Last Name:				FOR OFFICE USE ONLY	
Phone: 94:1-681-3169 Fax: 941-475-7072       Classroom Name:Enrollment I/ype:Enrollment I/ype:			Application D	ate:	Tentative Start Date:
CHILD INFORMATION:         Last Name:       First Name:       M/F:       DOB;         Child Lives With:       Custody Orders on File – V/N:       If your child was premature, ple If yes, a copy must be supplied to keep in your child's file.       how many weeks.         PARENT/GUARDIAN AUTHORIZIED PICK UP INFORMATION:         Mother's Name:       Father's Name:         Street Address:       Street Address:         City:       County:       Zip:         City:       County:       Zip:         Wom's Phone #:       Dad's Phone #:         Mom's Secondary Phone:       Dad's Secondary Phone:         Wom's Email Address:       Dad's Email Address:         Place of Work:       #         Place of Work:       #         Place of Work:       #         Pediatrician's Name:       Phone Number:         Mony in JO minutes due to illness.       Phone Number:         Full Name:       Phone Number:       Relationship:         Will this person be the primary contact for medical issues and/or illnesses? Yes       No, contact parent or g         AUTHORIZED PICK-UPS: We must have at least (1) one additional person available to pick up in emergency stuations. Authorized in this be made in writing at this be mad	<b>-</b>		Classroom Na	ame:	Enrollment Type:
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-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 weel	k. Parent Initial		

## ADDITIONAL FEES:

\_\_\_\_\_\$125 Per Child (up to 2 Children) Annual Supply Fee (collected in September & non refundable)

\_\_\_\_\_\$130 Registration Placement Fee Per Family (collected at registration & non refundable)

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

**<u>GENERAL PERMISSION SLIP</u>**: 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.

[] Large Playground Usage (3yrs+)	[] Walking Field Trips	[] Classroom Pictures	
[] Social Media (School FB/Class FB Pages)	[] Website/Media (Newspaper) Pictures		
[] Staff can apply sunscreen	[] Essential Oils (Air, not applied on body)		
[] Staff can apply bug spray	[] Staff can apply D	iaper Cream	

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

\_\_\_\_\_ Literacy Buddies. I understand that my child will participate in Literacy Buddies, receiving free books. (This does not involve contact with outside people).

\_\_\_\_\_ 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. A 5\$ late fee will be applied every week unpaid.

\_\_\_\_\_ 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. I understand that if my child(ren) has been late more than three times, they will be suspended for the day.

\_\_\_\_\_ 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 the perspective start date will be placed back on the wait list until a space becomes available in the classroom.

\_\_\_\_\_ If the school must 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.

\_\_\_\_\_ I understand that per the recommendation of the state, my child will not be at the center for more than 10 hours each day. Staying longer than 10 hours a day could result in an additional charge.

\_\_\_\_\_ I agree to have our school consultant work with my child if the teacher or director sees fit. This may involve behaviors, social and emotional skills, trauma and more.

Parent Printed Name: \_\_\_\_\_

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

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

Updated: July 2024