

FOR OFFICE USE ONLY:



Application Date: _____ Tentative Start Date: _____

Classroom Name: _____ Enrollment Type: _____

CHILD INFORMATION

Last Name: _____ First Name: _____ M/F: _____ DOB: _____

Child Lives With: _____ Custody Orders on File – Y/N: _____ *If your child was premature, please tell us how many weeks. _____ weeks*

If Yes, a copy must be supplied to keep in your child's file.

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Father's Name: _____

Street Address: _____ City: _____ County: _____ Zip: _____

Mom's Phone #: _____ Dad's Phone #: _____

Mom's Secondary Phone: _____ Dad's Secondary Phone: _____

Do you want to receive Text Notifications? Y or N Cell Provider: _____

Mom's Email Address: _____ Dad's Email Address: _____

EMERGENCY INFORMATION

Pediatrician's Name: _____ Phone Number: _____

Hospital Preference: _____ Known Allergies: _____

AUTHORIZED MEDICAL PICK-UP: *Please designate one (1) person other than a parent/guardian allowed to pick up the child within 30 minutes due to illness.*

Full Name: _____ Phone Number: _____ Relationship: _____

Will this person be the primary contact for medical issues and/or illnesses? Yes No, contact parent or guardian

AUTHORIZED PICK-UPS: *We must have at least (1) one additional person available to pick-up in emergency situations. Authorized pick-ups must present a valid I.D. and have the proper car seat prior to the child being released. Changes to this list must be made in writing at the center.*

Full Name: _____ Phone Number: _____ Relationship: _____

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Section 65C-22.006(2), F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680 and 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/PI175-24), or Section 65C-20.11(2)(C)(1), F.A.C., requires that parents(s) receive a copy of the family day care home brochure, "Selecting a Family Day Care Home Provider" (CF/PI175-28). Section 65C-22.006(3)(C)2., F.A.C. requires that parents are notified in writing of the disciplinary practices used by the childcare facility, or Section 65C-20.010(6)(C), F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parents(s).

Parent Initial

-Please Complete the Other Side of this Document-

TUITION INFORMATION: Please note, there are no tuition or additional fees to VPK Only Students

Weekly Tuition Fee: _____ Applicable Discount: _____ Total Due Weekly: _____

I agree to pay my tuition fees each week: _____

ADDITIONAL FEES

_____ \$100 Per Family Annual Supply Fee (collected in September) _____ \$25.00 Food Program Fee: Toddlers – VPK
_____ \$100 Registration Placement Fee Per Child (collected at registration)

I understand that the Registration Placement Fee needs to be paid in order to secure my reservation for my child and that each of the other fees listed above will be charged to my account as stated above. I agree that I am solely responsible for all fees and understand that failure to pay may result in termination. **Parent Initial** _____

GENERAL PERMISSION SLIP: Please check the items that you grant permission for your child’s participation. Additional permission slips may be required throughout the year, please check with your child’s teacher for additional information regarding permission slips.

- Walking Field Trips Literacy Buddy – Preschool EUMC Bus/Van Transportation 3yrs+ Staff can apply diaper cream (receive free books)
- Classroom Pictures Website/Media Pictures Large Playground Usage (3yrs+) Social Media (School FB/ Class FB pages)
- Essential Oils (Air, not applied on body) Staff can apply sunscreen Staff can apply bug spray

ACKNOWLEDGEMENTS: Please read the following acknowledgements and initial on the line provided.

_____ ASQ Screening. This is a screening done twice a year to evaluate where your child is developmentally. You will be involved in this activity.

_____ In the event you or your emergency contacts are unable to be reached you give Foundations permission to transport your child to the closest emergency treatment center for non-life-threatening medical treatment.

_____ Tuition fees are due no later than Wednesday of the selected billing cycle. Failure to make timely payments two or more times will result in mandatory automatic payments.

_____ Children being picked up after **6:00 pm** will automatically be charged a late fee of \$1.00 per minute/child. This fee is due within 24 hours to avoid an interruption in childcare services.

_____ Children will be here no later than **8:30 am** daily.

_____ Tentative start dates will be reflected on your account. If you choose to change your child’s perspective start date a space is not guaranteed. Parents wishing to change a perspective start date will be placed back on the wait list until a space becomes available in the classroom.

_____ If the school has to be closed for emergency purposes tuition charges will still apply. If we are forced to close for more than a week, a vacation week for some time during the current school year will be offered to each family.

Parent Printed Name: _____

Today’s Date: _____

Parent Signature: _____

How did you hear about us? _____