2025-2026 ADMISSION AGREEMENT
INTERNATIONAL CHILDREN'S ACADEMY



REGISTRATION FEES

I HEREBY AGREE THAT (CHILD'S NAME), _____, WILL BE ENROLLED IN INTERNATIONAL CHILDREN'S ACADEMY (ICA) BEGINNING ON: ___/___/20___, AND ENDING ON 08 / 31 / 2026, CONTINGENT UPON: RETURN OF THIS AGREEMENT WITH A NON-REFUNDABLE REGISTRATION FEE OF **$100.00**. MY SIGNING THIS ENROLLMENT AGREEMENT (AT LEAST ONE PARENT OR GUARDIAN MAINTAINING LEGAL CUSTODY OF, OR HAVING FINANCIAL RESPONSIBILITY FOR SAID CHILD, MUST SIGN THIS ENROLLMENT AGREEMENT), ACCEPTANCE OF THIS ENROLLMENT AGREEMENT BY INTERNATIONAL CHILDREN'S ACADEMY, SUCH ACCEPTANCE TO BE SIGNIFIED BY EXECUTION OF THIS ENROLLMENT AGREEMENT BY AN AUTHORIZED REPRESENTATIVE OF INTERNATIONAL CHILDREN'S ACADEMY FOR THE EDUCATIONAL ENRICHMENT OF THE ENROLLED CHILD.

_____ (PLEASE INITIAL)

TUITION POLICIES

I UNDERSTAND THAT ACCEPTANCE OF ENROLLMENT CONSTITUTES AN AGREEMENT TO PAY TUITION AS FOLLOWS: **WEEKLY PAYMENTS ARE DUE BETWEEN MONDAYS AND WEDNESDAY BY 10AM** IN ADVANCE FOR EACH WEEK MY CHILD IS ENROLLED AT ICA.

PAYMENTS CAN BE MADE CASH, BANK CARD (VISA OR MASTERCARD ONLY) ONLINE OR IN PERSON, OR BY AUTOMATIC PROCESSING. I UNDERSTAND I MUST PROVIDE MY BANK OR CARD INFORMATION REGARDLESS OF THE WEEKLY PAYMENT METHOD I CHOOSE. I AUTHORIZE INTERNATIONAL CHILDREN'S ACADEMY TO DEBIT ANY PAST DUE CHARGES AFTER 10 BUSINESS DAYS.

INTERNATIONAL CHILDREN'S ACADEMY OFFERS EQUAL AND FAIR TUITION TO ALL FAMILIES. OUR *TUITION FAIRNESS PROMISE* GUARANTEES WE WILL NOT OFFER INDIVIDUAL CUSTOMIZED TUITION DISCOUNTS UNDER ANY CIRCUMSTANCES. NO EXCEPTIONS ARE MADE TO THIS POLICY. MAINTAINING CONSISTENT PRICING IS AT THE CORE OF PROVIDING EQUAL AND FAIR CHILD CARE.

IF I FAIL TO MEET MY FINANCIAL OBLIGATION TO INTERNATIONAL CHILDREN'S ACADEMY BY THE DEADLINE STATED ABOVE I ACCEPT A LATE FEE CHARGE. TUITION PAYMENTS MADE AFTER 6 PM ON TUESDAYS ARE CONSIDERED LATE AND WILL INCUR A CHARGE OF $15 PER WEEK LATE. IN ADDITION, I UNDERSTAND THAT INTERNATIONAL CHILDREN'S ACADEMY HAS THE ABSOLUTE RIGHT TO DENY CLASSROOM ATTENDANCE TO MY CHILD DUE TO AN OUTSTANDING BALANCE. I UNDERSTAND INTERNATIONAL CHILDREN'S ACADEMY RESERVES THE RIGHT TO FORWARD ANY DELINQUENT ACCOUNT TO A THIRD PARTY COLLECTION AGENCY. INTERNATIONAL CHILDREN'S ACADEMY IS ENTITLED TO BE REIMBURSED FOR ANY ATTORNEY'S FEES AND COSTS INCURRED IN THE COLLECTION OF ANY UNPAID BALANCE.

I AGREE TO PAY THE **TUITION** OF $ _____ PER WEEK. _____ (PLEASE INITIAL)

I AGREE TO PAY THE **LATE FEE** OF $ 15 PER WEEK LATE IF APPLICABLE. _____ (PLEASE INITIAL)

I AGREE TO PROVIDE A PRIMARY BANK CARD FOR ANY NECESSARY CHARGES. _____ (PLEASE INITIAL)

MY TUITION IS TO BE PAID REGARDLESS OF THE NUMBER OF CENTER OPERATING DAYS IN THE WEEK DURING THE ACADEMIC YEAR. I UNDERSTAND FULL TUITION MUST BE PAID REGARDLESS OF HOW MANY DAYS MY CHILD IS ABSENT, EXCEPT IF I PRESENT A VALID DOCTOR'S NOTE. I UNDERSTAND I AM ONLY ALLOWED 1 VACATION OF 5 CONSECUTIVE DAYS FREE OF CHARGE EACH YEAR, CONTINGENT UPON FORMAL REQUEST FOR VACATION. ANY MID-WEEK WITHDRAWAL DOES NOT ALTER THIS AGREEMENT. FULL TUITION WILL BE DUE REGARDLESS IF WITHDRAWAL OCCURS MID-WEEK.

TUITION MAY ONLY BE CREDITED FOR A MAXIMUM OF 5 MEDICAL ABSENCES WITH A VAILD DOCTOR'S NOTE, MEANING TUITION WILL ONLY BE CREDITED FOR UP TO 5 SICK DAYS IN THE YEAR WITH A VALID DOCTOR'S NOTE. TUITION WILL NOT BE WAIVED FOR SIBLINGS OF THE SICK CHILD, EXCEPT WITH VALID DOCTOR'S NOTE.

I UNDERSTAND THAT I AM JOINTLY AND SEVERALLY RESPONSIBLE FOR MY CHILD'S TUITION AND FEES AS DESCRIBED HEREIN.

A NOTICE OF WITHDRAWAL MUST BE SIGNED AT LEAST 14 DAYS BEFORE TERMINATING YOUR CHILD'S ENROLLMENT.

_____ (PLEASE INITIAL)

OTHER FEES AND CHARGES

LATE PICK-UP PENALTY. I AM AWARE INTERNATIONAL CHILDREN'S ACADEMY OPERATING HOURS ARE 6AM-6PM. I AGREE TO PICK UP MY CHILD BEFORE 6PM OR BE SUBJECT TO A LATE PICK-UP CHARGE OF $1 PER MINUTE I ARRIVE LATE. I AGREE TO SIGN THE LATE PICK-UP LOG UPON ARRIVAL AFTER 6PM. I ASSUME RESPONSIBILITY OF THESE CHARGES AND AUTHORIZE INTERNATIONAL CHILDREN'S ACADEMY TO AUTOMATICALLY CHARGE THE CARD OR BANK ACCOUNT I PROVIDE FOR ANY LATE PICK-UP FEES I MAY INCUR. I WILL PAY THESE CHARGES SHOULD THERE BE AN ERROR WITH MY BANK CARD OR ACCOUNT. I AM AWARE VPK ENDS AT 11:30AM, AND ELEMENTARY SCHOOL ENDS AT 3PM, EXCEPT WEDNESDAYS, KINDER DISMISSAL IS AT 1:30PM AND GRADES 1 – 4 DISMISSAL IS AT 1:50PM. I AGREE TO PICK UP MY CHILD ON TIME OR BE SUBJECT TO A LATE PICK-UP CHARGE OF $10 PER DAY I ARRIVE LATE.

COMPULSORY UNIFORM PURCHASE. I AM AWARE I MUST PROVIDE A CLEAN CHANGE OF CLOTHES FOR MY CHILD. I WILL MAINTAIN A CLEAN SET OF CLOTHES AT ALL TIMES IN MY CHILD'S CUBBY. IN THE EVENT NO CLEAN CLOTHES IS AVAILABLE FOR MY CHILD, I AUTHORIZE INTERNATIONAL CHILDREN'S ACADEMY TO AUTOMATICALLY CHARGE THE CARD OR BANK ACCOUNT I PROVIDE UPON ENROLLMENT FOR A UNIFORM SHIRT TO BE USED IMMEDIATELY.

DECLINE FEE. I AM AWARE ANY BANK CARD PAYMENTS THAT DECLINE ARE SUBJECT TO AN AUTOMATIC $25 FEE. I ASSUME RESPONSIBILITY OF THESE CHARGES AND AUTHORIZE INTERNATIONAL CHILDREN'S ACADEMY TO AUTOMATICALLY CHARGE THE CARD OR BANK ACCOUNT I PROVIDE FOR ANY DECLINE FEES I MAY INCUR.

_____ (PLEASE INITIAL)

MEDIA RELEASE

I PERMIT INTERNATIONAL CHILDREN'S ACADEMY TO TAKE, USE AND PUBLISH PHOTOGRAPHS AND/OR VIDEO OF MY FAMILY AND/OR MY CHILDREN FOR PURPOSES OF PRESENTING ACTIVITIES TO THE COMMUNITY AND TO PROMOTE INTERNATIONAL CHILDREN'S ACADEMY TO STUDENTS AND/OR PROSPECTIVE CLIENTS. I UNDERSTAND THIS CONTENT MAY APPEAR ON SOCIAL MEDIA. I ALSO GIVE PERMISSION TO RELEASE SUCH PHOTOGRAPHS AND/OR VIDEOTAPES TO THE NEWS MEDIA FOR ADVERTISING PURPOSES OF THE CENTER. I UNDERSTAND SIGNING THIS RELEASE DO NOT GUARANTEE MY CHILD WILL APPEAR IN PHOTOS OR VIDEO OF EACH ACTIVITY. I UNDERSTAND PHOTO/VIDEO WILL BE TAKEN AT RANDOM AND MY CHILD MAY OR MAY NOT APPEAR.

_____ (PLEASE INITIAL)

PERSONAL ITEMS

STUDENTS ARE NOT ALLOWED TO BRING TOYS OR PERSONAL ITEMS TO SCHOOL. INTERNATIONAL CHILDREN'S ACADEMY AND ITS OFFICERS CANNOT ACCEPT ANY LIABILITY FOR PERSONAL BELONGINGS AND VALUABLES OR ANY STUDENT OWNED PROPERTY IF THESE ITEMS WERE TO BECOME LOST, STOLEN, OR BROKEN. AS A RESULT, WE DISCOURAGE STUDENTS FROM BRINGING VALUABLES OR PERSONAL ITEMS TO SCHOOL. ANY LOST, STOLEN, OR BROKEN JEWELRY, CELL PHONES, TABLETS, TOYS, ELECTRONICS, OR ANY OTHER VALUABLES OR PERSONAL ITEMS BROUGHT TO SCHOOL ARE IN NO WAY THE RESONSIBILITY OF INTERNATIONAL CHILDREN'S ACADEMY.

STUDENTS ARE REQUIRED TO USE THE ICA BACKPACK AND BLANKET IF APPLICABLE. OUTSIDE BACKPACKS AND BLANKETS ARE NOT ALLOWED. LUNCH BOXES AND FOOD FROM HOME IS NOT ALLOWED EXCEPT IN THE CASE OF ELEMENTARY, DIETARY NEEDS WITH A DOCTOR'S NOTE, SPECIAL CASES APPROVED BY ADMINISTRATION OR IN THE CASE OF INFANTS. HAIR BEADS OR ACCESSORIES THAT POSE CHOKING HAZARDS ARE NOT ALLOWED.

_____ (PLEASE INITIAL)

UNIFORM POLICY

UNIFORMS WITH LOGO ARE MANDATORY FOR STUDENTS AGES 2 AND UP. STUDENTS WITHOUT UNIFORM MAY BE SENT HOME. FIELD TRIP SHIRTS ARE REQUIRED FOR ANY OFFSITE ACTIVITIES. STUDENTS MUST MAINTAIN GOOD HYGIENE AND OLD, DAMAGED OR STAINED UNIFORMS ARE NOT ALLOWED. I AM AWARE OF THE UNIFORM POLICY AND AGREE TO ABIDE BY IT. I UNDERSTAND I MAY BE CHARGED A UNIFORM SHIRT IF MY CHILD VIOLATES THE UNIFORM POLICY EXCESSIVELY.

_____ (PLEASE INITIAL)

PARENT/GUARDIAN COMMITMENT

I UNDERSTAND IT IS MY RESPONSILIBTY TO STAY INFORMED BY READING ALL MATERIAL POSTED IN THE FRONT DOOR AND OFFICE. I AM AWARE STAFF IS UNABLE TO VERBALLY INFORM ALL PARENTS OF ALL DETAILS, THEREFORE I COMMIT MYSELF, OR WILL ASSIGN RESPONSIBILITY TO A FAMILY MEMBER, TO STAY INFORMED BY READING POSTED MATERIAL. I CONSENT TO RECEIVE EMAIL AND TEXT NOTICES WHEN AVAILABLE BUT WILL NOT RELY SOLELY ON SUCH REMINDERS. I AGREE TO STAY UPDATED ON CLASS DOJO (THE PARENT-TEACHER COMMUNICATION APP) IF MY CHILD'S CLASSROOM UTILIZES IT.

_____ (PLEASE INITIAL)

SICK POLICY

IN ORDER TO ENSURE THE SAFETY AND WELLBEING OF YOUR CHILD, INTERNATIONAL CHILDREN'S ACADEMY DOES NOT ACCEPT STUDENTS WITH THE FOLLOWING CONDITIONS OR OTHERS: FEVER OF 100.4ºF OR HIGHER, DIARRHEA, VOMITING, SEVERE COUGH AND COLD SYMPTOMS, SEVERE HEADACHE, RESPIRATORY PROBLEMS, FLU LIKE SYMPTOMS, SEVERE RASHES, CONJUNCTIVITIES (PINKEYE), HEAD LICE OR ANY OTHER CONTAGIOUS CONDITION. CHILDREN MUST BE FREE OF ADOREMENTIONED SYMPTOMS OR CONDITIONS FOR AT LEAST 24 HOURS FOR MONITORING BEFORE BEING PERMITTED BACK TO SCHOOL. TUITION IS NOT CREDITED FOR SICK ABSENCES UNLESS USING YOUR ONE WEEK VACATION.

INTERNATIONAL CHILDREN'S ACADEMY RESERVES THE RIGHT TO DENY ENTRANCE OR SEND HOME STUDENTS AT THEIR OWN DISCRETION BASED ON SYMPTOMS OF SICKNESS. INTERNATIONAL CHILDREN'S ACADEMY RESERVES THE RIGHT TO REQUIRE A DOCTOR'S NOTE FOR YOUR CHILD'S RETURN TO SCHOOL, AND DENY ENTRANCE OR SEND HOME STUDENTS REGARDLESS OF MEDICAL CLEARANCE TO ATTEND SCHOOL.

_____ (PLEASE INITIAL)

MEDICATIONS

OUR STAFF DOES NOT ADMINISTER MEDICATIONS EXCEPT FOR INHALERS AND/OR EPIPENS WITH VALID DOCUMENTATION. PLEASE BRING A COPY OF YOUR PRESCRIPTION AND FILL OUT OUR MEDICATION AUTHORIZATION FORM.

_____ (PLEASE INITIAL)

ARRIVAL AND DISMMISSAL

***PRESCHOOL STUDENTS*:** IT IS MANDATORY TO ARRIVE BY 9AM. ***ELEMENTARY STUDENTS*:** IT IS MANDATORY TO BE SEATED IN CLASS BY 8:30AM. **EXCESSIVE TARDINESS WILL NOT BE TOLERATED AND MAY RESULT IN TERMINATION.**

PARENTS ARE NOT ALLOWED TO ENTER THE SCHOOL BUILDING. IF YOU ARRIVE LATE, YOUR CHILD WILL BE ESCORTED TO CLASS BY AN ADMINISTRATOR. INTERNATIONAL CHILDREN'S ACADEMY RESERVES THE RIGHT TO DENY ENTRY TO STUDENTS WHO ARRIVE AT OR AFTER 10AM.

_____ (PLEASE INITIAL)

TARDIES AND ABSENTEEISM (VPK AND ELEMENTARY ONLY)

ONLY THREE (3) EXCUSED TARDIES AND/OR ABSENCES ARE ALLOWED PER MONTH. EXCESS TARDIES WILL RESULT IN DENIAL OF ENTRY FOR ONE DAY AND AUTOMATIC ZERO'S (0'S). EXCESS ABSENCES WILL RESULT IN AUTOMATIC ZERO'S (0'S) FOR EACH DAY AND ALL MISSED WORK MUST BE MADE UP AT HOME TO BE ELIGIBLE FOR FRIDAY'S TEST. STUDENTS WITH EXCESS TARDIES/ABSENCES WILL BE WITHHELD FROM PARTICIPATING IN SPECIAL EVENTS, ACTIVITES, EXTRACURRICULARS AND/OR ASSIGNMENTS AT TEACHER'S DISCRETION.

_____ (PLEASE INITIAL)

ADMISSION POLICY

I UNDERSTAND THAT IN SIGNING THIS AGREEMENT I AGREE FOR MYSELF AND FOR MY CHILD TO ABIDE BY ALL OF THE REGULATIONS AND DECISIONS OF INTERNATIONAL CHILDREN'S ACADEMY, INCLUDING BUT NOT LIMITED TO ITS BY-LAWS, STATEMENTS OF POLICY AND THE RESOLUTIONS OF ITS OFFICERS. I UNDERSTAND THAT INTERNATIONAL CHILDREN'S ACADEMY RESERVES THE RIGHT TO AMEND THE CONDITIONS OF THIS AGREEMENT IF, IN THE SCHOOL'S DISCRETION, MY CHILD'S ACADEMIC, EMOTIONAL AND/OR BEHAVIORAL SITUATION SUGGESTS SUCH ACTION TO BE IN THE BEST INTEREST OF THE SCHOOL AND/OR MY CHILD.

_____ (PLEASE INITIAL)

STUDENT PROBATIONARY PERIOD

I UNDERSTAND THAT MY CHILD WILL BE UNDER A 4 WEEK PROBATIONARY PERIOD ONCE HE/SHE IS ATTENDING ICA. DURING THIS PERIOD, EACH NEW STUDENT WILL BE MONITORED BY THE TEACHER AND ADMINISTRATOR. A SERIES OF OBSERVATIONS INCLUDING BUT NOT LIMITED TO SOCIAL-EMOTIONAL BEHAVIOR, MOTOR SKILL DEVELOPMENT, ACADEMIC PROGRESS, ETC. THE CHILD MUST BE ATTENDING ICA CONSISTENTLY FOR THE 4 WEEKS. EACH ABSENCE WILL RESET THE PROBABTIONARY PERIOD. ICA RESERVES THE RIGHT TO WITHDRAW ANY CHILD THAT IS NOT MEETING THE SKILLS REQUIRED TO PROGRESS IN THE CLASSROOM.

_____ (PLEASE INITIAL)

TERMINATION

THIS AGREEMENT CAN BE TERMINATED ONLY BY AN OFFICER OF INTERNATIONAL CHILDREN'S ACADEMY. COMMON REASONS FOR A CHILD'S ENROLLMENT TO BE TERMINATED FROM OUR PROGRAM INCLUDES BUT IS NOT LIMITED TO: FAILURE TO PAY TUITION, CHILD'S BEHAVIOR IS A CONSISTENT DISTRACTION TO OTHERS, INAPPROPRIATE OR INCONTROLLABLE BEHAVIOR, CHILD NOT SHOWING PROGRESS, EXCESSIVE UNEXCUSED ABSENCES OR TARDIES, FAILURE TO COMPLY WITH CODE OF CONDUCT AND POSING A SAFETY THREAT TO OTHER CHILDREN OR STAFF. WRITTEN DOCUMENTATION WILL BE PROVIDED TO THE CHILD'S PARENT'S OR LEGAL GUARDIAN STATING THE REASON OR REASONS FOR TERMINATION. OFFICERS OF INTERNATIONAL CHILDREN'S ACADEMY MAY TERMINATE STUDENTS AT THEIR DISCRETION WHILE MAINTAINING FAIRNESS FOR ALL FAMILIES. TERMINATION WILL BE TREATED ON A CASE BY CASE BASIS. IF FOR ANY REASON INTERNATIONAL CHILDREN'S ACADEMY, INC. FAILS TO REMAIN OPEN FOR BUSINESS THIS ADMISSION AGREEMENT AND ITS TERMS SHALL BECOME NULL & VOID.

_____ (PLEASE INITIAL)

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN ALL PRESCHOOL ACTIVITIES AT INTERNATIONAL CHILDREN'S ACADEMY, I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGE FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE WHICH MY CHILD OR I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO MY CHILD OR ME, AS A RESULT OF PARTICIPATION IN SAID ACTIVITIES. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE INTERNATIONAL CHILDREN'S ACADEMY (ITS OFFICERS, EMPLOYEES, AND AGENTS) FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY CHILD'S OR MY PARTICIPATION IN SAID ACTIVITIES. IT IS UNDERSTOOD THAT THESE ACTIVITIES INVOLVE AN ELEMENT OF RISK AND DANGER OF ACCIDENTS, AND KNOWING THOSE RISKS, I HEREBY ASSUME THOSE RISKS FOR ME AND MY CHILD. IT IS FURTHER AGREED THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISK IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I HEREBY AGREE TO INDEMNIFY AND HOLD INTERNATIONAL CHILDREN'S ACADEMY AND THE PERSONS AND ENTITIES MENTIONED ABOVE FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST, OR EXPENSE WHICH THEY MAY INCUR AS THE RESULT OF MY CHILD'S OR MY DEATH OR ANY INJURY OR PROPERTY DAMAGE THAT MY CHILD OR I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITIES. I ADDITIONALLY CONSENT THAT MY SON/DAUGHTER, _____, PARTICIPATE IN ALL PRESCHOOL ACTIVITIES UNLESS REQUESTED IN WRITING AND I HEREBY EXECUTE THE ABOVE AGREEMENT, WAIVER AND RELEASE ON HIS/HER BEHALF.

BY SIGNING I ATTEST THAT I HAVE READ THIS AGREEMENT, WAIVER, AND RELEASE AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS AGREEMENT CONTAINS A RELEASE OF LIABILITY AND THAT IT IS A CONTRACT BETWEEN INTERNATIONAL CHILDREN'S ACADEMY AND MYSELF AND THAT I AM SIGNING IT OF MY FREE WILL. MY SIGNATURE CERTIFIES THAT EITHER I READ THIS CONTRACT MYSELF OR HAD IT TRANSLATED TO ME AND COMPLETELY UNDERSTAND ITS CONTENT AND LEGAL IMPLICATIONS.

AL FIRMAR, DECLARO QUE HE LEÍDO ESTE CONTRATO Y COMPRENDO TOTALMENTE SU CONTENIDO. TENGO EN CUENTA QUE ESTE ACUERDO CONTIENE UNA LIBERACIÓN DE RESPONSABILIDAD Y QUE ES UN CONTRATO ENTRE INTERNATIONAL CHILDREN'S ACADEMY Y YO Y QUE LO FIRMARÉ DE MI LIBRE ALBEDRÍO. MI FIRMA CERTIFICA QUE E LEÍDO ESTE CONTRATO YO MISMO/A O FUE TRADUCIDO Y COMPRENDO COMPLETAMENTE SU CONTENIDO E IMPLICACIONES LEGALES.

PARENT/LEGAL GUARDIAN NAME	EMAIL ADDRESS	DATE
PARENT/LEGAL GUARDIAN SIGNATURE	CELL PHONE NUMBER	CELL PHONE CARRIER (EX. AT&T, TMOBILE, METROPCS, ETC.)
PARENT/LEGAL GUARDIAN NAME	EMAIL ADDRESS	DATE
PARENT/LEGAL GUARDIAN SIGNATURE	CELL PHONE NUMBER	CELL PHONE CARRIER (EX. AT&T, TMOBILE, METROPCS, ETC.)

State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Family Information: Child's Lives With: _____

Email: _____	Email: _____
Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Work Phone: _____ Cell: _____	Work Phone: _____ Cell: _____

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): _____

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 Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

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

Emergency Care Plan Instructions (if applicable):

Emergency 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 Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

Helpful Information About Child:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860], **or**
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian _____ Date _____

MEDICAL RELEASE



Student's Name: _____ Age: _____ Date of Birth: _____

Parent/Guardian: _____ Relationship: _____ Phone: _____

Parent/Guardian: _____ Relationship: _____ Phone: _____

List all known medical conditions, including food allergies and/or drug allergies, and its symptoms. In addition, include any and all over-the-counter and/or prescription drugs taken regularly.

Condition or Allergy:	Symptoms:	Medication:

GENERAL QUESTIONS

Has your child attended school before? _____NO _____YES

Have you noticed any allergic reactions in your child? _____NO _____YES

If yes, list triggers/symptoms: _____

Does your child carry an Epi-pen? _____NO _____YES

If yes, copy of doctor's order is required. Parent is responsible for providing the Epi-pen.

Does your child have asthma? _____NO _____YES

If yes, list triggers/symptoms: _____

Does your child carry an inhaler? _____NO _____YES

If yes, copy of doctor's order is required. Parent is responsible for providing the inhaler.

Was your child born 3 or more weeks prematurely? If yes, how many weeks? _____WEEKS

Has your child ever undergone developmental screening? _____NO _____YES

If yes, what was the outcome? _____

Do you have any concerns about your child's development? Please explain: _____

_____

Do you have any concerns about your child's learning abilities? Please explain: _____

_____

Do you have any concerns about your child's behavior? Please explain: _____

_____

STATEMENT OF CONSENT

In the event of an emergency or non-emergency situation requiring medical treatment or attention, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, _____, in case of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid by school staff , the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Parent/Guardian Name (Print): _____ **Date:** _____

Parent/Guardian Signature: _____