents, the provider will usually not take a full week at one given time. If she does 2-3 months notice will be given.

### Late Payments

Payments are due on Monday by 12pm. All payments received after that day are considered late and will be assessed a \$15 late fee. Repeated late payments may be grounds for termination and parents who are more than 1 week late on payment will be denied childeare until account is made current. We ask you to consider how you would feel if your employer came to you on your expected payday and told you that your paycheck would be delayed?

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Parent Print

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Parent Signature & Date



# Kidz 1st Choice Daycare LLC

## Childcare Fee Schedule P1

**RATES PER CHILD:** \_\_\_\_\_  
**Weekly Rate:** \_\_\_\_\_  
**Daily Rate:** \_\_\_\_\_  
**Hourly Rate:** \_\_\_\_\_  
**Overtime Hours:** \_\_\_\_\_



Before AM and after PM are considered over scheduled hours. This is the time children are not normally present at day care. All fees during this time are charged at a rate of **\$1 per minute**, or any part of an hour, in addition to any regular hourly or daily fees. No discounts are given during this time.

***(Fees Are Subject To Change)***

### **CALCULATION OF HOURLY FEES**

Hourly fees will be calculated on a weekly basis, in full hours only. This means that parents will be charged the hourly rate in full for each hour, or part of an hour that the child regularly attends. For example, if a child regularly attends 32.5 hours per week, the parent will be responsible to pay for 33 hours per week.

### **PAYMENT**

**All fees are due in advance, on the first day of attendance each week, at the time your child arrives.** Advance payment will be set, based on the amount of time your child regularly attends. Any additional time accrued will be due at the end of the current week at the time your child is picked up.

# Kidz 1st Choice Daycare LLC

## Childcare Fee Schedule P2



### **VACATIONS / HOLIDAYS / SICK DAYS**

There will be no refunds or reductions for days missed. We do not make up days missed or "trade" scheduled days, unless approved in advance. If you need to add time, regardless of missed days, you will be charged for additional time. Fees are due regardless of whether or not your child attends. This includes sick days, home day with Relative, non-scheduled vacation days, etc.

Daycare is closed on major holidays. Full payment for the week is still due if a holiday falls on a week day. You will receive at least 30 days advance notice of these scheduled days that we are closed. Payment for the days we are closed will be required in advance on the same schedule as outlined above.

### **LATE PAYMENTS & BANK FEES**

A payment becomes overdue if it is not paid (in full) on or before the day it is due. There will be a fee for all payments made after the due date, Monday. This means that if a payment is due on Monday and it is not collected before Tuesday, a late fee will be added. If your child does not attend daycare on Monday, please make your payment in advance. If payment is more than one week overdue, your child(ren) will not be allowed to return until all payments are received.

Checks and Money Orders not accepted at this time.

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Parent Signature

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Date

# Kidz 1st Choice Daycare Llc

## Policy and Procedure

I have read and agree to the Policies and Procedures for Kidz 1st Choice Daycare found online, at the following website:

<https://www.kidz1stchoice.com/policies-and-procedure>

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Parent Signature

Date

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Parent Signature

Date



# Kidz 1st Choice Daycare

## Transportation Authorization



I give my permission to Kidz 1st Choice Daycare, or his/ her

(Name of Provider or Facility)

appointed driver to transport my child, \_\_\_\_\_

(Name of Child)

in her/his car.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name of parent

### FIELD TRIPS

I give my permission for my child, \_\_\_\_\_ to go on

(Name of Child)

field trips with Kidz 1st Choice Daycare. I understand that parents will be made aware of all field trips prior to date of event.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Please print name of parent

\_\_\_\_\_  
Date



# Photo Release



I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_

PARENT/GUARDIAN NAME

CHILD'S NAME

grant \_\_\_\_\_ permission to use photos of my child,

CENTER NAME

and agree to the following:

I understand that my child, whose name is listed above, may be photographed at the center during normal daycare hours, field trips or activities. I understand that these photographs may be used in promoting child care services in either print or on the Internet.

With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting the Center's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
CHILD'S NAME

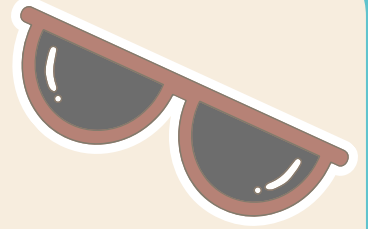
\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE



# Vacation Notice

Today's Date:



\_\_\_\_\_

Student Name:

\_\_\_\_\_

Vacation Start/ End Date:

\_\_\_\_\_

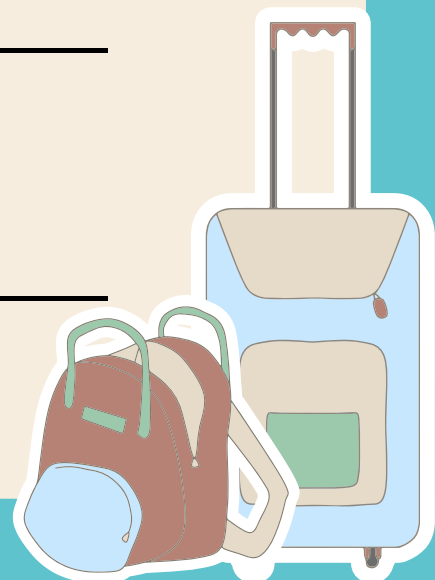
Payment due this week:

\$0.00

Parent/ Guardian Printed Name:

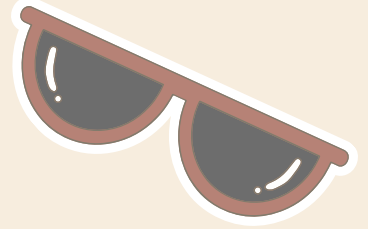
\_\_\_\_\_

Signature:



# Vacation Notice

Today's Date:



\_\_\_\_\_

Student Name:

\_\_\_\_\_

Vacation Start/ End Date:

\_\_\_\_\_

Payment due this week:

\$0.00

Parent/ Guardian Printed Name:

\_\_\_\_\_

Signature:

