



Official Use Only

School Year _____ Date Received: _____
 Registration fee: _____ Payment method: _____ Amount: _____
 Curr. Fee: _____ Payment method: _____ Amount: _____
 Starting Date: _____ Class: _____

PRE-SCHOOL REGISTRATION FORM

STUDENT INFORMATION: \$150 REGISTRATION FEE MUST ACCOMPANY APPLICATION

Date of Enrollment:	Date of Birth:	Child's Age:
Last Name:	First Name:	Middle Initial:
Physical Address:		
Preferred Name:	Sex:	Ethnicity:
Is the child potty trained? YES NO	Is your child verbal? YES NO	

FAMILY INFORMATION: PARENTS: MARRIED DIVORCED SEPARATED SINGLE

Mother's Name:	Father's Name:
Address (if different):	Address (if different):
Home Phone:	Home Phone:
Employer:	Employer:
Address:	Address:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
D.O.B:	D.O.B.
Driver's License #:	Driver's License #:
E-mail Address:	E-mail Address:

EMERGENCY CONTACT INFORMATION: Who do we contact in case of an emergency, if you are not available? This must be someone over the age of 18 years old

Name:	Address:	Telephone Number:
		Relationship to Child:

CONTACTS: Child will be released only to the custodial parent or legal guardian and 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. A valid ID is required to be on-file.

Name	Address	Home Phone	Cell Phone
1.			
2.			

PHYSICIAN AND MEDICAL INFORMATION: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Child's Physician Name:	Telephone Number:
Child's Dentist Name:	Telephone Number:
Health History of Child: Any past illnesses has he/she had?	Preferred Hospital:
At what age? _____	
Does your child have any dietary restrictions? YES NO	Does your Child have any known allergies? YES NO
If yes, please describe your child's restrictions:	Check those that apply:
	___ Bee stings ___ Fire Ants ___ Peanut
	___ Food groups ___ Other: _____
How does it manifest itself? Check those that apply:	Does your child take medication? YES NO
___ Asthma ___ Hay Fever	
___ Hives ___ Respiratory Impact	
___ Other: _____	If yes, will your child be taking medication while at the Center? Please complete the medication form.

Helpful information we need to know about your child:

COST/PAYMENT:

THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT MAY ENROLL.

1. Registration fee (non-refundable) \$150
2. Copy of most recent School Entry Form
3. Copy of Immunization Records
4. Signed Consent Form
5. Recent picture of applicant
6. Birth Certificate
7. Field Trip Permission Form

IMPORTANT DOCUMENTS:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) prior to enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility". I have received a copy of the Child Care Facility Brochure, ***Know Your Child's Day Care Center and pamphlet on Influenza Virus***
- Section 65C-20.11(2)(c)(1), F.A.C., 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).
- Chapter 65C-22, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility which can be located in the "Parent Handbook".
- Chapter 65C-22, PBC Rules requires that parents complete an Authorization for Emergency Medical Care in the event of serious illness or accidents and if the parents cannot be reached.
- Article XII, B, PBC Rules require the parent and the center complete an Alternative Nutrition Plan Agreement if the meals or snacks are furnished by the child's parent.

Alternative Nutrition Plan Agreement:

- **Indicate Special Dietary Requirement:** _____

I understand and approve the use of the Alternative Nutrition Plan. I understand that I must provide 2 snacks and lunch for my child daily.

Signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Signature of Center Administrator

Date