

## 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): \_\_\_\_\_

## PERSONS AUTHORIZED TO REMOVE CHILD (LEGAL IDENTIFICATION REQUIRED)

1. \_\_\_\_\_

NAME	RELATIONSHIP	PHONE
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2. \_\_\_\_\_

NAME	RELATIONSHIP	PHONE
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ALTERNATE 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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Program \_\_\_\_\_

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: \_\_\_\_\_

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

\_\_\_\_\_  
List all Children's Full Names (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.

\_\_\_\_ 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. No refunds are given for advanced payments. Any changes in fees will be posted for thirty days.

\_\_\_\_ I have access to BFF website and Best Friends for Kidz, Inc Parent Handbook and I have read and understand it.

\_\_\_\_ Best Friends for Kidz is required to serve a meal if the child is in attendance at the center entirely between 8:00-9:00, 11:00am- 1:30pm and 2:00pm-3:00pm. Your child will be provided with a meal off the posted menu, 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.

\_\_\_\_ 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. (Available online at [www.bffkidz.com](http://www.bffkidz.com))

\_\_\_\_ In order to assist Best Friends for Kidz, Inc. in meeting all of 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 *Natural Cutter Skinsations* and *Bug Soother! 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.

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\_\_\_\_ 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 in order to receive the reduced vacation rate.

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

\_\_\_\_ I have read the Rilya Wilson Act and will call or text the school each day my child will be absent.

\_\_\_\_ I have programed the schools **non-emergency** attendance and texting phone to my cell phone.  
813.694.0640

\_\_\_\_ **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 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.

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

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

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

Meals Typically Served While in Care: **Br Lunch PM Snack Sup Eve Snack**

- Please notify us in **writing** if there's any changes to be made to your hours
- Two weeks' notice and approval is required before changes are made

A. Parents agree to pay according to schedule. We have agreed to pay  
\$ \_\_\_\_\_ ( ) Weekly ( ) Bi-weekly ( ) Monthly ( ) Hourly ( ) VPK only

- Please auto draft my account ( ) **Weekly** ( ) **Monthly** ( ) **Pay online or at check in**
- **Tuition Express form is required for all students, even if you choose not to have auto draft an pay weekly at the machine.**
  - Emailed statements will be available upon request
  - Year-end summary will be provided by January 30<sup>th</sup>

**Other Charges**

- B. There will be no charge for meals served for children in FT/PT programs.
- C. There will be a charge for in house and traveling field trips. The cost will be the amount on the permission form.
- D. There will be an hourly charge for full time students attending over 50 hours a week and part time students attending over 25 hours a week.
- E. Students attending late pick up
- F. A \$15.00 enrollment fee is required to be paid upon enrollment and \$75 supply fee for FT/PT students.

Overtime rate:	\$1.00/per minute
NSF Checks	\$30.00/item
Late payment	\$15.00/day
Enrollment Fee:	\$90.00

**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.**

**FOR OFFICE USE ONLY**

Program \_\_\_\_\_

**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. In order 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 any and 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 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.

Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Best Friends for Kidz Authorized Representation \_\_\_\_\_

Childs Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent Name \_\_\_\_\_ cell # \_\_\_\_\_

Parent 2Name \_\_\_\_\_ cell # \_\_\_\_\_

Email \_\_\_\_\_

Anticipated start date \_\_\_\_\_

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Allergies/ Dietary Restrictions:-----  
Special Needs/ Special Schedule /Behavior Concerns / Comments:-----  
Actual Start date: \_\_\_\_\_ Administrator: \_\_\_\_\_

VPK Y / N School Readiness Y / N Tuition \_\_\_\_\_ Class \_\_\_\_\_

	Discount: Military, first responder, Educator (5%), other _____		Enrollment packet complete		Added to Bloomz
		Y/N	Pictures allowed		Look B4 Lock
	All About Me		Cell Phone number added		First day picture
	Billing box		Registration fee paid		Class info sheet given
	Auto draft ( ) week ( ) M		Food Program		School readiness contract
	Mailbox folder created				
	Sunblock		Bug Spray		Allergies added