

## Best Friends for Kidz Child's Enrollment/Information Form

CHILD'S NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ **DATE ENROLLED:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

CUSTODIAL PARENT (CIRCLE ONE): MOTHER FATHER JOINT

HOME/CELL PHONE: \_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_

Cell phone provider: \_\_\_\_\_ Cell phone provider: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

LEGAL GUARDIAN NAME (if different than above): \_\_\_\_\_  
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## PERSONS AUTHORIZED TO REMOVE CHILD (LEGAL IDENTIFICATION REQUIRED)

1. \_\_\_\_\_  
NAME RELATIONSHIP PHONE2. \_\_\_\_\_  
NAME RELATIONSHIP PHONEALTERNATE NUTRITION PLAN AGREEMENT

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

Indicate any Special Dietary Requirements:  
\_\_\_\_\_  
\_\_\_\_\_

(Mark "P" for Parent Provides, or "C" for Center Provides)

Breakfast	A.M. Snack	Noon Meal	P.M. Snack	Dinner	Evening Snack	Formula
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HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the "KNOW YOUR CHILD CARE FACILITY/FCCH BROCHURE", information on the INFLUENZA (FLU) VIRUS, and the parents are notified in writing of the "DISCIPLINARY PRACTICES" used by the Child Care Facility/FCCH. The parent's/ legal guardian's signature certifies receipt of the Child Care Facility/FCCH brochure, influenza information, discipline policies, alternate nutrition plan agreement and that all the information on this form is complete and accurate.

\_\_\_\_\_  
Signature of Parent or Legal Guardian\_\_\_\_\_  
Date

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Medical Alert Information (i.e., allergies, medical and/or special needs/conditions): \_\_\_\_\_

List any additional information which would be beneficial for the child care provider to know about your child: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_

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

Preferred Hospital: \_\_\_\_\_

**NOTE: Physical & Immunization Record should accompany child.****EMERGENCY CONTACT (OTHER THAN PARENTS):**

1.	NAME	RELATIONSHIP	PHONE
2.	NAME	RELATIONSHIP	PHONE

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**If my child, \_\_\_\_\_, should become ill or  
CHILD'S FULL NAMEInjured at, \_\_\_\_\_, I understand that the  
NAME OF FACILITY/PROVIDER

Child Care Provider will: (1) Contact me immediately and (2) Contact the person (s) I have designated if I cannot be reached.

Should the provider be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

SIGNATURE	RELATIONSHIP	DATE
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(OPTIONAL)

Sworn to and subscribed before me this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida – At Large.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_ who is/are personally known to me

\_\_\_\_\_ who has/have produced identification: \_\_\_\_\_

**Best Friends for Kidz ADMISSION FORM AGREEMENT**

On behalf of myself, my spouse, and each child designated on the admission, I enter into this agreement with Best Friends for Kidz, INC., a Florida Limited Liability Company, regarding the provision by Best Friends for Kidz of a supervised, indoor childcare for the following child(ren):

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1. **FACILITY USE:** Subject to this Agreement Best Friends for Kidz will provide drop-in, full time, or part time care for my child. This includes use of the facilities and participation in art and play activities, and meals. Best Friends for Kidz does not transport children under the age of four. I understand that my child(ren) may never be left at Best Friends for Kidz longer than 12 hours in a day.
2. **FUTURE VISITS:** This Agreement, the Registration form and the Release will be kept on file at Best Friends for Kidz and continue to constitute binding obligations for any future visits my child may make to Best Friends for Kidz. However, this does not obligate Best Friends for Kidz to continue to provide services, and Best Friends for Kidz reserves the right to refuse admission to any child for any reason without liability.
3. **PAYMENT:** Payment for Best Friends for Kidz services are due by 12pm noon on the Monday prior to service or if your child is a drop in it is due on the day of service. Best Friends for Kidz may refuse to accept payment by check and if a check is received for payment, a fee may be charged. A fee of \$30 will be charged for each returned check. No refunds are ever given. Any changes in fees will be posted for thirty days.
4. **MEALS:** Best Friends for Kidz is required to serve a meal if the child attends the center entirely between 7:30am-9:00am, 11:00am-12:30pm and 2:00pm-3:00pm. Your child will be provided with a meal, substitutions may only be provided by the family if accompanied by DOH medical form. If a DOH medical form is provided the meal sent must meet nutritional guidelines. We are required to ensure that meals are balanced and meet the recommended daily dietary allowances. Two meals and two snacks are included for those who are on full time or part time rate plans.
5. **HEALTH POLICIES:**
  - a) **Medical Statements:** I will provide medical statements (issued by the Florida Dept. of Job and Family Services) for my Child(ren) under the age of 5, or not yet in Kindergarten, which must be dated and signed by the child's physician, and updated as often as needed thereafter until the child is enrolled into Kindergarten. My Child is in excellent health and physical condition and has no medical, psychological, physical, or mental condition which has not been disclosed to Best Friends for Kidz on the attached Registration Form. My Child does not have any infectious, contagious, or communicable diseases.
  - b) **Illness:** If my Child becomes sick with a contagious illness after visiting Best Friends for Kidz, and the visit to Best Friends for Kidz occurred during the gestation period of such illness, I agree to notify Best Friends for Kidz as soon as possible to enable Best Friends for Kidz, in its discretion, to notify the children who may have been exposed. If my child becomes ill at Best Friends for Kidz, my Child will be isolated from the group until the child is released to the parent's care.
6. **MEDICAL PROCEDURES:**
  - a) **General Medical Guidelines/Discretion:** Although Best Friends for Kidz strives to provide a safe environment; it is possible that my child could become injured. In such an event, I authorize Best Friends for Kidz to follow its internal procedures, including simple first aid as reasonably appropriate; however, I understand that Best Friends for Kidz shall not be required to strictly follow those guidelines when, in Best Friends for Kidz judgement, certain circumstances may require otherwise.
  - b) **Medical Authorization:** If Best Friends for Kidz determines that emergency medical attention is necessary for my Child(ren), Best Friends for Kidz is Authorized by me or whoever signs my child in for that day, to act as an agent for me to give my permission for my Child(ren) to be attended by a physician in such circumstances as Best Friends for Kidz deems necessary. This includes transportation by an ambulance to a local hospital. The child(ren)'s records will be sent with the child(ren).
  - c) **Safety/Indemnity:** I agree that Best Friends for Kidz may act as it considers prudent to protect the safety of my Child(ren), and other children visiting Best Friends for Kidz. I further agree to indemnify, defend, and hold Best Friends for Kidz, its Officers, Directors, Agents, and Employees, harmless from and against all actions, claims, or liability, including attorney fees and court costs, directly or indirectly caused by my Child(ren) or resulting from any inaccuracy or omission made by me in completing the Registration Form.
7. **STATE OF FLORIDA LICENSING REQUIREMENTS:** The Florida Department of Job and Family Services, Child Care Licensing unit, shall have the right to enter and inspect the premises unannounced, and have

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access to children's records, as well as the authority to contact staff, parents, and relatives of children in care, or other witnesses. The Administrator of Best Friends for Kidz and its employees are required to report their suspicions of child abuse or neglect to the local public children's services agency.

8. **INTOXICATION POLICY:** Be aware that we, as child care providers, are "Mandated Reporters". Therefore, we are required by law to contact the proper authorities if we suspect substance abuse, including, but not limited to alcohol. If any adult comes to pick up a child and shows signs of intoxication, we will not release the child to the individual. We will call a cab, which will be paid for at your expense, and then we will release your child(ren) to you. We are required by law to call the Hillsborough County Sheriff's office if you refuse to comply with BFF Kidz, Inc. "Intoxication Policy". We want to assure you that we have the best interests of your child(ren) in mind and will do our absolute best to keep them safe, as that is our number one priority.
9. **ADDITIONAL REQUIREMENTS:** As a condition of my use of Best Friends for Kidz, I have accurately completed and signed the Registration Form and Release. I understand that Best Friends for Kidz will rely on this information when caring for my Child(ren).
10. I agree to pay all costs and attorney fees arising out of my action relating to the Agreement, the Registration Form, or the release for collection purposed or Otherwise.

**I HAVE READ THE ABOVE CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.**

SIGNATURE

RELATIONSHIP

DATE

SIGNATURE OF BFF KIDZ OFFICIAL

DATE

**Best Friends for Kidz RELEASE**

Best Friends for Kidz, as a State of Florida licensed Child Care Facility, provides a safe, clean and fun environment for children. However, in any child care program, injuries may occur. For Best Friends for Kidz to be able to provide child care services to you, it is necessary that you assume certain risks. Signing this release is necessary to receive services.

I, on behalf of myself, my spouse, and each child designated on the Admission Form Agreement (my "Child"), waive and release all rights, causes of action and claims against Best Friends for Kidz., A Florida Cooperation, its Officers, Directors, Administrators, Agents, and Employees, for any and all loss of damage to property or injuries suffered by my Child during the time my Child is visiting at Best Friends for Kidz, including the possible negligence of Best Friends for Kidz, but excluding gross negligence and intentional property misconduct. I understand that the provision of child care contains risk of injury to persons and damage to property, and that by signing this release, I engage Best Friends for Kidz to provide temporary child care for my Child at my own risk.

I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding all aspects of Best Friends for Kidz and the Release, including, but not limited to, future risks, complications, and costs. By signing this Release, I have not relied on any promises or statements made by Best Friends for Kidz other than those contained in the written information supplied to me by Best Friends for Kidz. I understand that this Release will be kept on file at Best Friends for Kidz and will continue in effect for this and any future visits my child may make to Best Friends for Kidz.

**I HAVE READ THE ABOVE CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.**

SIGNATURE

RELATIONSHIP

DATE

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Program \_\_\_\_\_

\_\_\_\_\_  
Parent's Full Name (Please Print)

\_\_\_\_\_  
Child(ren)'s Full Name (Please Print)

**Please initial each of the following statements.**

\_\_\_\_ **I HEREBY CONSENT** for my child to ride in any vehicle authorized by Best Friends for Kidz. The parent releases Best Friends for Kidz of responsibility for any accident or injury resulting there from and will hold the center harmless from any liability for such accident or injury. **(Pertains to field trips for VPK and School age students)**

\_\_\_\_ I understand that Best Friends for Kidz reserves the right at its discretion to terminate the child care of said child at any time.

\_\_\_\_ I have received a copy of the Best Friends for Kidz, Inc Parent Handbook and I have read and understand it.

\_\_\_\_ I have received a copy of the child care facility brochures, **Know Your Child Care Facility and "The Flu Guide for Parents"** and have also received in writing the **(disciplinary practices in parent handbook)** used by Best Friends for Kidz, Inc.

\_\_\_\_ To assist Best Friends for Kidz, Inc. in meeting all my child's needs I give my permission for Developmental Screenings as well as other helpful assessments to be completed on my child.

\_\_\_\_ I hereby consent for my child to be included in school pictures and give permission for those pictures to be used by Best Friends for Kidz.

\_\_\_\_ Best Friends for Kidz is state licensed and must close on time. A fee of \$10 for the first 5 minutes and \$1 for each additional minute will be charged for pickups after closing.

\_\_\_\_ I give permission for Best Friends for Kidz to apply insect repellent and sunblock appropriate for children, such as *Cutter Skinsations* and *OFF! Family Care*, as needed.

\_\_\_\_ I hereby agree to keep all information on this Child's Enrollment/ Registration Form current while my child is enrolled at Best Friends for Kidz, Inc.

\_\_\_\_ I will provide Best friends for Kidz **2 weeks' notice** if withdrawing from a FT/PT program and will pay for 2 weeks even if my child does not attend.

\_\_\_\_ If my child takes vacation, I will notify the school in advance and pay **\$40 a week** on the Friday prior to the vacation week to receive the reduced vacation rate.

\_\_\_\_ I give my child permission to have store brought snacks for parties at BFF Kidz.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**RELATIONSHIP**

\_\_\_\_\_  
**DATE**

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Program \_\_\_\_\_

The hours and days we have agreed that BFF Kidz will provide care for our child(ren) are:

Primary Hours of Care: **From** \_\_\_\_\_ **to** \_\_\_\_\_ on **M T W Th F**

Meals Typically Served While in Care: **Breakfast Lunch PM Snack Evening Snack Supper**

**Please note:**

- A **2 weeks' written notice** and approval is required before changes to the hours and days listed above are made.
- A **2 weeks' written notice** is required if withdrawing from a FT/PT program and you are responsible for paying for the 2 weeks even if the child does not attend.

Parents agree to pay \$ \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Hourly \_\_\_\_\_ VPK only

**Please note:**

- Emailed statements will be available upon request
- Year-end summary will be provided by January 30<sup>th</sup>

**Other Charges:**

- There will be no charge for meals served for children in FT/PT programs.
- There will be a charge for in house and traveling field trips. The cost will be the amount listed on the permission form.
- There will be an hourly charge for full time students who attend over 50 hours a week and part time students who attend over 25 hours a week.
- Students attending nontraditional hours evenings and weekends are subject to an upcharge.
- A \$15.00 enrollment fee is required to be paid upon enrollment, and annually thereafter.
- A \$75 supply fee is required to be paid upon enrollment, and annually thereafter, for FT/PT students.
- A \$15.00/day fee will be charged for tuition that has not been paid by Monday at Noon.
- A \$30.00/item fee will be charged for all returned checks or credit card transactions.
- A fee of \$1.00/per minute will be charged for anyone who picks up after 6:00

**Please note:**

- Payments are due on Monday mornings when your child is dropped off. BFF expects to be paid if your child will not be present on Monday, or when your child is not in attendance due to illness or a doctor's appointment, etc.

\_\_\_\_\_  
**SIGNATURE**\_\_\_\_\_  
**RELATIONSHIP**\_\_\_\_\_  
**DATE**\_\_\_\_\_  
**SIGNATURE OF BFF KIDZ OFFICIAL**\_\_\_\_\_  
**DATE**

Thank you for choosing BFF KIDZ as your child care provider. We strive to provide the best child care possible.