

Early Childhood Learning Center Airside

Enrollment Application

Please fill in application completely and legibly.

Child's Name: _____
(Last Name) (First Name) (Middle Name)

Child's Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Date of Birth: _____ Sex: Male Female

Race: _____

Child's Social Security #: _____ Date of Enrollment: _____

Circle days to attend: **MON TUES WED THURS FRI** Arrival Time: _____ Departure Time: _____

Parent Information

Enrolling Parent/Guardian: _____
(Last Name) (First Name) (Middle Name)

Relationship to child: _____

Address: _____ City/State: _____ Phone #: _____

Occupation: _____

Employer: _____ Work Phone #: _____ Ext: _____

Work Address: _____ City/State: _____ Work Hours: _____

Date of Birth: _____

Driver's License #: _____ Social Security #: _____

Email address: _____

Parent/Guardian: _____
(Last Name) (First Name) (Middle Name)

Relationship to child: _____

Address: _____ City/State: _____ Phone #: _____

Occupation: _____

Employer: _____ Work Phone #: _____ Ext: _____

Work Address: _____ City/State: _____ Work Hours: _____

Date of Birth: _____

Driver's License #: _____ Social Security #: _____

Email address: _____

Primary Residence: with Mother with Father with both with guardian (Name): _____

Parent's Marital Status: Married Single Divorced

The following persons are authorized to pick up my child and to be contacted in case of an emergency.

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Child's Physician: _____ Address: _____ Phone: _____

Any allergies or special needs: _____

Hospital Preference: _____

Emergency contact other than parents:

Name: _____ Address: _____ Phone: _____

Is this child potty trained? ___ YES ___ NO

What does your child say when he/she wishes to use the toilet? _____

Does your child need help in: Dressing/Undressing _____ Eating _____ Washing Hands _____

Does your child have any special fears or problems? _____

Favorite game: _____ Favorite toys: _____

Discipline Policy:

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

If a child's behavior prevents him/her from being a cooperative participant in the class activities, or if the behavior is disruptive and/or threatening to the other students or staff, that child shall be removed from the class and spend supervised time-out. If said behavior becomes a consistent occurrence, Early Childhood Learning Center Airside will advise the parent and request a conference to suggest resolutions. If your child is experiencing a change of behavior at home that may result in changes of behavior at our center, it is important for you to notify the director. The director and your child's teacher will keep you informed of any behavioral problems.

Signature of Parent/Guardian

Parent Agreement

Early Childhood Learning Center Airside will be open from **5:30 AM** to **6:00 PM** for all children.

I agree to pay a **“non refundable”** registration fee of **\$96.00** at the time of enrollment.

Section 65C-22.006, F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

I agree to have my child’s physical examination and immunization records in within 30 days of enrollment.

Section 402.3125 (5), F.S., requires that parents receive a copy of the Child Care Facility Brochure **“KNOW YOUR CHILD CARE FACILITY”**.

The success of Early Childhood Learning Center Airside depends on the quality of service we provide our families. It is the policy of Early Childhood Learning Center Airside that all children are individuals and learn at their own individual pace and that they and their families shall be provided equal opportunity regardless of their race, color, sex, religion, age, creed, marital status, national origin, ancestry, physical or mental disability, sexual orientation, affectional preference, veteran status or citizenship status, or any other classification protected by law.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY Age: _____ Teacher: _____
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