



## ENROLLMENT FORM

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Child Lives With: \_\_\_\_\_  
(Mother/Father/Both/Other)

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

FAMILY INFORMATION	Mother	Father
Name		
Home Address		
Employer & Work Address		
Home Phone		
Work Phone		
Cell Phone		
Pager		
e-mail Address		
Social Security 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: \_\_\_\_\_

**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	Work Phone	Cell Phone/ Pager	Emergency Contact
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

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

### PHYSICAL EXAMINATION & IMMUNIZATION RECORD

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

**HEALTH AND 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 to seek medical attention for my child in the event of an emergency if I cannot be reached and to hold harmless and release StarChild Academy, Inc. 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: _____	Address: _____	Phone: _____
Medical Group: _____	Address: _____	Phone: _____
Dentist: _____	Address: _____	Phone: _____
Hospital (Preference): _____		
Medical Insurance Policy No.: _____		

**DISCIPLINARY PRACTICES**

Section 65C-22.006(3)(c)2 of the Florida Administrative Code requires that parents be notified in writing of the disciplinary practices used by the child care facility.

The use of physical punishment is prohibited at our center. Discipline consists of positive redirection or, if necessary, time out. Time out is limited to one minute per year of age of the child per incident. Time out consists of sitting in a designated area facing the group, but apart, still within supervision of the teacher.

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.

**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.

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" as required by Section 402.3125(5) of the Florida Statutes, that I agree abide by the terms in the StarChild Academy Parent's Handbook, and 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

\_\_\_\_\_  
Date