

**KIDS AVENUE LEARNING CENTER
APPLICATION FOR ENROLLMENT
(PLEASE PRINT)**



Student Information

Date of Enrollment ____/____/____

Child's Name

Full Name: _____
Last First Middle Nickname

Address: _____

Date of Birth: _____ Gender: _____ City _____ State _____ Zip _____
Race: _____

{Primary Hours of Care} From: _____:_____ To: _____:_____

Was your child premature: ____ Yes ____ No If so, how many months? _____

Family Information: Child lives with: Mother _____ Father _____ Both _____
Legal Guardian _____ Other _____

Mother's Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Employer: _____
Address: _____
Work Phone: _____
Cell phone: _____
Email: _____
Cell Phone carrier: _____

Father's Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Employer: _____
Address: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Cell Phone carrier: _____

(Complete Only if NOT the biological parents)

Legal Guardian Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Employer: _____

Employer: _____
Address: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Medical Information:

It is the policy of Kids Avenue Learning Center to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Cell I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain Emergency medical care if warranted. I consent to an ambulance being called to transport the child, if necessary. I further agree to pay all costs incurred for transport.

Doctor: _____ Address: _____ Phone: (____) ____ - ____
Doctor: _____ Address: _____ Phone: (____) ____ - ____
Dental: _____ Address: _____ Phone: (____) ____ - ____
Hospital Preference: _____

Please list special medical problems or concerns:

Speech ☐ Hearing ☐ Behavioral ☐ ADHD ☐

Other problems or concerns: _____

Additional Comments: _____

IMMUNIZATION:

The Health Department now requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your local Health Department.

Child will be released only to the custodial parents, legal guardian & 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.

Emergency Contact other than Parent/Guardian & Authorization for Pick up

Name	Relationship to child	Cell#	Work #	Home #
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Name	Relationship to child	Cell#	Work #	Home #
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Name	Relationship to child	Cell#	Work #	Home #
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Name	Relationship to child	Cell#	Work #	Home #
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Name	Relationship to child	Cell#	Work #	Home #
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Name	Relationship to child	Cell#	Work #	Home #
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Helpful information about the child:

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.

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(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

***A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.**

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Kids Avenue Learning Center Parent Handbook Agreement

By signing this contract, you agree to all terms and conditions outlined in the Parent Handbook.

Parent or Legal Guardian Signature

Date

By signing below, I agree that I received and understand the "Know your childcare facility brochure."

Parent or Legal Guardian Signature

Date

Allergy & Food Preference Information Form

Child's Name _____

Substances	Child's Information					(Check if allergic)	
	MAY Be exposed	May NOT be exposed	Is IS allergic	Is NOT allergic	Not Sure	Parent(s)	Other Family Member
Foods:							
Peanuts							
Other nuts & seeds							
Citrus fruits							
Other fruits							
Cow's milk							
Yogurt							
Other dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg yolks							
Egg whites							
Soy foods							
Fish							
Shell fish							
Environmental:							
Dust							
Mold spores							
Cats							
Dogs							
Other animals							
Pollen							
Bee stings							
Medical:							
Penicillin							
Latex							
Other (please list):							

PARENT SIGNATURE: _____

DATE: _____

Permission to Photograph
(PLEASE COMPLETE THE ENTIRE FORM)

(parent's or guardian's name)

give permission for

(Name of child care provider or facility)

to photograph my child,

(child's name)

for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display on Bulletin Board		
Give photographs to child's parents		
Use photos in promotional materials		
Create Facility Scrapbook		
Videos:		
Other (please list):		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: _____
(parent or guardian signature, and date)

Permission to Release Information

Date: _____

I understand that the time my child _____ is in,
Kid's Avenue Learning Center, the Director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who I identify themselves, such as
schools, health care personnel, welfare or other governmental officials.

Signature of Parent/Guardian

Date

I do not give permission to release information about my child as set forth in the aforementioned statement. I
realize that the bureau of Services for Childcare has access to my child's record as the licensing agent.

Signature of Parent/Guardian

Date

KIDS AVENUE LEARNING CENTER

FIELD TRIP GENERAL PERMISSION AGREEMENT

I, _____, agree for my child,
_____, to ride on the bus or van provided
by Kids Avenue Learning Center to attend field trips.

♦The dates, times and locations of field trips will be posted on the front door and also in the parent newsletter.

♦ Kids Avenue Learning Center reserves the right to change dates, times and locations of field trips based on weather conditions or availability of space at the destination.

♦ If the student does not arrive in time for the field trip, the student may be asked to return with the parent depending staff and space availability and the school. **There are no refunds when student does not come on time.**

I give Kids Avenue Learning Center permission to seek medical attention for my child in the event of any emergency if I cannot be reached.

Parent's Signature _____ Date _____