



Student Information:

Full Name: _____
Last First Middle Nickname

Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Child's Physical Address: _____

Select Program: (Refer to Brochure for Age Eligibility)

____ Explorers or Adventurers ____ Voyagers ____ Pre-K Pioneers

My Child Will Attend: ____ 2 mornings/week ____ 3 mornings/week ____ 5 mornings/week

Afternoon Adventure Options:

____M ____T ____W ____Th ____F **or** ____No Afternoons Needed
(select days needed)

Family Information:

Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Family E-Mail: _____

Family E-Mail: _____

Custody: ____ Mother ____ Father ____ Both ____ Other (name : _____)

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.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Health Insurance Information: ____ Do not have health insurance.

Name of Insurance Company: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Policy Number: _____ Name of Policy Holder: _____

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:

Name	Address	Work #	Home #
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Name	Address	Work #	Home #
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Helpful Information About Child/Parent Comments:

Community Church Affiliation: Yes No

Please select one of the following tuition options:

I am selecting the morning tuition option. All additional programs (early morning, lunch or afternoon) will be billed based on use.

I am selecting the full-time tuition option (Monday-Friday; 7:30 a.m. to 5:15 p.m.) I understand this is a monthly tuition, August through May.

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. We are required to inform parents that some children in care may not have current immunizations as documented on the religious exemption (Form 04681) or documented scheduled appointments to receive immunization.

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(3) (C) 2. F.A.C. requires that parents be notified in writing of the disciplinary and expulsion policies used by our program.

Parents must provide a morning snack, lunch, and afternoon snack as applicable. Full food and nutrition policies are found in our program handbook. I understand and give permission for food use (including consumption) for special occasions and learning activities.

I hereby give consent for preschool staff to have access to my child's records.

I understand that all tuition is paid in advance and that no refunds can be made for absences or withdrawals. Tuition is due monthly, August through May. The non-refundable registration fee is due with enrollment. The materials fee is due in September.

**** Children entering the Voyager and Pre-K programs must be toilet trained.**

Your signature below indicates that you have received the above items and give consent for Community Preschool personnel to have access to your child's records and that information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date