Child Care Application for Enrollment

Student Information:

Name: _____

(First, Middle & Last)

Date of Birth: _____ Date of Enrollment: _____ Sex: _____

(mm/dd/yyyy) (mm/dd/yyyy)

Child's Address: _____

(House Number, Street, City, and Zip Code)

Family Information:

Child Lives With: _____

Custody (Circle One): Mother Father Both Other: _____

Is at least one legal guardian fluent in English? (Circle One) YES NO

Other Languages Spoken in Household: _____

Contact Information:

Please have the first legal guardian be someone who speaks fluent English. The first legal guardian listed will act as the primary contact and will be the first contacted in case of an emergency.

Legal Guardian 1:

_____

Phone Number:

_____

Email:

_____

Address:

_____

Employer:

_____

Work Phone:

_____

Legal Guardian 2:

_____

Phone Number:

_____

Email:

_____

Address:

_____

Employer:

_____

Work Phone:

_____

Other Means of Contact:

_____

Child Care Registration Contract:

1. I give Kindergarten Prep Preschool & Child-Care Center and its staff permission to act on my behalf in care for my child.
2. I have read and fully understand Kindergarten Prep's Handbook including the Emergency Evacuation Policy & Procedure, Guidance/Discipline Policy & Procedure, Sick Child Attendance Limitation, and Administering Medication Policy & Procedure. I have read the orientation packet and completed all registration forms. I agree to abide by the policies, terms, and conditions expressed.
3. Attached to my contract is my registration fee of $150.00, which is non-refundable. Check number (if applicable): _____ I understand that my a spot will not be held until the registration fee is turned in.
4. I agree to pay tuition fees in full on the Friday prior to the child's attendance. I understand that a late fee will be added to my invoice in the amount of $10 per day until the balance is paid in full.
5. I understand that the hours of operation are from 7:00 AM to 5:00 PM and I may face an additional fee if my child comes before or after the listed times.

Exceptions Made for this Child (To be filled out by the center director ONLY):

_____

_____

Signature of Legal Guardian:

_____

Date: _____

Signature of Center Director:

_____

Date: _____

Medical Information:

SSN # (optional): _____ Blood Type (if known): _____

Primary Physician: _____

Phone: _____

Address: _____

Dentist: _____

Phone: _____

Address: _____

Hospital Preference (if none is listed the child will be transported to the nearest hospital): _____

Health Insurance Company: _____

Phone Number of Insurance Company: _____

Group or Policy Number: _____

Allergies: _____

Special Dietary Restrictions: _____

Special Medical Concerns: _____

Medications Currently Taking: _____

If the medication needs to be given during school hours there is another form that must be filled out (this includes application of sunscreen and bug repellant). Please see the front desk.

I hereby grant permission for the staff of this facility to contact the medical personnel provided to obtain emergency medical care if warranted.

_____ _____

Signature Date

Consent to Medical Treatment:

I_____(parent/guardian) hereby give permission that my child/children, _____ May be given emergency treatment to include first aid and CPR by a qualified child-care staff member at Kindergarten Prep Preschool and Child-Care Center. In the event that I cannot be contacted in an emergency, I further authorize and consent to medical, surgical and hospital care treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I understand and accept that:

1) Any expenses incurred under the above conditions will be born by the child's family.

2) The center will not be responsible for anything that has happened as a result of false information given at the time of enrollment.

3) The center will not assume responsibility for a child who has not been signed in properly when she/he arrives.

Parent/Guardian Printed Name: _____	Notary Printed Name: _____
Parent/Guardian Signature: _____	Notary Signature: _____
Today's Date: _____	Today's Date: _____
Notary Seal/Stamp	Date of Notary Expiration: _____

Termination Policy:

Kindergarten Prep Preschool and Childcare Center seeks a partnership between staff and families as a basis for the success of each enrolled child. We recognize that each family has certain expectations for the care of their child, and we make every effort to support these expectations in the context of our developmentally appropriate group care program. We strive to be open and flexible to the needs of families as a means of promoting and achieving our child-centered philosophy of care. However, on occasion, a parent, guardian, the enrolled child's actions, or requests, may warrant the need to find a more suitable setting for the child. The decision to remove a family from the center is difficult for center staff, administrators, and the family. In all cases, our goal is to act quickly, thoughtfully, and thoroughly to address and resolve concerns relating to all of our families.

Reasons for termination of services are as follows:

- The parent or guardian fails to abide by Kindergarten Prep Preschool Polices (as written in the Parent Handbook) or those requirements imposed and mandated by child care licensing or the public health department.
- The parent or guardian demands special services which are not provided to other children and which cannot reasonably be delivered by the program including requests that are outside the philosophy of the program.
- The parent or guardian fails to pay tuition in a timely manner. Tuition is due the Friday before the week the child is in attendance. This is in accordance to the Parent Handbook. If parents or guardians need to make special payment arrangements, this must be done with the consent of the center Director/Owner.
- The parent or guardian is chronically late in picking up their children. The center closes at 5:00 PM.
- A parent, guardian, or child, is physically abusive to center staff, administrators, other children, or anyone else at the center.

I have read the above termination policy and procedures:

Signature: _____ Date: _____

Permission/Acknowledgment Form:

Sarasota County Ordinances 62-136, requires a current physical examination (DH Form 3040) and immunization record (DH Form 680 or 681) prior to the first date of attendance.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24). This is posted on our website.

Section 65C-22.006(3)(c)2., F.A.C. requires that parents are notified in writing of disciplinary practices used by the child care facility. This may be found in the Parent Handbook and posted in the child care facility.

A signature below indicates that you have received all of the aforementioned items.

Legal Guardian Signature: _____

1. I fully understand Kindergarten Prep's Sign-in/Sign-Out Procedure. Parent or guardian MUST sign COMPLETELY and LEGIBLY on both sign-in and sign-out spaces provided.
2. I acknowledge that my child will need certain supplies while attending Kindergarten Prep as stated in Handbook. (Complete outfit with initials on all items, including socks.)

Your signature below indicates that you have read and understand the above points and that all information on this form is accurate.

Legal Guardian Signature: _____

EMERGENCY CONTACTS:

Please note that these are the people that will be contacted if the legal guardian(s) cannot be reached. These also act as the alternates to pick-up your child from preschool. If you intend to have another person pick-up your child that is not listed below, they will be expected to provide a copy of their Driver's License and you must tell the facility ahead of time with the full legal name of the person intended to pick-up your child. AT LEAST TWO emergency contact must be provided.

Contact 1 (Required):

Name: _____

Address: _____

Phone Number: _____

Contact 2 (Required):

Name: _____

Address: _____

Phone Number: _____

Contact 3 (Optional):

Name: _____

Address: _____

Phone Number: _____

Contact 4 (Optional):

Name: _____

Address: _____

Phone Number: _____