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**_____

Fees are in effect from August through May. Enrollment is a ten-month semester basis. Summer program is available. Tuition is due on the Friday prior to service rendered. Any tuition received after the following Tuesday must be paid in cash or by card with a $20.00 late fee. _____**(initial here)** If the tuition is not paid by Friday, the child will not be permitted to return to the program. **There are no refunds or reductions 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 **$50.00 (1 child)** or **$80.00 (2 or more children) non-refundable registration fee.** Any child who is picked up after 7:00pm will be charged $1.00 for every minute they are late. After 7:00pm 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_____ Enrollment Date_____ Referred by_____

Parent signature _____ Date _____

How did you hear about our Academy? _____

Care Needed:

_____ Full day/Child care
_____ Holidays/Drop-in
_____ Before Care Program
_____ After Care Program
_____ Before and After Care Program
_____ Summer Camp

___ Dream Lake Elementary	___ Lovell Elementary	___ Apopka Middle
___ Clarcona Elementary	___ Wolf Lake Elementary	___ Rocksprings Elementary
___ Apopka Elementary	___ Wheatley Elementary	___ Zellwood Elementary
___ John Bridges	___ Clay Springs Elementary	___ Radiant of Life Academy
___ Piedmont 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 Address_____
Dentist's Name_____ **Dentist's Phone #**_____
Dentist's Address_____

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Does your child have any allergies? _____
_____

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? _____
_____

Is there any special sleeping or napping instructions? _____
_____

Is there any additional information such as discipline, child's communication, comforting, and so on? _____
_____

Before coming to Apopka Child Academy, who has been caring for your child? _____
_____

How does your child react to separation from you? _____
_____

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? _____

Language problems? _____

Does your child have any particular fears? _____

Any other difficulties (e.g. sleeping, eating, aggression)? _____
_____

Any suggestions for the staff? _____
_____

Do you have any other children? _____

Language spoken at home? _____

Name: Age: School:

1._____
2._____
3._____
4._____
5._____

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 #**_____

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Name_____**Relationship**_____
Address_____
Date of Birth _____ **Last 4 of SSN**_____
Email Address_____
Cell phone #_____ **Cell Phone Service Provider**_____
Home #_____ **Work #**_____

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Name_____**Relationship**_____
Address_____
Date of Birth _____ **Last 4 of SSN**_____
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Cell phone #_____ **Cell Phone Service Provider**_____
Home #_____ **Work #**_____

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Name_____**Relationship**_____
Address_____
Date of Birth _____ **Last 4 of SSN**_____
Email Address_____
Cell phone #_____ **Cell Phone Service Provider**_____
Home #_____ **Work #**_____

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Name_____**Relationship**_____
Address_____
Date of Birth _____ **Last 4 of SSN**_____
Email Address_____
Cell phone #_____ **Cell Phone Service Provider**_____
Home #_____ **Work #**_____

First Aid
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.

Signature _____ Date _____

Emergency Care
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 _____

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/we 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.

Mother's Signature _____ Date _____

Father's 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 Thursday beginning August and ending in May/June of the school year. _____ (initial here)

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/Guardian responsible for tuition:

Full Name(Print) _____ Date _____

Signature _____ Date _____

Child's Name _____

Signature of Administrative staff _____