



FOR OFFICE USE ONLY

Application Date: \_\_\_\_\_ Tentative Start Date: \_\_\_\_\_  
 Classroom Name: \_\_\_\_\_ Enrollment Type: \_\_\_\_\_  
 Entered into ProCare: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

CHILD INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Lives With: \_\_\_\_\_ Custody Orders on File – Y/N: \_\_\_\_\_ *If your child was premature, please tell us how many weeks. \_\_\_\_\_ weeks*

If Yes, a copy must be supplied to keep in your child's file.

PARENT/GUARDIAN INFORMATION

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mom's Phone #: \_\_\_\_\_ Dad's Phone #: \_\_\_\_\_

Mom's Secondary Phone: \_\_\_\_\_ Dad's Secondary Phone: \_\_\_\_\_

Mom's Email Address: \_\_\_\_\_ Dad's Email Address: \_\_\_\_\_

EMERGENCY INFORMATION

Pediatrician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

AUTHORIZED MEDICAL PICK-UP *Please designate one (1) person other than a parent/guardian allowed to pick up the child within 30 minutes due to illness.*

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Will this person be the primary contact for medical issues and/or illnesses?** Yes No, contact parent or guardian

AUTHORIZED PICK-UPS *We must have at least (1) one additional person available to pick-up in emergency situations. Authorized pick-ups must present a valid I.D. and have the proper car seat prior to the child being released. Changes to this list must be made in writing at the center.*

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Section 65C-22.006(2), F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680 and 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" (CF/PI175-24), or Section 65C-20.11(2)(C)(1), F.A.C., requires that parents(s) receive a copy of the family day care home brochure, "Selecting a Family Day Care Home Provider" (CF/PI175-28). Section 65C-22.006(3)(C)2., F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility, or Section 65C-20.010(6)(C), F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parents(s).

Parent Initial

**TUITION INFORMATION: Please note, there are no tuition or additional fees to VPK Only Students**

Weekly Tuition Fee: \_\_\_\_\_ Applicable Discount: \_\_\_\_\_ Total Due Weekly: \_\_\_\_\_

I agree to pay my tuition fees: \_\_\_\_\_ Each Week \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Every Four (4) Weeks

**ADDITIONAL FEES**

\_\_\_\_\_ \$100 Per Family Annual Supply Fee (collected in September) \_\_\_\_\_ \$20.00 Food Program Fee: Toddlers – School Age  
\_\_\_\_\_ \$100 Registration Placement Fee Per Child (collected at registration)

I understand that the Registration Placement Fee needs to be paid in order to secure my reservation for my child and that each of the other fees listed above will be charged to my account as stated above. I agree that I am solely responsible for all fees and understand that failure to pay may result in termination. Parent Initial \_\_\_\_\_

**GENERAL PERMISSION SLIP** Please check the items that you grant permission for your child’s participation. Additional permission slips may be required throughout the year, please check with your child’s teacher for additional information regarding permission slips.

Walking Field Trips  Literacy Buddy – Preschool  EUMC Bus/Van Transportation 3yrs+  Diaper Cream

Classroom Pictures  Website/Media Pictures  Large Playground Usage (3yrs+)  Social Media

ASQ Screening (This is a screening done twice a year to evaluate where your child is developmentally. You will be involved in this activity)  Essential Oils (Air, not applied on body)  Sunscreen

**ACKNOWLEDGEMENTS** Please read the following acknowledgements and initial on the line provided.

\_\_\_\_\_ In the event you or your emergency contacts are unable to be reached you give Foundations permission to transport your child to the closest emergency treatment center for non life threatening medical treatment.

\_\_\_\_\_ Tuition fees are due no later than Wednesday of the selected billing cycle. Failure to make timely payments two or more times will result in mandatory automatic payments.

\_\_\_\_\_ Children being picked up after 6:00 pm will automatically be charged a late fee of \$1.00 per minute/child. This fee is due within 24 hours to avoid an interruption in child care services.

\_\_\_\_\_ Tentative start dates will be reflected on your account. If you choose to change your infants perspective start date a space is not guaranteed. Parents wishing to change a perspective start date will be placed back on the wait list until a space becomes available in the classroom.

\_\_\_\_\_ If the school has to be closed for emergency purposes tuition charges will still apply. If we are forced to close for more than a week, a vacation week for some time during the current school year will be offered to each family.

Parent Printed Name: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Do you want to receive Text Notifications? Y or N  
Cell Provider: \_\_\_\_\_

Office Use Only Documents Received:  Physical Form 3040  Immunization Form 680  Tuition Express Application  Custody Orders June 2019