

|                 |           |        |
|-----------------|-----------|--------|
| Parent Updates: | _____     | _____  |
|                 | (Initial) | (date) |
| Parent Updates: | _____     | _____  |
|                 | (Initial) | (date) |
| Parent Updates: | _____     | _____  |
|                 | (Initial) | (date) |



School Code: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Date of Termination Status: \_\_\_\_\_

**CHILD INFORMATION**

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:      Single      Married      Divorced      Widowed

Primary Residence:                      Mother      Father      Both      Guardian

List the family members your child lives with (include names and ages of siblings): \_\_\_\_\_

Circle Days to Attend: **AM** MON TUES WED THUR FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

**AM** MON TUES WED THUR FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care: Breakfast \_\_\_\_\_ AM Snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM Snack \_\_\_\_\_

**SCHOOL-AGE INFORMATION**

Does your child attend school?      Yes      No      Elementary School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_

Transportation provided by:      Elementary School      Parent/Guardian      The Village      Other: \_\_\_\_\_

Circle Days to Attend: **AM** MON TUES WED THUR FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

**AM** MON TUES WED THUR FRI Arrival Time \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care: Breakfast \_\_\_\_\_ AM Snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM Snack \_\_\_\_\_

**PRIMARY CONTACT AND RELEASE PERSONS**

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver's Lic # /State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

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

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver's Lic # /State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

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

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## EMERGENCY CONTACT AND RELEASE PERSONS

Please notify the school if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name#1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home E-mail Address: \_\_\_\_\_  
Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Name#2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home E-mail Address: \_\_\_\_\_  
Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Name#3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home E-mail Address: \_\_\_\_\_  
Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release form required by individual state child-care licensing regulations.

- School staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in meeting. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information to verify your identity.
- For all children's safety, it is critical to use your secured access to enter the building and sign in your child in and out according to state child care licensing regulations. To ensure the safety of our school's staff and children. Please do not share your secured access with anyone else.
- Please notify emergency contacts that they must bring government-issued identification when they pick up your child.
- If you must pick up your child after closing time, you will be charged a late fee per every 15 minute or portion of 15 minute period, per child, until the child is picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please contact your Director for additional information.

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of an emergency requiring a physician's care, would you like us to call your family physician?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please provide the following information:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) \_\_\_\_\_ and do hereby state that I am (we are) parent(s) legal guardian(s) of \_\_\_\_\_ a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_. I {we}, \_\_\_\_\_ authorize, for emergency purposes only, a school designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of \_\_\_\_\_.

Last Tetanus/Diphtheria Booster: \_\_\_\_\_

Allergies to drugs, foods or other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

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

Appeared before me and produced: \_\_\_\_\_ as identification. Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

## AUTHORIZATION FOR TRANSPORTATION, FIELD TRIP OR EMERGENCY

We may plan special field trips for the children away from the school. These trips are carefully arranged and shall be supervised by an adequate number of adults. This includes children taking walks and infants strolling in their buggy. You will always receive advanced notice of ALL field trips. I also give permission for my child to play on the empty field on the north side of the school with proper supervision. We have your permission to take your child, \_\_\_\_\_, on these field trips.

For emergency purposes. We have permission to evacuate the premises. Our emergency evacuation site is posted in each school.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY:

We have permission to pick up your child, \_\_\_\_\_, on a daily basis from \_\_\_\_\_ school and take him/her on field trips.

Transportation off-school grounds is only provided for children at least 4 years old and 40 pounds or more. By signing this, you are certifying that your child is at least 4 years old and 40 pounds or more.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## MEDICAL INFORMATION

### MEDICAL HISTORY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Medication that will be administered regularly at the school: \_\_\_\_\_  
\_\_\_\_\_

2. Special Dietary Needs:

3. Is your child able to walk? Yes No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs? Yes No Explain: \_\_\_\_\_

5. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses as necessary \_\_\_\_\_  
\_\_\_\_\_

Allergies (please check and list all that apply)

- |                                       |                 |
|---------------------------------------|-----------------|
| <input type="checkbox"/> Medications  | Reaction: _____ |
| <input type="checkbox"/> Food         | Reaction: _____ |
| <input type="checkbox"/> Other: _____ | Reaction: _____ |

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL CARE PROVIDER/FACULTY

I here by give consent for the facility to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child and seek medical attention.

Parent Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

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

Preferred Hospital Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

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

Health Insurance Provider and Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_

**Per state regulations, a written statement is required for waiver of immunization requirements.**

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## CHILD PROFILE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

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2. What does your child enjoy doing the most?

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3. What are your child's favorite toys?

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4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS:      Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
                  Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
                  Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

CHILDREN:    Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                  Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                  Name: \_\_\_\_\_ Age: \_\_\_\_\_

5. Who also cares for your child(ren)?

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6. What language is spoken in your home? \_\_\_\_\_

7. Does your child have any medical or physical needs? Explain:

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8. Does your child have any allergies? Explain:

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9. What are the foods your child likes best? \_\_\_\_\_

Least? \_\_\_\_\_

10. What are your child's mealtime routines at home? \_\_\_\_\_

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11. How many hours of sleep does your child receive at night? \_\_\_\_\_

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12. Does your child need to be awakened in the morning to attend the school? \_\_\_\_\_

13. What are your child's sleeping arrangements? Check appropriate answer.

Own room     Shares room with \_\_\_\_\_     Sleeps in crib     Sleeps in bed

14. What are your child's bedtime rituals? \_\_\_\_\_

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Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

15. Does your child take naps?      Yes          No          How long? \_\_\_\_\_

16. Does your child need a favorite item (such as a blanket) for a nap?      Yes      No

If so, does your child have a special name for it? \_\_\_\_\_

17. What words are spoken in your house for toileting? \_\_\_\_\_

18. How does your child express anger or react to frustration? \_\_\_\_\_

19. Does your child have any particular fears? \_\_\_\_\_

20. How does your child react to change (such as being left by parents)?  
\_\_\_\_\_  
\_\_\_\_\_

21 . How does your child comfort himself/herself? \_\_\_\_\_

22 What are your child's play interests (preference for creative, dramatic or construction play)? \_\_\_\_\_

23. How do you discipline your child? \_\_\_\_\_

24. When did your child begin to use language? \_\_\_\_\_

5. How would you describe your child (personality characteristics)? \_\_\_\_\_

26. What do you enjoy the most about your child? \_\_\_\_\_

27. Is there anything else in your child 's experience you would like to tell us so we can better meet your child's needs?  
\_\_\_\_\_  
\_\_\_\_\_

28. Has your child had previous preschool experiences? \_\_\_\_\_

29. Are you available to help us with field trips or other special events? \_\_\_\_\_

30. Do you have a special interest or hobby you would like to share with the children? \_\_\_\_\_

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

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT CHECKLIST

Please review the entire student enrollment packet and Family Policy and Enrollment Agreements with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

### OBTAIN SIGNED FORMS FROM FAMILY

- Standard Enrollment Packet
- Permission form for after school pick-up, field trips & emergency care (including verification of age and weight)
- Authorization for Students Pickup
- Child Information Card
- Family Handbook
- Tutor Time Enrollment Agreement
- Other State or Federal required forms: \_\_\_\_\_

### REVIEW WITH FAMILY

- |  |   |
|--|---|
| <input type="checkbox"/> The child's first day   | <input type="checkbox"/> Annual registration fee                                    |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy)                     | <input type="checkbox"/> Late fees  |
| <input type="checkbox"/> Tuition payment schedule  | <input type="checkbox"/> Vacation policy  |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Special needs  |
| <input type="checkbox"/> Process and Procedures of Security Access                                       | <input type="checkbox"/> Absenteeism policy   |
| <input type="checkbox"/> Authorized pickup, late pickup policy and emergency controls                    | <input type="checkbox"/> Sick policy  |
| <input type="checkbox"/> Child Custody Documents ( <i>if applicable</i> )                                | <input type="checkbox"/> Meals  |
| <input type="checkbox"/> Clothing and other items to bring (labeled)                                     | <input type="checkbox"/> Allergies  |
| <input type="checkbox"/> Any pickup restrictions   | <input type="checkbox"/> Security Deposit ( <i>if applicable</i> )                  |
| <input type="checkbox"/> Any photo restrictions  | <input type="checkbox"/> Medication policy  |
| <input type="checkbox"/> Immunizations/Health information  | <input type="checkbox"/> Relevant curriculum features for child's age group         |
|  | <input type="checkbox"/> Infant/Toddler Needs Service Plan ( <i>if applicable</i> ) |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of The Village Early Learning Center's policies.

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Director: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_



**EARLY LEARNING CENTER**

**Discipline Statement**

The Village Early Learning Center staff use positive methods of discipline, which encourage self-control, self-direction and self-esteem.

Staff is prohibited from using the following as a means of punishment:

- Hitting, shaking, biting, pinching or inflicting any form of corporal punishment.
- Restricting a child's movement by binding or tying him/her.
- Mental or emotional cruelty such as humiliating, shaming, threatening or frightening a child.
- Depriving a child of meals, snacks, water, rest or necessary toilet use.
- Confining a child in an enclosed area such as a closet, locker room, box or similar cubical.

I parent of: \_\_\_\_\_ understand the discipline policy as set forth in this statement.

\_\_\_\_\_  
(Parent Signature)

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

\_\_\_\_\_  
(Print Name)



The Village ELC proudly meets and exceeds the State of Florida and Hillsborough County Child Care Licensing Standards. Please read, fill in and sign these acknowledgements.

• Hillsborough County Ordinance 90-38, Section 5.09, requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD’S DAY CARE CENTER. The parent’s or legal guardians’s signature verifies receipt of the Child Care Brochure. Please complete the following.

I, \_\_\_\_\_ (Print Parent or Legal Guardian Name) have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD’S DAY CARE CENTER.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

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• Hillsborough County Ordinance 90-38, Section 1.06, requires that parents are notified, in writing of the disciplinary practices used by the child care facility. The Parents or Legal Guardians have been notified, in writing, of the disciplinary practices of the child care facility. **Please complete the following:**

I, \_\_\_\_\_ (Print Parent or Legal Guardian Name) have received, in writing, the disciplinary practices used by the child care facility.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

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**ALTERNATE NUTRITION PLAN**

Name of Child: \_\_\_\_\_

Indicate Special Dietary Requirements: \_\_\_\_\_

I understand and approve of the use of the Alternative Nutrition Plan. I agree to provide the following meals and/ or snacks to meet my child’s nutrition and dietary needs. I agree not to send soda, candy, gum or other foods high in sugar content.

Mark “P” for parent provides, “C” for center provides

|  |       |               |       |
|--|-------|---------------|-------|
| _____  | _____ | _____         | _____ |
| Breakfast                                      | AM    | Lunch         | PM    |
| _____<br>Signature of Parent or Legal Guardian |       | _____<br>Date |       |

I agree to provide the parent with The Village ELC menus, and bring to the parents attention any problems which may arise by the use of this Alternate Nutrition Plan

\_\_\_\_\_  
Director’s Signature Date