



ENROLLMENT FORM

Child's Name: _____
(Last) (First) (Middle) (Nickname)

Birthdate: ____/____/____ Sex: ____ Child Lives With: _____ Enrollment Date: ____/____/____
(Mother / Father / Both / Other)

Address: _____ City: _____ Zip Code: _____

FAMILY INFORMATION	MOTHER	FATHER
Name		
Home Address Same As Student (<input type="checkbox"/>)		
Employer		
Home Phone		
Cell Phone		
Work Phone		
e-mail Address		
Social Security (Last 4 No.)		
Driver's License No.		
Legal Custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If neither mother or father have legal custody, please indicate legal guardian: _____
 Name of person(s) to whom child may **NOT** be released: _____

CONTACTS: The child named above will be released only to the custodial parent or legal guardian and the people listed below. The following people listed as **EMERGENCY CONTACTS** will also be contacted and are authorized to remove the child from the center in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Contact Name	Relationship	Home Phone	Cell Phone	Work Phone	Emergency Contact
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No

PHYSICAL EXAMINATION & IMMUNIZATION RECORD

Chapter 65C-22.006(2) of the Florida Administrative Code requires a current physical examination (HRS-H Form 3040) and immunization record (DH Form 680 or 681) within 30 days of enrollment. (Not required for school-age children.)

Special Instructions regarding eating habits, toileting, or other areas of concern: _____

HEALTH & EMERGENCY PERMISSION RECORD

Does the child have physical problems, mental health disorders, mental retardation, or developmental disabilities which would limit the child's participation in the center's program and activities?

Yes No Specify: _____

Does the child have allergies? (Food, medications, insects, etc.)

Yes No Specify: _____

Are any special procedures required in caring for the child?

Yes No Specify: _____

I give my permission to **StarChild Academy - Waterford Lakes** (provider), licensed by the Dept. of Children & Families, to secure medical attention for my child in the event of an emergency if I cannot be reached and to hold harmless and release StarChild Academy - Waterford Lakes and its employees from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

StarChild Academy's emergency medical procedure will be to:

1. Contact parent.
2. Contact person listed as emergency contact.
3. Call emergency medical team, if necessary.
4. Have emergency medical team transport to hospital.
5. We will seek medical attention from:

Doctor: _____ Phone: _____ Address: _____
Dentist: _____ Phone: _____ Hospital Preference: _____
Medical Group: _____ Medical Insurance Policy No.: _____

PHOTOS, VIDEOS & INTERNET IMAGES

As a service to its parents, StarChild Academy has installed a camera system which allows parents and other family members who have passwords to view their child(ren) in their classrooms and on the playgrounds remotely via the Internet.

I give my permission to display photos and videos of my child via the Internet camera system. I also agree that StarChild Academy may use photos and videos of my child for newspaper articles, brochures, web sites, and other publicity purposes.

SMOKING

Pursuant to Chapter 386, F.S., smoking is prohibited within the child care facility, all outdoor areas, during field trips, and in vehicles when being used to transport children. I acknowledge that smoking is prohibited on StarChild Academy property.

DISCIPLINARY PRACTICES

The use of physical punishment is prohibited at StarChild Academy. Discipline consists of positive redirection and promoting self discipline

In order to provide the best care for your child, parents must notify the center of changes in your child's environment that might affect the behavior of the child. Our being aware of changes in your child's life will assist us in implementing the adjustment. However, StarChild Academy reserves the right to ask the parent to make alternative arrangements for the care of a child in the event that behavior becomes a problem that cannot be corrected.

By signing below, I verify that all the information on this enrollment form is true and accurate, that I have received a copy of the Child Care Facility Brochure "**KNOW YOUR CHILD CARE CENTER**", that I agree abide by the terms in the **StarChild Academy Parent's Handbook**; and that I am required to **notify the Director two weeks prior to withdrawal** so that the open position can be filled. I also understand that I am responsible for payment of tuition and other fees as explained in the StarChild Academy price list.

Signature of Parent / Guardian

Name of Parent / Guardian (Print)

Date