



at Englewood Methodist Church
Phone: 941-681-3169 Fax: 941-475-7072

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

PARENT/GUARDIAN AUTHORIZED PICK UP INFORMATION:

Mother's Name: Father's Name:

Street Address: Street Address:

City: County: Zip: City: County: Zip:

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

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

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

Place of Work: # Place of Work: #

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

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. **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** _____

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.

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| <input type="checkbox"/> Large Playground Usage (3yrs+) | <input type="checkbox"/> Walking Field Trips | <input type="checkbox"/> Classroom Pictures |
| <input type="checkbox"/> Social Media (School FB/Class FB Pages) | <input type="checkbox"/> Website/Media (Newspaper) Pictures | |
| <input type="checkbox"/> Staff can apply sunscreen | <input type="checkbox"/> Essential Oils (Air, not applied on body) | |
| <input type="checkbox"/> Staff can apply bug spray | <input type="checkbox"/> Staff can apply Diaper 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: _____