

REGISTRATION

KIDS' STUFF PRESCHOOL, KINDERGARTEN, & CHILDCARE

TODAY'S DATE _____

DATE OF BIRTH _____

GRADE FINISHING IN SCHOOL _____

AGE AS OF SEPT. 1 (CURRENT YEAR) _____

CHILD'S NAME _____ HOME PHONE _____

CHILD'S PREFERRED NAME _____ SEX _____

CHILD'S ADDRESS _____ CITY, ZIP _____

DOES THE CHILD RESIDE WITH: _____ BOTH PARENTS _____ MOTHER _____ FATHER

PERSONS PERMITTED TO REMOVE CHILD:

LEGAL CUSTODY:

MOTHER: _____ YES _____ NO

_____ YES _____ NO

FATHER: _____ YES _____ NO

_____ YES _____ NO

GUARDIAN: _____ YES _____ NO

_____ YES _____ NO

MOTHER'S NAME _____

FATHER'S NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE # _____

HOME PHONE # _____

FL. DRIVER LICENSE # _____

FL. DRIVER LICENSE # _____

MOTHER'S OCCUPATION _____

FATHER'S OCCUPATION _____

PLACE OF EMPLOYMENT _____

PLACE OF EMPLOYMENT _____

WORK PHONE # _____

WORK PHONE # _____

CELL PHONE # _____

CELL PHONE # _____

DOCTOR'S NAME _____

PHONE NO. _____

PREFERRED HOSPITAL _____

MAY THE SCHOOL CALL ANOTHER PHYSICIAN IF UNABLE TO CONTACT THE ABOVE? _____ YES _____ NO

DENTIST NAME _____

PHONE NO. _____

HEALTH INFORMATION- PLEASE PUT "NA" IF NOT APPLICABLE

MEDICAL CONDITIONS _____

ALLERGIES _____

OTHER _____

OTHER PERSONS PERMITTED TO REMOVE CHILD IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY IF PARENTS OR GUARDIANS CANNOT BE REACHED:

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

IF MY CHILD SHOULD BECOME ILL OR INJURED, I UNDERSTAND THE KIDS' STUFF PRESCHOOL WILL (1) CONTACT ME IMMEDIATELY OR (2) CONTACT THE PERSONS I HAVE DESIGNATED IF I CANNOT BE REACHED. SHOULD THE CHILDCARE FACILITY BE UNABLE TO REACH ME AND/OR THE PERSONS DESIGNATED, THEY ARE AUTHORIZED TO CONTACT MY CHILD'S PHYSICIAN AND/OR ARRANGE FOR IMMEDIATE EMERGENCY TREATMENT. THE PHYSICIAN AND/OR MEDICAL FACILITY IS AUTHORIZED TO ADMINISTER EMERGENCY MEDICAL TREATMENT NECESSARY FOR THE HEALTH AND SAFETY OF MY CHILD.

ALL REGISTRATIONS MUST BE ACCOMPANIED BY THE SPECIFIED DEPOSIT. REGISTRATION FEES ARE NON-REFUNDABLE.

DATE _____

SIGNATURE _____

NUTRITION AGREEMENT (PRESCHOOL AND KIDS' STUFF KDG. CHILDREN)

I HEREBY CONSENT TO ALLOW THE CHILDCARE FACILITY TO ASSUME THE RESPONSIBILITY OF PROVIDING THE NUTRITIONAL NEEDS FOR MY CHILD DURING THE TIME PERIOD HE/SHE IS IN THE FACILITY. I UNDERSTAND THAT MY CHILD WILL BE PROVIDED A MORNING SNACK, LUNCH (MONDAY –THURSDAY), AND AFTERNOON SNACK. I UNDERSTAND I MUST PROVIDE LUNCHES FOR MY CHILD ON FRIDAY'S, ALL DAYCARE DAYS, AND ALL SUMMER.

_____ (PLEASE INITIAL)

PLEASE CHECK THE PROGRAM(S) YOU DESIRE FOR YOUR CHILD: _____ SUMMER _____ FALL/WINTER

DAYS YOUR CHILD WILL ATTEND: _____ 5 FULL DAYS _____ M/W/F FULL DAYS _____ T/TH FULL DAYS
_____ 5 MORNINGS _____ M/W/F MORNINGS _____ T/TH MORNINGS

SCHOOLERS: (CHECK ONE) _____ BEFORE ONLY _____ AFTER ONLY _____ BEFORE & AFTER

SCHOOL: (CIRCLE ONE) KIDS' STUFF KINDERGARTEN, CONNERTON, DENHAM OAKS, LAKE MYRTLE, OAKSTEAD, PINEVIEW, SANDERS, CMCS (PM ONLY)

HILLSBOROUGH SCHOOLS: LUTZ ELEMENTARY, MANISCALCO, LEARNING GATE (ALL HILLS. CO SCHOOLS PM ONLY)

*PLEASE CONTACT THE SCHOOL IF YOUR CHILD WILL NOT BE ATTENDING SCHOOL (ESPECIALLY SCHOOL AGE) OR IF THERE IS TO BE ANY CHANGE IN YOUR CHILD'S DISMISSAL ROUTINE. WE WILL **NOT** DISMISS A CHILD TO ANYONE WITHOUT PERMISSION FROM THE CUSTODIAL PARENT. WE WILL ASK FOR PHOTO ID FROM ANY PERSON NOT KNOWN TO OUR STAFF MEMBERS.*

REGISTRATION PAID _____ (I UNDERSTAND THAT REGISTRATION FEES ARE AN ANNUAL FEE AND ARE NON-REFUNABLE)

TUITION AGREED UPON \$_____/WEEK (REGULAR WEEKLY TUITION DUE WHETHER OR NOT MY CHILD IS PRESENT- RATES ARE SUBJECT TO CHANGE ANNUALLY)

I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES OF KIDS' STUFF INCLUDING FIELDTRIPS AND TO RIDE THE KIDS' STUFF BUS/VAN.

DATE

(PARENT OR GUARDIAN SIGNATURE)

- I UNDERSTAND THAT THE SCHOOL FEES ARE DUE AND PAYABLE IN ADVANCE AND THAT MY ACCOUNT MUST BE KEPT CURRENT.
- I UNDERSTAND THAT I MUST PAY MY REGULAR WEEKLY TUITION FEE WHETHER OR NOT MY CHILD IS PRESENT IN ORDER TO HOLD THEIR SPACE IN THE KIDS' STUFF PROGRAM.
- I AGREE TO GIVE A TWO WEEK NOTICE IF I DECIDE TO WITHDRAW MY CHILD FROM THE PROGRAM.
- I AGREE TO PROVIDE COMPLETE, UP-TO-DATE PHYSICAL AND IMMUNIZATION FORMS WITH IN 30 DAYS OF MY CHILD'S ENROLLMENT AND WILL KEEP THEM CURRENT WITH NECESSARY UPDATES AS REQUIRED.

DATE

(PARENT OR GUARDIAN SIGNATURE)

E-MAIL ADDRESS: _____