

3 Yr. Old Full Half
VPK Full Half
Summer
Enroll. Date _____

Miss Fran’s Early Learning Center



APPLICATION FOR ENROLLMENT

Student information: Date of Birth: _____ Age: ____ Sex: M F

Full name: _____
Last First Middle Nickname

Child’s Address: _____

Family Information:

Mother’s Name _____ Father’s Name _____
Address: _____ Address: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Employer: _____ Employer: _____
Address: _____ Address: _____
Work Phone: _____ Work Phone: _____
Email: _____ Email: _____

Child lives with: Both Parents ____ Mother ____ Father ____ Legal Guardian ____

**Is there a visitation order or other Florida court order barring either parent from removing the student during the school day or coming into contact with the student? Yes ____ No ____
If YES, please provide school with a copy of the Florida court order.

Parents **DO NOT have shared parental responsibility. ____ If CHECKED, Please provide school with copy of court order.

Medical Information:

I hereby grant permission for the staff of Miss Fran’s Early Learning Center to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____
Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

Does your child currently have health insurance? If yes, please list which plan and supply Miss Fran’s Early Learning Center with a copy of the medical card. Plan _____

If your child does not have health Insurance, you can purchase Miss Fran’s Early Learning Center Student/Accident Insurance for \$30 a school year. Check yes to purchase ____.

Persons authorized to pick up child:

Child will be released only to the parents or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from Miss Fran’s Early Learning Center in case of illness, accident or emergency, if the custodial parent or legal guardian cannot be reached:

Name Address Phone #

Name Address Phone #

Name Address Phone #

Name Address Phone #

Name Address Phone #

I hereby give permission for Miss Fran’s Early Learning Center to use my child's photograph, video image and name in classrooms, monthly photo albums for parents, annual yearbooks, newspapers articles, graduation programs, school productions, www.missfranselc.com and/or similar school media. I understand that, without my signature, my child's name and photograph cannot and will not be included in any publications or presentations.

Parent/Guardian Signature

Date

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 and practices used by the child care facility.

Section 65C-22.006(3) ©2, F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of parent/Guardian

Date

* Were you referred by someone? If yes, by whom: _____