

# Enrollment PACKET CHECKLIST

## Please Complete/Sign and Return:

- Enrollment Form
- Consent for Food Related Activities
- Health History Form
- Receipt of Parent Handbook

## Please Keep for Your Records:

- Know Your Childcare Facility Brochure
- Holiday Schedule
- Parent Handbook

## Please Obtain from Medical Doctor or Health Department

- DH680 – Immunization Form
- DH3040- Physical Form



## Items Needed for School

### Infants, 1s, & 2s

- Prepared bottles (if needed)
- Baby Food (for infants when ready)
- Diapers or Pull-ups
- Wipes
- Favorite blanket/ stuffed animal
- Pacifier (if needed)
- Pacifier clip (for 1s & 2s only)
- Family Photo
- Small blanket for naptime
- 2 sealed & labeled plastic bags with change of clothes (4 if potty training)

Please Label  
Everything

### Preschoolers

- Small blanket for naptime
- 1 sealed & labeled plastic bag with change of clothes

## Please leave the following items at home:

- Toys or other personal items
- Pillows
- Food and candy

On certain days of the year, we allow children to bring personal items from home to share during the day's activities. Your child's teacher will inform you about *Show and Tell* days.

# Application for Enrollment



Date of Enrollment: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

## Family Information:

Child Lives with: \_\_\_\_\_

Custody:  Mother  Father  Both  Other

If other, please explain: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

## Helpful Information about Your Child:

My child enjoys: \_\_\_\_\_

My goals for my child: \_\_\_\_\_

Other helpful information: \_\_\_\_\_

\_\_\_\_\_

***ECS does not discriminate against children or parents because of race, color, gender, religion, age, disability, national origin or any other characteristic protected by law.***

**Authorization to Pick Up and Emergency Contacts:**

A 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(s) or legal guardian(s) cannot be reached, the following people may be called:

\_\_\_\_\_  
Name Address Cell# Home#

\_\_\_\_\_  
Name Address Cell# Home#

\_\_\_\_\_  
Name Address Cell# Home#

\_\_\_\_\_  
Name Address Cell# Home#

**Pediatrician/Family Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ I give consent for emergency medical or dental treatment for the child named above to be performed by a licensed physician or dentist. I also give my consent for the transport of my child to and from the source of the emergency treatment. This may include any examination and/or test which, in the opinion of the physician or dentist, are deemed necessary. This does not include the right to perform any surgical procedure without my further consent, except in the case of a life-threatening emergency.

**Required Information**

1. 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**. Please obtain these forms from your child's pediatrician or health department.
2. Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "**Know Your Child Care Facility.**"
3. 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. Please find our **Behavior Management Policies in our Family Handbook.**

**I have read the Required Information above and agree to provide the required forms within 30 days of my child's enrollment. I have received Items #2 & #3 listed above as part of this Enrollment Packet. The information on this form is complete and accurate to the best of my knowledge.**

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

\_\_\_\_\_  
Date

For Office Use Only: Registration Fee Received: \$_____ Signature: _____ Date Received: _____ Time: _____
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# ENROLLMENT AGREEMENT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

Parent/Guardian Name: \_\_\_\_\_

**Please initial each section listed below, then sign and date the last page.**

## Consent for Center Policies

\_\_\_\_\_ I understand the early learning center is required to keep child records on file for inspection by state governing authorities. I give consent for early learning staff and state authorities to access my child's records.

\_\_\_\_\_ I have received a copy of the Parent Handbook and have read and consent to the following policies:

### SECTION ONE: TUITION AND FEES

\_\_\_\_\_ **REGISTRATION FEE:** An annual, non-refundable, Registration Fee of **\$150** shall be paid in advance to enroll the child. To guarantee the child's enrollment for fall, an annual fee of **\$50** is due no later than **September 1st** each year.

\_\_\_\_\_ **TUITION:** \$\_\_\_\_\_ per week is the current tuition rate for the \_\_\_\_\_ age group. Rates are subject to change with reasonable notice as conditions require. Tuition is due based on enrollment in the program and not based on child's attendance. Accounts are billed when children are absent and during scheduled holidays and emergency closings. Tuition rates will remain the same throughout the school year, even if a child has a birthday.

Days: (check all that apply)  M  T  W  TH  F From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Meals Requested (please circle): Breakfast Lunch PM Snack

\_\_\_\_\_ **PAYMENT OF TUITION:** Tuition is due in advance and payable on Friday.

\_\_\_\_\_ **LATE OR UNPAID TUITION:** If payment in full is not received when due, a late payment fee of **\$50** per week will be billed. All late fees are subject to change with reasonable notice. If an account is delinquent for more than one week, children will be withdrawn until the account is made current.

\_\_\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** School is open from \_\_\_\_\_ am to \_\_\_\_\_ pm, Monday through Friday all year, except for scheduled holidays and emergency closings. Failure to pick up a child by the scheduled closing time, will result in a late fee of **\$25** per every **15** minutes or a portion of 15-minute period, per child, until the child is picked up.

### SECTION TWO: DAILY PROCEDURES

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** Children must be signed in and out every day using the school's attendance procedure. Failure by parents to do so will result in a **\$5.00** fee per missed sign-in or sign-out. Children are not permitted to sign themselves in and out. Parents are required to enter the school to drop off and pick up children and must escort children to and from the designated classroom and staff member each day. In the event a child will not be in attendance, parents should notify the center within one hour of normal arrival time.

\_\_\_\_\_ **ILLNESS:** Families will be notified if a child becomes ill during the day. Parents are required to pick up ill children promptly, or make arrangements for an authorized emergency contact person to pick up. If a child is exposed to or contracts a contagious disease, parents are required to notify the school. Children will be re-admitted according to the Re-admission Criteria in the Family Handbook.

\_\_\_\_\_ **BEHAVIOR MANAGEMENT:** I have read the policy and procedures for behavior guidance in the Family Handbook. I agree to adhere to these policies while on site at the early learning center. I have read and understand the center's policy on expulsion.

\_\_\_\_\_ **HEALTHY MEALS:** I have read the policy for healthy meals and snacks in the Family Handbook and understand the health practices of the early learning center.

\_\_\_\_\_ **MODEL RELEASE:** The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

\_\_\_\_\_ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

\_\_\_\_\_ **KEYLESS ENTRY:** I agree not to share my code with anyone who does not regularly participate in the dropping off or picking up of my child. This person must also be listed as an authorized pick-up for my child. I agree not to let unknown persons enter with or behind me.  
Requested 4 Digit Code: \_\_\_\_\_

### **SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS**

\_\_\_\_\_ **HOLIDAYS:** I understand that the school is closed according to the posted holiday schedule. I agree that I will not receive a refund, credit or any other allowance for holidays.

\_\_\_\_\_ **ABSENCES:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences, i.e. sickness.

\_\_\_\_\_ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand If the threat of a natural disaster, such as hurricane, tornado, or flooding is imminent, the learning center will follow the Duval Public School System for closure guidance. In the event of an emergency on a non-public school day, guidance from the City of Jacksonville will be followed. Once threat of danger passes, the center director will assess the learning center for damage and re-open as soon as possible. Notification will be given on our Facebook page and through our Remind app. No tuition credit is given when the learning center is closed due to the threat or occurrence of natural disaster.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Consent for Food-Related Activities & Special Occasion Food Consumption

Pursuant to 65c-22.005(1)(c)2., F.A.C, licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include classroom cooking projects, gardening, school wide celebrations, and birthdays.

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
(Parent or Guardian) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please **CHECK ONLY ONE** of the items below:

\_\_\_ My child **DOES NOT** have a food allergy or dietary restriction.  
He/She **MAY** participate in activities.

\_\_\_ My child **DOES NOT** have a food allergy or dietary restriction.  
He/She **MAY NOT** participate in activities.

\_\_\_ My child **DOES** have a food allergy or dietary restriction.  
He/She **MAY NOT** participate in activities.

\_\_\_ My child **DOES** have a food allergy or dietary restriction.  
He/She **MAY** participate in activities, but may not eat or handle the following items:

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**I understand that it is my responsibility to update this form if my child's medical information changes or if my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.**

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

# Health History



**PLEASE PRINT IN BLUE OR BLACK INK**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical and Dental Information

Child's Health Insurance:  Medicaid  FL Kid Care  Private  Tricare  None

Name of Primary Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Primary Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Child's Dental Insurance:  Medicaid  FL Kid Care  Private  Tricare  None

Name of Primary Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Birth Information

Were there complications with pregnancy or delivery?  Yes  No

If yes, explain: \_\_\_\_\_

Were there any medical concerns for the child at birth?  Yes  No

If yes, explain: \_\_\_\_\_

## Health Conditions

### Please check all conditions that apply

- Asthma  Diabetes  Eczema  Seizure disorder  Anemia  Sickle Cell Disease
- Heart Disease  Bone or Joint  Nose Bleeds  Allergic to Insect Bites: \_\_\_\_\_
- RAD (Reactive Airway Disease)  Vision  Wears Glasses  Hearing  Wears Hearing Aid
- Food allergies: \_\_\_\_\_
- Other condition not listed: \_\_\_\_\_

Is your child currently being seen by a doctor for this condition?  Yes  No

Will your child need to take medication during school hours for this condition? (please see Medication Policy)  Yes  No  As Needed Explain: \_\_\_\_\_

**This information is current and accurate to the best of my knowledge.**

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

\_\_\_\_\_  
Date