



Enrollment Procedure for Parents

1. Read the Family Handbook.
2. Complete all of the enrollment forms included in your packet.
3. Provide personal paperwork.
 - a. A copy of your child's birth certificate
 - b. An immunization form from your child's doctor (blue form).
 - c. A physical form from your child's doctor (yellow form).
4. Pay the registration fee of \$50. Checks can be made payable to GraceKids Academy.
5. Complete the security form found in your packet. Each 4 digit code must be different. This authorizes individuals to drop off and pick up your child, as well as enter our center.
6. Complete the enrollment agreement.
7. Provide all of the above information prior to your child's first day at GraceKids Academy. Please note that you are granted a 30 day grace period to provide GKA with health forms.



1767 W. SR 434
Longwood, FL 32750
407-998-5530

ENROLLMENT FORM

Student Information:

Name: First: _____ Middle: _____ Last: _____

Preferred Nickname: _____ Primary Language: _____

Gender: _____ Place of Birth: _____ Date of Birth: _____

Distinguishing Marks: _____

Medical Information:

Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Allergies and/or special medical condition(s) (Please list all and discuss with director):

Hospital Preference: _____

Primary Health Insurance Company: _____

Plan Number: _____ Group Number: _____

Scheduled Attendance: (Please list the planned drop off and pick up time for each day)

	Drop Off	Pick Up
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Signature of Parent

Date

Signature of Director

Date

Primary Contact Information:

Name:First:_____Middle:_____Last:_____

Relationship to Child:_____ Phone:_____

Address:_____

Place of Employment/Occupation:_____

Work Address/Phone:_____

Cell Phone:_____ Email:_____

Driver's License State:_____ Driver's License Number:_____

Date of Birth:_____

Are there Custody Arrangements?_____ If yes, you must provide a copy of court issued custody papers.

Does this person have permission to pick up the child? _____ YES _____ NO
Is this person responsible for payments? _____ YES _____ NO
Will this person occasionally make payments? _____ YES _____ NO
Should this person be contacted in an emergency? _____ YES _____ NO
Does this person live with the child? _____ YES _____ NO

Additional/Emergency Contact: Complete for second parent/guardian or additional persons authorized to pick up child

Name:First:_____Middle:_____Last:_____

Relationship to Child:_____ Phone:_____

Address:_____

Place of Employment/Occupation:_____

Work Address/Phone:_____

Cell Phone:_____ Email:_____

Driver's License State:_____ Driver's License Number:_____

Date of Birth:_____

Does this person have permission to pick up the child? _____ YES _____ NO
Is this person responsible for payments? _____ YES _____ NO
Will this person occasionally make payments? _____ YES _____ NO
Should this person be contacted in an emergency? _____ YES _____ NO
Does this person live with the child? _____ YES _____ NO

Signature of Parent

Date

Signature of Director

Date

Additional/Emergency Contact: Complete for additional persons authorized to pick up child

Name:First:_____Middle:_____Last:_____

Relationship to Child:_____ Phone:_____

Address:_____

Place of Employment/Occupation:_____

Work Address/Phone:_____

Cell Phone:_____ Email:_____

Driver's License State:_____ Driver's License Number:_____

Date of Birth:_____

Does this person have permission to pick up the child? _____YES _____NO
Is this person responsible for payments? _____YES _____NO
Will this person occasionally make payments? _____YES _____NO
Should this person be contacted in an emergency? _____YES _____NO
Does this person live with the child? _____YES _____NO

Additional/Emergency Contact: Complete for additional persons authorized to pick up child

Name:First:_____Middle:_____Last:_____

Relationship to Child:_____ Phone:_____

Address:_____

Place of Employment/Occupation:_____

Work Address/Phone:_____

Cell Phone:_____ Email:_____

Driver's License State:_____ Driver's License Number:_____

Date of Birth:_____

Does this person have permission to pick up the child? _____YES _____NO
Is this person responsible for payments? _____YES _____NO
Will this person occasionally make payments? _____YES _____NO
Should this person be contacted in an emergency? _____YES _____NO
Does this person live with the child? _____YES _____NO

Signature of Parent Date

Signature of Director Date



HEALTH AND SOCIAL RECORD

Child's Name: _____ Nickname: _____

Child's Doctor: _____ Telephone: _____

Has your child ever been in a childcare setting? Yes No Type? _____

Briefly describe your child's experience. _____

Does your child require any medication, therapy, medical treatment or assessments while in childcare? Yes No Explain: _____

Does your child use any special equipment, such as wheelchair, walker, breathing machine, hearing aid, braces, etc.? Yes No Explain: _____

Does your child require one-on-one care or supervision on a regular basis for a significant period of time? Yes No Explain: _____

Does your child require and/or desire accommodations or modifications in order to fully enjoy and participate in a group care setting and activities? Yes No Explain: _____

Does your child function at an age-appropriate level in all areas? Yes No Explain: _____

Can your child effectively communicate his/her needs? Yes No Explain: _____

Does your child have any existing conditions that we should be aware of? Yes No Explain: _____

Family

Names of brothers & sisters:

Birthdate:

Names of others living in the home:

Relationship to child:

What language is spoken in your home? _____

Does your child have pets? Yes No If yes, what type. _____

Food

Describe your child's appetite: _____

What foods does your child dislike? _____

What foods does your child like? _____

Does your child feed him/herself? Yes No Explain: _____

Does your child have any food sensitivities/allergies? Yes No If yes, please list: _____

Are there any foods that your child is not permitted to eat for any reason? Yes No Explain: _____

What time does your child normally eat: Breakfast _____ Lunch _____ Dinner _____

Does your child have any problems at mealtimes? Yes No Explain: _____

Does your child usually eat snacks between meals? Yes No

Does your child drink from a sippy cup or regular cup? _____

INFANTS ONLY

Is your child breast or bottle fed? _____

What type of formula does your child use? _____

How many ounces does your child take at each feeding? _____

How often does your child take a bottle? _____

Has your child begun solid foods yet? Yes No If yes, what types: _____

How often does your child eat solid foods? _____

Self-Care

Is your child in diapers? Yes No Comment: _____

Have you begun toilet training? Yes No Comment: _____

Is your child toilet trained? Yes No Comment: _____

Does your child need help using the restroom? Yes No Comment: _____

Does your child need any help with putting on/taking off clothes? Yes No

If yes, please list: _____

Can your child tie his/her shoes? Yes No Comment: _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps):

Social/Emotional Development

Does your child separate easily from you? Yes No Explain: _____

Is your child afraid of anything? Yes No Explain: _____

Does your child have a favorite toy, blanket or soother? Yes No Explain: _____

Does your child regularly spend time with other children? Yes No Explain: _____

How does your child express the following emotions?

Affection: _____ Fear: _____

Frustration: _____ Anger: _____

Excitement: _____

What types of activities does your child enjoy? _____

What types of activities does your child dislike? _____

How do you handle discipline in your home? _____

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

_____ Please provide
any other information relating to your child that would be helpful in understanding your child
and would help us to provide the best possible experience:

To the best of my knowledge, the information I have provided and the statements I have made are correct and complete. I understand that withholding or providing false information herein or in connection with the enrollment process may result in immediate disenrollment of my child. I further agree to update the information in this Health and Social Record as circumstances may require and/or at GraceKids Academy's request.

PARENT'S SIGNATURE	DATE
--------------------	------

I HAVE REVIEWED THIS HEALTH AND SOCIAL RECORD AND HAVE NOTIFIED THE CHILD'S TEACHER(S) OF ALL PERTINENT INFORMATION.

DIRECTOR'S SIGNATURE	DATE
----------------------	------



Medical Release Authorization

Child's Physician: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Allergies and or/ special medical conditions: _____

Hospital Preference: _____

Primary Health Insurance Company: _____

Plan Number: _____ Group Number: _____

By signing below, I am authorizing GraceKids Academy to take whatever emergency measures (first aid, disaster evacuation, etc.) that are judged necessary for the health, safety, and well-being of my child while in the care of the center.

In the case of a medical emergency, I understand that my child will be transported to _____ by the local emergency unit for treatment if deemed necessary by the local emergency resource (police, paramedics).

I understand that in some emergency cases, the staff of GraceKids Academy will need to first contact the local emergency unit before notifying the parent, child's physician, and/or other authorized adults acting on the parent's behalf.

Parent's Signature	Date
--------------------	------

I have reviewed and discussed this information with the parent.

Director's Signature	Date
----------------------	------



Illness and Medication Policy

When my child is ill, I understand and agree that GraceKids Academy will not accept my child for care. Or, if my child develops any of the following symptoms while in GKA's care, I will be contacted and will be required to pick up my child:

- fever (a temperature of 100.5 degrees Fahrenheit or more)
- diarrhea (2 or more watery stools in 24 hours)
- vomiting (2 or more times in 24 hours)
- green or yellow discharge from nose
- sore throat with fever and/or swollen glands
- discharge from eyes or ears
- yellow eyes or jaundiced skin
- unexplained rash that lasts over 24 hours especially with fever or itching
- skin lesions that are oozing or bleeding
- swollen joints
- stiff neck and/or swollen lymph nodes
- blood in urine
- lice

If my child is not going to attend the center because of an illness, I will notify the director as soon as possible. If my child is diagnosed as having the following, I understand that I must provide a doctor's note before my child can return to the center:

- | | | | |
|----------------|-------------|--------------|------------------|
| -Scarlet Fever | -Thrush | -Pertussis | -Strep Infection |
| -Mumps | -Meningitis | -Chicken Pox | -Conjunctivitis |
| -Scabies | -Salmonella | -Measles | -Coxsackievirus |
| -Tuberculosis | -Lice | -Impetigo | -Hepatitis |

I understand that GraceKids Academy will only administer medication that has been prescribed and authorized by a physician and is in its original, labeled container. I must fill out an authorization for each week that my child will need medication. I also understand that no over-the-counter medication will be administered unless I provide a doctor's note stating its necessity.

My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children. My signature also certifies my acceptance of GraceKids Academy's Illness and Medication Policy.

Parent's Signature	Date
--------------------	------

Director's Signature	Date
----------------------	------



EMERGENCY CONTACT INFORMATION

This form must be updated any time any information changes.

Child's Name	Child's Social Security Number	Date Of Birth
Allergies or Special Needs		
Address		
Parent/Guardian 1	Home Phone	Work/Cell Phone
Employer	Email	Fax or Other Phone Number
Parent/Guardian 2	Home Phone	Work/Cell Phone
Employer	Email	Fax or Other Phone Number

Below, please list the other people

who will be *authorized to pick up your child*:

Name: _____ Home Phone: _____

Address: _____

Relationship to child: _____ Work/Cell Phone: _____

Name: _____ Home Phone: _____

Address: _____

Relationship to child: _____ Work/Cell Phone: _____

Name: _____ Home Phone: _____

Address: _____

Relationship to child: _____ Work/Cell Phone: _____

For the safety of your child, identification will be checked on all individuals other than parents/guardians who come to pick up your child. These individuals will also need to have a code to access the classroom area in order to be permitted to pick up your child.

Special Identification Information:

This information will be used to verify a parent's identification in case the parent has an emergency and must change a pick up authorization. There are two required pieces of information and they can either be ID numbers (such as Driver's License and/or Social Security Numbers) or they can instead be two questions and answers that only a parent would know.

1. _____

2. _____

Parent's Signature	Date
Director's Signature	Date



Permission To Photograph

I, _____, give permission for GraceKids Academy to photograph
 (parent's name)

my child, _____ for the following purposes:
 (child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Give photographs to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Use still photos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
Use videos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

* only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent's Signature	Date
--------------------	------

I have reviewed and discussed this information with the parent.

Director's Signature	Date
----------------------	------



Child Abuse/Neglect Protocol

If any member of GraceKids Academy's staff assumes that there is any kind of child abuse committed on any child in our care, and if we perceive or think that anything questionable is present as far as abuse or neglect is concerned, we will IMMEDIATELY contact the Department of Children and Families Child Abuse Hotline.

By signing this form, you acknowledge this protocol and agree that it is in the best interest of your child(ren).

Parent's Signature	Date
--------------------	------

I have reviewed and discussed this information with the parent.

Director's Signature	Date
----------------------	------



Enrollment Agreement: Financial Terms and Conditions

Tuition:

I understand that my tuition rate will be \$_____ on a weekly basis.

I agree to pay the tuition fee in full. If my child is absent for one to four days during the calendar week (Monday – Friday), GKA will charge the regular tuition. If my child is absent for a full week or four days during the calendar week the tuition will be discounted 50% as a reservation fee. My reservation fee is \$_____. **I will only be permitted 5 reservation weeks per year (January-December).**

Fee Schedule:

The following is a list of non-refundable fees.

I agree to pay a registration fee of \$50 at the time of enrollment. At the beginning of each calendar year, January I will agree to pay a materials fee based on the classroom my child attends. My materials fee will be \$_____.

All tuition is due on the first day my child attends and every Monday thereafter, with no deductions for absence or holidays. The tuition is considered late if not paid by 6:00p.m. Thursday of the current week and a late payment fee of \$10.00 per day/per child will be added to your child’s account until the account results to a zero balance.

Late Pick Up Fee

Our hours are 7:00am to 6:00pm. I agree to pay a fee of \$1 per minute for each of my child/children not picked up **5 minutes after closing at 6pm.**

GKA may contact legal authorities for children left at the center one hour after closing time.

Withdrawal Information:

If I withdraw my child from the center, I agree to give at least one week’s written notice.

A child may be disenrolled by GKA without prior notice if in the sole opinion of the center, it is in the best interests of the child or the center to disenroll the child.

Terms:

The terms of this agreement, including the fees, are subject to change in whole or part by GKA with two weeks notice. This agreement may be terminated by the center at any time.

Certification: I certify that I have received, read, and understand the information contained in the Family Handbook, the Enrollment Forms, and in this Enrollment Agreement, and agree to the terms and conditions set forth therein, including the Financial Terms and Conditions and Fee Schedule set forth above.

Signature of Parent/Guardian	Date	Signature of Director	Date



Child's Name: _____ Date of Birth: _____

Please list each person who is authorized to pick up your child/children and a different, four digit access code for each person.

<u>Authorized Person's First and Last Name</u>	<u>Personal Access Code</u>
1. _____	1. ____ _
2. _____	2. ____ _
3. _____	3. ____ _
4. _____	4. ____ _
5. _____	5. ____ _
6. _____	6. ____ _

Parent Signature

Date

Director Signature

Date



Child's Name: _____

I have read and received a copy of the *GraceKids Academy Family Handbook* and understand the policies and procedures listed. I understand that the handbook includes disciplinary practices used by this center and I have read and understand GKA policies.

Parent

Date

Parent Signature

Date