



# Sheyes of Miami Learning Centers

Sheyes #1  
6043 NW 6th C  
Miami, Florida 33127  
PH: 305-758-7167

Sheyes #3  
4801 NW 7th Ave  
Miami, Florida 33127  
PH: 305-754-4087

Sheyes #4  
3038 N.W 48<sup>TH</sup> Terrace  
Miami, Florida 33142  
PH: 305-634-6268

[www.sheyeslearningcenters.org](http://www.sheyeslearningcenters.org)

## Enrollment Form

### Parent/Guardian Information

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS#: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Preferred PIN number for checking in/out (4 digits, numbers only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS#: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Preferred PIN number for checking in/out (4 digits, numbers only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

### Child Information

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

Primary Hours of Care: **From** \_\_\_\_\_ **To** \_\_\_\_\_

Days of the Week in Care:            **M**     **T**     **W**     **Th**     **F**     **Sa**     **Su**

List any existing medical conditions, medication and/or special attention your child may require.

\_\_\_\_\_

Allergies: \_\_\_\_\_

I hereby grant permission for Sheyes of Miami Learning Center staff to contact the following medical personnel to obtain emergency medical care if warranted.

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Media Release Options:**

Sheyes of Miami Learning Center may use photo and video media of my child for the following purposes.

- For security purposes.  Yes  No
- To Display in the center.  Yes  No
- To Display in the center's scrapbook.  Yes  No
- To Display on the Company's website.  Yes  No
- To Display on the Company's Social Media Pages.  Yes  No

**Note:** It is the parent's responsibility to update this form in the event that they no longer wish to authorize one or more of the above uses. This form will remain in effect during the term of my child's enrollment.

**Meals Service Option:**

The following will provide meals for my child:  Parent  Center

**Food Related Activities Options:**

My child may participate in the following food related actives (Using MSC's Smart School Snacks guidelines).

- Classroom Activities: Food related classroom activities.  Yes  No
- Parent Sponsored Activities: Birthdays, etc.  Yes  No
- Outside Activities: Fieldtrips, Fun Days, etc.  Yes  No

**Program Options:**

My child will enrolled in the following programs:

Before-Care  After-Care  Pre-School  Summer Camp  VPK  Head Start  School Readiness

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

Days of the Week in Care:            **M**        **T**        **W**        **Th**        **F**        **Sa**        **Su**

List any existing medical conditions, medication and/or special attention your child may require.

\_\_\_\_\_  
Allergies: \_\_\_\_\_

I hereby grant permission for Sheyes of Miami Learning Center staff to contact the following medical personnel to obtain emergency medical care if warranted.

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Media Release Options:**

Sheyes of Miami Learning Center use may photo and video media of my child for the following purposes.

- For security purposes.  Yes  No
- To Display in the center.  Yes  No
- To Display in the center's scrapbook.  Yes  No
- To Display on the Company's website.  Yes  No
- To Display on the Company's Social Media Pages.  Yes  No

**Note:** It is the parent's responsibility to update this form in the event that they no longer wish to authorize one or more of the above uses. This form will remain in effect during the term of my child's enrollment.

**Meals Service Option:**

The following will provide meals for my child:  Parent  Center

**Food Related Activities Options:**

My child may participate in the following food related actives (Using MSC's Smart School Snacks guidelines).

- Classroom Activities: Food related classroom activities.  Yes  No
- Parent Sponsored Activities: Birthdays, etc.  Yes  No
- Outside Activities: Fieldtrips, Fun Days, etc.  Yes  No

**Program Options:**

My child will enrolled in the following programs:

Before-Care  After-Care  Pre-School  Summer Camp  VPK  Head Start  School Readiness

**Emergency Contacts & Authorized Pickup Persons:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. Students will not be released to any person not 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:

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_ \_

] Able to pick up all children in the family

] Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_ \_

] Able to pick up all children in the family

] Not able to pick up the following children: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_ \_

] Able to pick up all children in the family

] Not able to pick up the following children: \_\_\_\_\_

**4th Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_ \_

] Able to pick up all children in the family

] Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Is the family private pay or assigned through an agency?  Private Payer  State Subsidized  County Subsidized

Preferred payment method.  Cash  Check  Tuition Express

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

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**Additional Comments & Information:**

Is there is any other information that that would be helpful to our management and teaching staff?

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**Required Documentation:**

Parents are also required to bring the following original documentation: (The center will make copies)

- Students Birth Certificate
- Valid Parent ID
- Parent Social Security Card
- Student Social Security Card
- Current Student Physical
- Current Student Immunization Records

## Parent / Guardian Attestation and Signature

Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**

Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).

Section 7.3, C.3, requires that parents are provided food and nutrition policies used by the childcare facility.

Section 7.3, C.4, requires that parents are provided with information detailing the causes, symptoms, and transmission of the influenza virus during the months of August and September.

Section 7.3, C.5, requires that parents are provided with information regarding the potential for distracted adults to fail to drop off a child at the facility and instead leave them in the adult's vehicle upon arrival at the adult's destination during the months of April and September.

Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**

Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

**Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records and agree to notify the facility of my child's absence by a designated time as set by the childcare facility.**

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Signature of Director

Date Signed

**BOTH PARENTS MUST SIGN OR PARENT/GAURDIAN WITH SOLE CUSTODY OF THE CHILD:**

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Signature of Parent / Guardian

Date Signed

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Signature of Parent / Guardian

Date Signed

**Thank You!**