

King's Kids Christian Learning Center

Child Care Application for Enrollment

Student Information:

Date of Birth: _____ **Sex** _____

Date of Enrollment _____

Full Name: _____

Last

First

Middle

Nickname

Child's Address: _____

Primary Hours of Care: From _____ to _____

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

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack

Family Information:

Child Lives With: _____

Mother's Name: _____

Father's Name _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Custody: Mother _____ Father _____ Both _____ Other _____

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** _____

Doctor _____ **Address** _____ **Phone** _____

Doctor _____ **Address** _____ **Phone** _____

Hospital Preference: _____

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

Medical History

Has your child had the following:

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____

Meningitis _____ Convulsions _____

Food, medications, or other items your child is allergic to: _____

Special Diet: _____

Behavioral Disorders: _____

List any medical and/or physical problems your child has: _____

List any medication that your child takes on a regular basis: _____

Health

Has your child ever had any serious illnesses or operations? Explain: _____

Does your child eat breakfast? _____ Is your child a fussy eater? _____

Does your child nap in the afternoon? _____ How long? _____ Does your child sleep with a blanket? _____ Does your child sleep 10-12 hours every night?

_____ Can your child take care of his/herself in the bathroom? _____

Did the mother experience a normal child birth and delivery? _____ If not, please explain: _____

Was your child premature: _____ Length of labor _____

Age when your child first started to crawl: _____ Walk _____ Talk _____

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 Number	Home Number
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Name	Address	Work Number	Home Number
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Name	Address	Work Number	Home Number
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Name	Address	Work Number	Home Number
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Helpful Information About Child:

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 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILI

Section 65C-22.006(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

Parent Consent and Permission Form

King's Kids Christian Learning Center Employees are considered Mandated Reporters:

This means that I am required to report, using my own judgement, any signs of abuse physical or neglect. I am under law required to report to proper authorities so that it can be investigated. Therefore, it is very important for us to communicate with each other.

If you have any questions about our policies, procedures, or the growth of your child feel free to discuss them with us at any time.

**I hereby certify that I am the Parent/Legal Guardian of _____
I have read and agree to the policies of King's Kids Christian Learning Center. By signing I give my permission to the following: (please initial where indicated)**

PHOTO RELEASE: _____ (Initials)

I give permission for my child's photograph or video image to be taken while he/she is in the care of pre-school personnel. Such images may be posted in classroom or other appropriated places within the center, used in center presentations or promotional materials, or distributed to staff or clients. I understand that I may terminate this permission at any time in the future.

AUTHORIZATION FOR MEDICAL CARE: _____ (Initials)

In order to meet all legal requirements, I hereby authorize the Director of King's Kids Christian Learning Center or person in charge in the event of his/her absence, to give my consent of any and all necessary emergency medical treatment for my child while said child is in the said individual's custody.

In the event of serious illness or accident and I cannot be immediately contacted, I give my permission to have my child removed by ambulance or other conveyance to doctor's office, clinic or hospital for immediate attention. I also assume responsibility for payment of the same.

AUTHORIZATION OF TRANSPORT _____ (Initials)

For field trips, transportation from school to facilities, and in the event of an emergency that requires the daycare to vacate premises and I or my contact are unreachable, I hereby authorize the Director, or the person in charge in the event of his/her absence, to transport my child to a safe environment until I can be reached.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Parental Tuition Contract

This is our policy for tuition payment. We are asking ALL parents to fill out a Parent Tuition Contract. This form is to let us know how you will be paying you tuition bill. A weekly basis (due Friday of the previous week), bi-weekly (due by Friday previous 1st week), or monthly. If you pay monthly the payment must be paid in advance for the entire month. Whichever payment you choose the tuition balance must be paid in full. There will be a \$15.00 late fee added to your account if payment is made late.

Child's Name: _____

Date: _____

Weekly: _____

Bi-weekly: _____

Monthly: _____

Parent/Guardian Signature _____