



# Enrollment Application

Please complete application in full and legibly

Child's Full Name \_\_\_\_\_

Child's Full Address \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address (If different from child) \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Cell phone # \_\_\_\_\_ Cell Phone Service Provider \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address (If different from child) \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Cell phone # \_\_\_\_\_ Cell Phone Service Provider \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Primary residence: Mother _____ Father _____ With both _____ Who has legal custody? _____ Can the non-custodial parent pick up the child? Yes _____ No _____
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Enrollment is a twelve-month basis. Prices are subject to change in August if needed. Tuition is due on the Friday prior to service given. A \$20.00 late fee will be applied to the account on Monday evening if the tuition payment has not been received. \_\_\_\_\_ (initial here) If the tuition is not paid by Tuesday morning at the latest the child/ren cannot attend the program until it is paid in full. \_\_\_\_\_ (initial here) **There are no refunds for vacation, illness, absences, early pick-ups, or inclement weather days.** Any fees incurred as a result of tuition balances referred to a collection agency is the sole responsibility of the parent. \_\_\_\_\_ (initial here) Enrollment of the child requires a **\$60.00 (1 child) or \$100.00 (2 or more children) non-refundable registration fee each year.** Any child who is picked up after 7:00pm will be charged \$1.00 for every minute they are late. After 7:15pm with no call from parents, Apopka Child Academy will contact the local Police Department and the child will be taken to the local precinct. We reserve the rights to terminate this contract if any fees are not paid in full or if the school feels it is in the best interest of both parties to do so.

Desired Start Date \_\_\_\_\_ How did you hear about our Academy? \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Care Needed:**

- \_\_\_\_\_ Full day/Child care
- \_\_\_\_\_ Holidays
- \_\_\_\_\_ Before Care Program
- \_\_\_\_\_ After Care Program
- \_\_\_\_\_ Before and After Care Program
- \_\_\_\_\_ Summer Camp
- \_\_\_\_\_ EHS Program



___ Dream Lake Elementary	___ Lovell Elementary	___ Wolf Lake Elementary
___ Rocksprings Elementary	___ Apopka Elementary	___ Wheatley Elementary
___ Zellwood Elementary	___ Lakeville Elementary	___ Wolf Lake Middle

**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's Name** \_\_\_\_\_ **Doctor's Phone #** \_\_\_\_\_  
**Doctor's Office** \_\_\_\_\_

**First Aid/Emergency**

In the event of an emergency I authorize the staff of Apopka Child Academy to provide any first aid care deemed necessary for my child. In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency treatment deemed necessary for my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission for Field Trips**

I understand that field trips are an integral part of the curriculum and that my child will be secured in a seat belt or child safety device if being transported in a car or bus on a field trip. I also understand that I will be given prior notice of all field trips. With this understanding, I hereby give permission for the staff and volunteers of Apopka Child Academy to take my child on field trips while he/she is enrolled in the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Uniforms**

Please be advised that Apopka Child Academy is a uniform mandated school and my child/ran is/are required to wear uniforms Monday through Friday beginning August and ending in May/June of the school year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Permission**

In order to capture our children during work time and/or at play photographs may be taken by Apopka Child Academy or by the media (magazines, newspapers etc.). I/we give permission for Apopka Child Academy to use our child \_\_\_\_\_'s photograph on the website, fliers, brochures, or any other publication pertinent to Apopka Child Academy. We realize our child's first and last name will not be used in such publications. I certify that all of the information given on this form is correct and accurate to the best of my/our knowledge. I/we promise that I/we will notify the provider, if any or all of the information changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attorney Fees and Collection Costs**

If you do not comply with your obligations under this agreement, you agree to pay the reasonable attorney fees, expenses and court costs incurred by Apopka Child Academy in order to collect your account or protect our rights. \_\_\_\_\_ (initial here)

**Important Information**

- 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.
- Section 402.3135(5), F. S., requires that parents receive a copy of The Child Care Facility Brochure, "KNOW YOUR CGILD CARE FACILITY"
- Section 65c-22.006(4) © 2, F. A. C., requires that parents are notified in writing of disciplinary. Practices used by the child care facility.
- By signing below, you verify that you have the above items and that all the information on this enrollment form is complete and accurate.

I have read the agreement entitled "Parent Handbook and Policy Agreement" and accept the conditions stated therein:

Parent's Name(Print) \_\_\_\_\_ Child's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Administrative staff that checked paperwork \_\_\_\_\_

## Emergency contacts and Authorized pick up

The child will only be released to the custodial parent or legal guardian and the people listed below. Please make sure to put any and everyone on the list.  
(We ask for the last 4 digits of their SSN to be used as their future door code to enter the school)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_  
Email Address \_\_\_\_\_  
Cell phone # \_\_\_\_\_ Cell Phone Service Provider \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_

.....

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_  
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.....

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Cell phone # \_\_\_\_\_ Cell Phone Service Provider \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Before coming to Apopka Child Academy, who has been caring for your child?** \_\_\_\_\_

\_\_\_\_\_

**Describe your child's temperament, behavior, and activity level** \_\_\_\_\_

\_\_\_\_\_

**What are your child's favorite activities?** \_\_\_\_\_

\_\_\_\_\_

**What are your child's least favorite activities?** \_\_\_\_\_

\_\_\_\_\_

**Does your child have any particular habits or mannerisms such as thumb sucking, nail biting, etc.? Please explain** \_\_\_\_\_

\_\_\_\_\_

**Does your child have any physical handicaps?** \_\_\_\_\_

\_\_\_\_\_

**Emotional difficulties?** \_\_\_\_\_

\_\_\_\_\_

**Does your child have allergies?** \_\_\_\_\_

\_\_\_\_\_

**Is your child potty trained?** \_\_\_\_\_

\_\_\_\_\_

**Any other difficulties (e.g. sleeping, eating, aggression)?** \_\_\_\_\_

\_\_\_\_\_

**Do you have any other children?** \_\_\_\_\_

\_\_\_\_\_

**Language spoken at home?** \_\_\_\_\_

\_\_\_\_\_

**Are there any medical problems we should be aware of?** \_\_\_\_\_

\_\_\_\_\_

**Do you anticipate your child having any specific problems adjusting to school?** \_\_\_\_\_

\_\_\_\_\_

**Has your child had any previous group or preschool experience?** \_\_\_\_\_

\_\_\_\_\_

**Does your child have any bladder or bowl irregularities?** \_\_\_\_\_

\_\_\_\_\_