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**Enrollment Form**

**Student Information:**

Full Name:

Last First Middle Nickname

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Date of Enrollment:

Select Program: (Refer to Brochure for Age Eligibility)

 \_\_\_\_ Explorers or Adventurers \_\_\_\_ Voyagers \_\_\_\_ Pre-K Pioneers

My Child Will Attend:

 \_\_\_\_ 2 mornings/week \_\_\_\_ 3 mornings/week \_\_\_\_ 5 mornings/week

Afternoon Adventure Options:

 (Pending space availability)

 \_\_\_\_ Daily \_\_\_\_ Several times/week \_\_\_\_Occasional afternoons \_\_\_\_N/A

**Family Information:**

Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Cell Phone: Cell Phone:

Work Phone: Work Phone:

Employer: Employer:

Address: Address:

Family E-Mail: Family E-Mail:

Custody: \_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_Other (name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**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:

Dentist: Address: Phone:

Hospital Preference:

Please list allergies, special medical or dietary needs, or other areas of concern:

**Health Insurance Information:** \_\_\_\_\_\_ Do not have health insurance.

Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 #

**Helpful Information About Child/Parent Comments:**

Community Church Affiliation: \_\_\_\_ Yes \_\_\_\_ No

Please select one of the following tuition options:

\_\_\_\_ I am selecting the morning tuition option. All additional programs (early morning, lunch or afternoon) will be billed based on use.

\_\_\_\_ I am selecting the full-time tuition option (Monday-Friday; 7:30 a.m. to 5:15 p.m.) I understand this is a monthly tuition, August through May.

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. We are required to inform parents that some children in care may not have current immunizations as documented on the religious exemption (Form DH681) or documented scheduled appointment to receive immunization.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility”.

Section 65C-22.006(3) (C) 2. F.A.C. requires that parents be notified in writing of the disciplinary and expulsion policies used by our program.

Meals served at school include morning snack and afternoon snack. Lunch is provided by parent. Full food and nutrition policies are found in our program handbook.

I understand that all tuition is paid in advance and that no refunds can be made for absences or withdrawals. Tuition is due monthly, August through May. The non-refundable registration fee is due with enrollment. The materials fee is due in September.

**\*\* Children entering the Voyager and Pre-K programs must be toilet trained.**

Your signature below indicates that you have received the above items and give consent for Community Preschool personnel to have access to your child’s records and that information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

**STATE OF FLORIDA CHILD CARE FACILITY LICENSE NUMBER C19IR0024**