

APPLICATION FOR ENROLLMENT

<u>Student Information</u>	<u>Office Use Only</u>
Child's Name: _____	Date of Enrollment: _____
Child's Nickname: _____	Start Date: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Program Enrolled: _____
Date of Birth: _____	<input type="checkbox"/> CCS <input type="checkbox"/> R <input type="checkbox"/> APPS
Place of Birth: _____	<input type="checkbox"/> EMAIL ADD <input type="checkbox"/> HL
Childs' Physical Address: _____	<input type="checkbox"/> EML PCKT <input type="checkbox"/> NL
City: _____ Zip: _____	<input type="checkbox"/> CAR TAG ASSEMNT _____
Age: _____ Start Date: _____	<input type="checkbox"/> EMAIL RMVED <input type="checkbox"/> FLE RMVED
	<input type="checkbox"/> R/RMVED

Family Information: Child lives with: Both parents Mother Father Grandparents Other: _____

Father's Name: _____ Address: _____ City: _____ State/Zip: _____ Home Phone: _____ Cell: _____ Occupation: _____ Business Name & Address: _____ _____ Work Phone: _____ Work Hours: _____ Email Address: _____	Mother's Name: _____ Address: _____ City: _____ State/Zip: _____ Home Phone: _____ Cell: _____ Occupation: _____ Business Name & Address: _____ _____ Work Phone: _____ Work Hours: _____ Email Address: _____
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Medical Information

Does your child have any allergies or physical/medical conditions which should be brought to our attention? Yes No
 If Yes, please explain: _____

Has your child been identified as having a **learning disability or other special need**? Yes No If Yes, please explain:

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: _____

Any fears or anxieties? No Yes: _____

Is your child Potty Trained? Yes No

Hobbies/Activity child enjoys: _____

Has your child attended any other Childcare or Pre-School Program? Yes No If Yes, Name of School or Day care,

Reason for leaving: _____

How did you hear about our school? Referred by: _____ Internet Search Flyer Coupon
 Other _____

Contacts:

Your 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. The people on this list must be at least 18 years of age. Anyone picking up the child must be prepared to show a picture identification.

Name/Relationship	Address	Cell/work no.	Home No.
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Helpful information about your child:

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 402.31 25(5), F.S., requires that parents receive a copy of the Child Care/School Brochure "Know your child care facility".

Section 65C-22.006(3)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility/school.

Child Care Facility Handbook:

Section 7.1 requires providers to include written notification to inform parents, at time of enrollment, that some children in care may not have current immunizations.

Section 7.3 requires that enrollment information shall include parental/guardian consent for child care personnel to have access to child's records. Section 7.3 requires that the child care facility's food and nutrition policies include language on food safety and food allergens.

My signature below verifies receipt of the brochure (PDF) on Influenza Virus, The Flu, A Guide to Parents via email.

My signature below verifies that I have received the "Distracted Adult" flyer (PDF) via email.

I give permission for my child to participate in field trips and food activities/special occasions in school for as long as my child/dren is enrolled in NPMS as referenced in paragraphs 65C-22.001(7)(c) and 65C-22.005(1)(c)2, F.A.C.

Print Name of Parent/Legal Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____