



**Enrollment Application  
DCF License #C20LE0165**

**2018-2019**

**Your child's FLORIDA Immunization & Physical form MUST accompany this application for enrollment to be complete. Thank you for your cooperation.**

**To PARENTS AND GUARDIANS:**

**Please print and answer ALL questions. Use N/A in the space that does not apply to you to ensure that our records are accurate. The purpose of the questions on this application is to assist us in providing the best possible care for your child.**

Child's Legal Name: \_\_\_\_\_  
LAST FIRST MIDDLE

D.O.B. \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_ Date of enrollment: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_

Days of the week in care: Full Time \_\_\_\_\_ (5 days weekly)

Part Time: \_\_\_\_\_ (Circle days attending) Monday Tuesday Wednesday Thursday Friday

VPK Only \_\_\_\_\_ (9am - 12:00pm)

**Mother's Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

City & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**CHILD PICK UP AUTHORIZATION INFORMATION**

*We are unable to accept authorization by telephone or fax, unless in case of emergency. All changes must be done in person in writing.*

**Please create an 8 digit number combination for each person you are authorizing to pick up your child from ABC Learning Center. Parents must include themselves on this list. Each person must have a separate code number. Numbers may not be repeated and may not be consecutive (i.e. 1234). For your child's protection, your child will be released only to the custodial parent or legal guardian and the persons listed below. \*\*\*Children cannot be released to anyone under the age of 18 years old\*\*\*.**

**If you wish to make any changes to the persons authorized to pick up you may do so at any time.**

Child's Name: \_\_\_\_\_

Name of person authorized to pick up	Eight digit Code #

**NAME OF ANYONE WHO MAY NOT PICK UP YOUR CHILD:**

***(We MUST have on file a court order or custody papers if a parent, family member, or any other person is restricted from picking your child up or allowed on school property).***

Name: \_\_\_\_\_ (Please print)      Date: \_\_\_\_\_

**PARENT RESPONSIBILITY**

**If your child will be absent from ABC Learning Center it is now mandated by law that parents call the school to inform us of their child's absence. If you do not call ABC Learning Center we must by law contact you. Please be courteous and call the school if your child will not be in attendance. Your cooperation is greatly appreciated. By signing below I acknowledge I have been informed of the current law and will abide by it.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**MEDICAL HISTORY**

To Parents and Guardians: Please print and answer ALL questions. Use N/A in the space that does not apply to you to ensure that our records are accurate. The purpose of the questions on this application is to assist us in providing the best possible care for your child. I hereby grant permission for the staff of this facility to contact my child's Medical Doctor to obtain emergency medical care, if warranted. Thank you for your cooperation.

Allergies (including food, insect and medication) \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Special Diet \_\_\_\_\_

List any medication\* taken on a regular basis \_\_\_\_\_

List any serious illnesses or operations \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Emergency Contact (other than parent):** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Nearest Hospital Preference (in case of emergency) \_\_\_\_\_

**PARENT PERMISSION SLIP FOR USE OF IMAGES & ON-SITE ACTIVITIES**

I give my permission for my child's photograph or video image to be taken while he/she is in the care of preschool personnel. Such images may be posted in classrooms or other appropriate places within the center, used in center presentations or promotional materials. I understand that I may terminate this permission at any time. I understand that this may also include photographing or video taping by a supporting parent of program during a holiday or special activity.

I also grant permission for \_\_\_\_\_ to attend any ABC Learning Center activities and all On-Site Special activities on ABC Learning Center property including the grassy area adjacent to the playground.

\_\_\_\_\_  
Signature parent/guardian

\_\_\_\_\_  
Date

## ABC LEARNING CENTER HEALTH POLICIES

(All Health Policies are reviewed in detail in the Parent Handbook)

### IMMUNIZATION AND PHYSICALS

Records on Florida forms obtained through your Pediatrician's office are required at the time of enrollment. Expiration of either document may occur while enrolled at ABC LEARNING CENTER. It is the parent's responsibility to obtain updated immunization or physical records when notified by the school office or Lee County Health Department.

### CHILD'S HEALTH

Children are not allowed to attend school if the child's symptoms or illness prevent the child from participating in routine activities, or if symptoms or illness poses an increased risk of illness to the child, to other children, or to adults. When called by the school, parents are responsible to pick up their child within the hour or as soon as possible.

### FIRST AID

First Aid treatment is limited to cleaning with soap and water. Bandages and ice may be applied. Parent may be called to pick up their child if needed.

### SERIOUS INJURY

911 will be called immediately and then the parent in case of major or life threatening injury. The child may be transported to the closest medical facility based on the decision of the EMS unit.

### HEAD LICE POLICY

ABC LEARNING CENTER is a "No Nit" school. This means if your child has nits (eggs) or live lice, he/she may only return to school after being treated for lice at home, and parents have removed all lice and nits from their hair. For re-entry to ABC LEARNING CENTER, your child must first be checked by a school staff member for nits and/or lice. If no live lice and no nits are found, your child may return to class. It is the parent's responsibility to continue to check their child on a daily basis for nits and lice and to re-treat 7-10 days after the first treatment. The school will do a re-check 10 days after the child's re-entry to school.

### MEDICATION PROCEDURES

ABC Learning Center follows safe medication procedure established by Child Care of Southwest Florida (CCSWFL). *No medication (prescription or over-the-counter) or sunscreen is dispensed by ABC LEARNING CENTER without a properly completed medication form.* The medication forms may be picked up at the School Office.

**ALL PRESCRIPTION MEDICATION MUST BE SUPPLIED BY THE PARENT IN ITS ORIGINAL CONTAINER FROM THE PHARMACY THAT INCLUDES THE LABEL ON IT.**

My signature below confirms I have read the ABC LEARNING CENTER Health Policies and will adhere to all the procedures outlined, and will provide the proper forms for medication when necessary.

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Signature of parent/guardian

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Date

### MEDICAL RELEASE

In the event my child becomes ill or is injured while under Teacher supervision, I approve the Person in Authority to take the necessary steps to provide medical care for my child.

1. The parent/or guardian will be contacted in the case of illness or minor injury. Parent/or Guardian may be asked to pick up the child.
2. In the case of major or life threatening injury or accident, 911 will be called immediately. The Parent/or Guardian will then be contacted immediately.
3. Based on the professional decision of the EMS unit, the child may be transported to the closest medical facility for immediate care.
4. EMS may advise the Parent/or Guardian or ABC Learning Center staff how to care for or treat the child, and any additional follow-up care.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

### DISCIPLINE POLICY

At ABC Learning Center, we view discipline not as a means of punishing a child, but rather as a means of instruction, training, and correction. Positive discipline teaches children where the limits are set, how to maintain control over their bodies and how to problem solve in the event of conflict. Discipline is necessary to build a good moral character resulting in a healthy self image and respect for others. Discipline enables a child to reach his/her fullest potential as a unique individual and learn to develop healthy social and interpersonal relationships with adults and children.

We do not use corporal punishment. Discipline does not include humiliation, shaming, performing meaningless tasks, withholding food, or spanking. It is our desire to provide a safe, warm, and loving environment to help your child develop socially, emotionally, intellectually, and physically.

Behavior problems require the parent and teacher to work together with consistent guidelines that will improve the child's conduct. Limiting a child's choices of activities due to inappropriate behavior is an effective means by which to teach children to respect property and one another. Separation of children may become necessary in the case of two or more children having extreme difficulty playing together without having conflict. The teacher will assign appropriate play areas for the children, with the message that they may try playing together again later if they do well on their own. We also use redirecting as a disciplinary action, as well as time-out, if necessary.

**The school administration reserves the right to dismiss any child, without notice, whose behavior is disruptive or harmful to other children or Staff members.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**STATEMENT OF PARENT/GUARDIAN FINANCIAL RESPONSIBILITY**

My signature below indicates that I am the person responsible for financial matters relating to: \_\_\_\_\_ (child’s name) tuition account. All correspondence relating to tuition and financial matters should be mailed or spoken directly with me. I have read the guidelines relating to tuition within the **Parent Handbook** and agree to adhere to them.

\_\_\_\_\_  
Responsible Paying Person

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Date

**TUITION PAYMENTS**

I understand that the tuition payment is due on Monday or **the first day of attendance each week** if paying weekly (or the first of the month if paying monthly.) I understand that tuition is due for the schedule I have chosen even when my child is absent with exception to the one week per year vacation credit. I understand that **tuition must be paid when ABC Learning Center is closed for Holidays, teacher duty day or inclement weather episodes (Hurricanes, etc.).** The center closes at 6pm, if children are not picked up by 6pm there is a **\$1.00 per minute late fee per child.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**FOOD RELATED ACTIVITIES**

**PLEASE BE AWARE THAT WE ARE A PEANUT FREE SCHOOL ZONE. NO ITEMS CONTAINING PEANUT BUTTER MAY BE BROUGHT INTO ABC LEARNING CENTER!**

I give permission for my child \_\_\_\_\_ (child’s name) to participate in all food related activities.

Please check one of the following:

- My child DOES NOT have a food allergy or dietary restriction.
- My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items: (please list below)  
\_\_\_\_\_

My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

**I have read the above statement and understand that ABC Learning Center is a Peanut Free School!**

Parent(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ABC Learning Center Parent Handbook**

I have received the ABC Learning Center Parent Handbook and by signing below agree to read the school policies and procedures and will adhere to them. **Please keep your Handbook for future reference.**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**DCF REQUIREMENTS**

**Sections 7.1 and 7.2, of the Child Care Facility Handbook, requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) at time of enrollment**

**Section 7.3, of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).**

**Section 2.8, of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary practices and expulsion policies used by ABC Learning Center (located on page 5 of this application form).**

**Completed Influenza Virus Brochure CF/PI 175-70**

**Your signature below indicates that you have received the above items and have read all documents 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

**THERE IS NO SMOKING/VAPING OR E-CIGARETTES AT ABC LEARNING CENTER AND ITS PROPERTY.**