

Date of Enrollment: _____

CHILD INFORMATION

Child's Name: _____ Date of Birth: _____

Nickname: _____ Siblings Names: _____

Address: _____

Parent's Marital Status: Married Single Divorced Widowed

Primary Residence: Mother Father Both Guardian: _____



ALLIE GATOR
PLAYSKOOL

PARENT INFORMATION

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Cellular: _____

Cellular: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

CHILD'S SCHEDULE:

Drop Off:

Pick Up:

Monday: _____:_____ _____:_____

Tuesday: _____:_____ _____:_____

Wednesday: _____:_____ _____:_____

Thursday: _____:_____ _____:_____

Friday: _____:_____ _____:_____

Please notify the center if your child schedule changes, so we can staff our classes accordingly.

EMERGENCY INFORMATION

Child's Physician: _____ Phone: _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT:

The following people will be called in the event that neither parent can be reached.

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cellular: _____

Phone: _____ Cellular: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cellular: _____

Phone: _____ Cellular: _____

LIST ALL ALLERGIES:

LIST ALL MEDICAL CONDITIONS:

MEDICAL INSURANCE:

Name of Company: _____ Policy Number: _____

Hospital Preference: _____

PERSONS AUTHORIZED TO PICK UP CHILD:

Please notify the school if another person will be picking up your child on a given day. For the safety of your child, we will request all persons other than the parents to provide a Driver's License or Photo I.D at the time of pick up. All persons listed below must be 18 or older, unless he/she is the parent of the child.

Name: _____

Name: _____

Relationship to the child: _____

Relationship to the child: _____

Phone: _____ Cellular: _____

Phone: _____ Cellular: _____

Name: _____

Name: _____

Relationship to the child: _____

Relationship to the child: _____

Phone: _____ Cellular: _____

Phone: _____ Cellular: _____

School staff will only release your child to those persons listed above. If you would like a person who is not listed above to pick up your child, you must notify the school in advance. Your child will not be released without prior authorization.

CUSTODY

Mother: _____ Father: _____ Both: _____ Other: _____

Both parents will have access to their child while their child attends Allie Gator Playskool unless there are court papers stating otherwise. If there are other arrangements between the parents that prevent one of them from having contact with their child while the child is at Allie Gator Playskool, then court papers must be provided for the school to follow.

At no time will any employee of Allie Gator Playskool take sides with a parent during a custody dispute. By law both parents are responsible for their child, matters regarding any divorce issues will only be discussed if we see your child is being affected by it.

SPECIAL INSTRUCTIONS:

**Section 10-12.025(2) F.A.C requires a current physical examination Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

**Section 402.3125(5) F.S. requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE CENTER" and "INFLUENZA VIRUS - GUIDE TO PARENTS".

**Section 10M-12.025(4)2 F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

SIGNATURE OF PARENT / GUARDIAN: _____

DATE: _____

Name of Child: _____

CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE

Child's Name: _____ Date: _____

Date of Birth: _____ Race: _____ sex: _____

Parents know their child better than anyone else. Please fill out this questionnaire in full, as the information will help us get to know your child better and help us meet his/her needs.

CHILDHOOD DISEASES:

| Childhood diseases your child has had: | Date : | | Date: |
|--|--------|-----------------------|-------|
| _____ Chicken Pox | _____ | _____ Rheumatic Fever | _____ |
| _____ Measles | _____ | _____ Mumps | _____ |
| _____ Scarlet Fever | _____ | _____ Strep Throat | _____ |

CHILD INFORMATION - GET TO KNOW YOUR CHILD

Is your child taking over-the counter or prescribed medication regularly at home? Yes No

If yes, what? _____

List any known allergies to food or environment: _____

What is the allergic reaction? _____

Have you ever suspected your child of having seizures? Yes No

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

Describe your child's appetite: _____

What does your child usually eat for breakfast before arriving at the center? _____

How easily does your child fall asleep? _____

If your child has trouble falling asleep, is there something we can do to help? _____

What is the usual bedtime? _____ Wake up time: _____ Does your child need to be awakened to attend school? Yes

No

What is the usual naptime? _____ Wake up time: _____ Does your child need a favorite item for nap? Yes

No

If so, does your child have a special name for it and what is it?

Is your child completely toilet trained? Yes No Does your child remain dry all night? Yes No

When did your child begin to walk alone? _____

Are other adults (not family) able to understand your child's speech? Yes No

Does your child have a regular playmate? Yes No

Has your child attended preschool before? Yes No Where? _____

What was your reason for change?

Does your child have temper tantrums? Yes No

If you could describe your child in one word, what would it be? _____

Please list your child's strong points, such as happy, curious, loving
etc.: _____

Is there anything about your child's family cultural background, religious practices or traditions which would be helpful for us to know?

Is your child allowed to participate in Holiday events such as Birthdays, Christmas Programs, Easter Egg Hunts, Halloween activities in which the children dress up? Yes No

OTHER IMPORTANT INFORMATION ABOUT YOUR CHILD:

Is there anything else, medical or otherwise that we need to know about your child? Yes No

If so, what? _____

Please list any information that may be helpful for your child's teacher while your child is in their care: _____

Parent / Guardian

Signature: _____ **Date:** _____

MEDICAL RELEASE FORM

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR: This form is provided to you, to leave with those responsible for your child in your absence. If your child needs emergency medical treatment during your absence, the completed form will be presented to the attending physician. Individual hospitals and medical personnel may require additional authorization.

In the event I cannot be reached, I hereby give consent for Allie Gator Playskool to obtain any and all necessary emergency medical care for my child.

CHILD INFORMATION:

Child's Name: _____ **Date of Birth:** _____

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

Mother's Name: _____

Father's Name: _____

Phone: _____ **Cell:** _____

Phone: _____ **Cell:** _____

Employer: _____

Employer: _____

Work phone: _____

Work phone: _____

Child's Physician: _____ **Phone:** _____

MEDICAL INSURANCE INFORMATION

Name of Insurance Company: _____

Policy Number: _____ **Group Number:** _____ **Social Security Number:** _____

Name of insured: _____ **Hospital Preference:** _____

Allergies to drugs, foods or other: _____

List all allergies: _____

List any special medications, medical conditions or pertinent information: _____

Preferred hospital: _____

I hereby authorize the treatment of my minor child _____ in the event of an emergency situation occurring in my absence. This authorization extends to any hospital and both physician and nursing personnel within the hospital. I release from medical responsibility and liability the hospital medical authorities and physicians for performing medical procedures acting on the authority of this medical treatment consent form, which are deemed necessary for my minor child. If I cannot be reached in case of an emergency, please allow Allie Gator Playskool to act in my behalf.

Mother's Signature: _____ **Date:** _____

Father's Signature: _____ **Date:** _____

Legal Guardian's Signature: _____ **Date:** _____

DISCIPLINE POLICY

The following procedures will be used for discipline while your child is in our care:

- 1) **Re-direction** - Your child will be re-directed to another activity, and will be spoken to about the choices they have made, and a better way to handle things.
- 2) **Time away from their class** - If re-direction does not help the situation, then your child will be asked to spend a small amount of time in another classroom until they are able to follow directions.
- 3) **Parent Conference** - If discipline continues to be a problem, then your child’s teacher will speak with you regarding the situation so that both the parent and the teacher can come up with a solution to the problem.
- 4) **Withdrawal of a Student** - If at any time a child or parent becomes violent or refuses to cooperate, the student may be withdrawn from the center.

BITING POLICY

Biting usually occurs in children ages 2yrs and younger, when children have a lack of verbal skills and need to express themselves. Most children stop biting around the age of 2 1/2 to 3 yrs, when they are better able to acquire their verbal skills.

Any child that continues to have a problem with biting at the center will be allowed two biting notices per week, if another biting incident occurs after the second notice, your child will have to remain out of the center for the remainder of the week.



By signing below, I agree to all the above the above policies.

Mother’s Signature: _____ Date: _____

Father’s Signature: _____ Date: _____

Legal Guardian’s Signature: _____ Date: _____

Child’s Name: _____

FINANCIAL AGREEMENT

TUITION AND FEES

___ **Supply Fee:** I understand that an annual, non-refundable Supply Fee of \$100 individual child or \$175 Family shall be paid July 1st of each year.

___ **Tuition:** I agree to pay the current tuition rate for the program I have chosen due and payable on the first day of attendance each week. I understand that rates are subject to change with reasonable notice.

___ **Late or Unpaid Tuition:** If payment in full is not received by Tuesday of each week, I agree to pay a late payment of \$10.00 each week . I

understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is paid in full. Our school cannot guarantee your child's spot will be held when a child is let go due to non-payment of tuition. All unpaid tuition fees will be sent to collections.

___ **Financial Reimbursement:** No financial reimbursement or credit will be made for holidays in which the center is closed, or absenteeism, except for vacations that have been authorized by the director. No financial reimbursement or credit will be given when the center is forced to close due to Hurricanes.

___ **Deposit:** Any deposit paid to hold a spot for your child is non-refundable. Once a deposit is placed your child will need to start within two weeks.

___ **Vacation:** One weeks vacation per school year will be given to each child that has been enrolled at the center for at least 12 months. Tuition will not be charged at this time as long as vacation has been authorized by the director and vacation is taken in one complete week. School years run from Aug 1st of each year.

___ **Discounts:** I understand that a 10% discount will be given for each additional child from my immediate family who enrolls.

___ **Late Charges:** I understand that the center closes at 6:00pm. Any child left at the center after closing will be charged a late fee of \$15.00 for pick up between 6:00pm - 6:15pm. And an additional charge of \$1.00 per minute will be charged for any child picked up after 6:15pm.

___ **Returned checks:** I understand that a returned check fee of \$25 will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges my bank or financial institution may charge me. If more than two checks are returned within a six month period, I will be required to pay by an alternative method of payment for the next six months.

Daily Procedures

___ **Daily Sign-In and Sign-Out:** I agree to sign my child in and out each day. I understand that my child is not allowed to sign him/herself out. I understand that I am required to enter the school to drop off or pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

___ **Illness:** I understand that I will be notified should my child become ill during the day, and that I will pick my child up promptly, or make arrangements for an emergency contact person to pick up. If my child contracts a contagious disease, I agree to notify the school immediately.

___ **Photographs and videos:** I understand and agree that, in consideration for being allowed to photograph or videotape my child on daycare property, I shall only use such recording for private home use, and will not publish, publicly display or sell these photographs or videos.

___ **Photograph Release:** The company ___ may ___ may not use photographs of my child for advertising, publicity or any other lawful purpose.

___ **Withdrawal From The Program:** I understand I must provide a two week written notice to be given to the director of the center upon withdrawing a student. If this notice is not given, I agree to pay tuition and all fees for two weeks, whether or not my child attends. If payment is not received on your account and needs to be sent to collections or court, Allie Gator Playskool will be entitled to collect reasonable attorney's fees and court costs.

HOLIDAYS, ABSENCES AND CLOSINGS

____ **Holidays:** I understand that the school is closed on certain Holidays (please refer to the parent handbook for a list of Holidays) I agree that I will not receive a credit for these Holidays and that regular weekly tuition applies. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

____ **Inclement Weather:** I understand that in the event of inclement weather, I will contact the school to ensure that it is open. I agree that in the event that the school is closed I will continue to be responsible for my tuition. Our school follows the decision of the Lee County Public Schools when deciding whether to close due to a Hurricane.

POLICIES

____ **Handbook:** I have received a copy of the Family Handbook. I have read and understand its content and policies. At no time may the policies found in our handbook be altered, revised, modified or changed to accommodate a single family.

Policies and tuition fees can be changed at any time with prior notice.

By signing below, I agree to all the above policies.

Mother's Signature: _____

Father's Signature: _____

Legal Guardian's Signature: _____

Child's Name: _____