



ENROLLMENT FORM

Date of Application: _____ Projected Start Date: _____

Child/Children's Home Address _____

City _____ State _____ Zip _____

Hm Phone # _____

Names of Children Utilizing Service

1) Child's Full Name: _____ AGE _____

Nickname _____ Date of Birth _____ Sex _____

School-Age Only: Name of School _____ Grade Level _____

Type of Care: Check one (please) Before only After only Before and After

2) Child's Full Name: _____ AGE _____

Nickname _____ Date of Birth _____ Sex _____

School-Age Only: Name of School _____ Grade Level _____

Type of Care: Check one (please) Before only After only Before and After

3) Child's Full Name: _____ AGE _____

Nickname _____ Date of Birth _____ Sex _____

School-Age Only: Name of School _____ Grade Level _____

Type of Care: Check one (please) Before only After only Before and After

4) Child's Full Name: _____ AGE _____

Nickname _____ Date of Birth _____ Sex _____

School-Age Only: Name of School _____ Grade Level _____

Type of Care: Check one (please) Before only After only Before and After

Timothy & Tarsha Davis / Owners

Princess Rhodes / Director
Patricia Rodriguez / Director
Ruth Rodriguez / Director



Parent Information / Emergency Contacts / Authorized Pick Up

Mom's/Guardian's Full Name: _____

Social Security # _____

Mom's/Guardian's Place of Employment: _____

Business # _____ Pager/Cell # _____

Driver's License # _____ State Issued: _____

Dad's/Guardian's Full Name: _____

Social Security # _____

Dad's/Guardian's Place of Employment: _____

Business # _____ Pager/Cell # _____

Driver's License # _____ State Issued: _____

IN CASE OF EMERGENCY, please identify individuals we may contact if you cannot be reached. These individuals should have authorization to remove your child(ren) from the childcare facility in case of an emergency.

Name of authorized person _____

Relationship: _____ Phone # _____

Name of authorized person _____

Relationship: _____ Phone # _____

Name of authorized person _____

Relationship: _____ Phone # _____

Name of authorized person _____

* List additional emergency contacts and authorized pick up on back of registration form



Authorizations / Legal Statements / Policies / Health Information

AUTHORIZATION FOR TREATMENT: Should the need for medical attention arise for the above enrolled child(ren) and the parents/guardians are unavailable, we give permission for an employee of the Park Avenue Child Care Centers to authorize treatment.

Parent/Guardian's Signature _____ Date _____

Specialist Preferences:

Hospital: _____

Pediatrician: _____ Phone # _____

Dentist: _____ Phone # _____

LEGAL STATEMENTS

Section 10M-12.013 requires that parents be notified in writing of the disciplinary practices used by this childcare facility. Our disciplinary statement is included in our Parent Handbook. The parent's or legal guardian's signature and initials on this application verifies that the parent(s) or legal guardian(s) have received a copy of this childcare center's Parent Handbook, and by receiving said Handbook have been notified in writing of the disciplinary practices of this childcare facility. INITIALS _____

Section 10M12.008 (2) F.A.C. Requires that parents must receive a copy of the child care facility's brochure entitled, *KNOW YOU CHILD'S DAY CARE CENTER*. The parent's/legal guardian's signature and initials on the application verifies receipt of this brochure. INITIALS _____

FIELD TRIPS

With advance notification, my child _____ has permission to attend Park Avenue Child Care Centers sponsored field trips. A driver with a valid driver's license will transport children in the childcare facility's van, rented bus and/or car. Children must be at least 4 years old to participate in center sponsored field trips. INITIALS _____

TUITION AND FEE POLICIES

Weekly tuition is due and payable each Monday. NO EXCEPTIONS. Tuition is considered late if it is received on Tuesday and a late fee of \$10 will be assessed each day tuition is late. If payment has not been received by the close of the same week, your child will no longer be eligible for child care services until tuition and assessed late fees (if applicable) have been paid. INITIALS _____

VACATION & SICK TIME POLICY

If your child is out due to vacation for more than ONE week (5 days) and is classified as "FULL TIME," you are charged one half week's tuition. If your child is classified as "PART-TIME", you are charged the daily "drop-in" rate. If your child is sick for more than 3 consecutive days, you are asked to bring a doctor's note upon the return of your child to the center in order to avoid tuition payment for that week.

INITIALS _____

Timothy & Tarsha Davis / Owners

Princess Rhodes / Director
Patricia Rodriguez / Director
Ruth Rodriguez / Director



LATE PICK-UP FEES

The center is open from **6:30 AM** until **6:30 PM** Monday – Friday. We close promptly at 6:30 PM. If you pick up your child after **6:30 PM**, you will be charged a late fee of \$1 per minute, per child. Late payment fees **must be paid at time of pick-up.** INITIALS _____

COLLECTION POLICY

We gladly accept your personal checks for payment, but all N. S. F., or uncollected checks/funds will be assessed a \$25 fee for each returned check. You will have 24 hours to make good on any returned checks. After One (1) N. S. F. checks, you will be required to pay cash for tuition. INITIALS _____

HEALTH RELATED ITEMS

HEALTH & NUTRITION - Please indicate any of your child's health problems/concerns:

In your child is less than 2 years old (24 months), was he/she born prematurely? Yes No
Please indicate any special dietary requirements or food allergies for your child:

Parent's/Guardian's Signature _____ Date _____

Director's Signature _____ Date _____

* Issued Parent Handbook _____ Date issued _____ Parent's Initials _____

COMMENTS: _____
