



Preschool Enrollment Application

Date of Enrollment: _____

Child Information:

Last Name: _____ First Name: _____ Nickname: _____

Address: _____

Date of Birth: _____ Current Age: _____ Sex: _____

Primary Hours of Care: from _____ a.m. to _____ p.m.

Family Information:

**** Important information will be communicated via text message and email.
Please provide your cell phone carrier information. ****

Mother's Name: _____

Address: _____

Occupation: _____ Employer: _____

Home Phone#: _____ Work#: _____

Email: _____

Cell Carrier/Provider: _____ Cell#: _____

Father's Name: _____

Address: _____

Occupation: _____ Employer: _____

Home Phone#: _____ Work#: _____

Email: _____

Cell Carrier/Provider: _____ Cell#: _____

Custody:

Mother: _____ Father: _____ Both: _____ Other: _____

Authorized & Emergency Contacts:

Your child will be released only to the custodial parent(s)/legal guardian(s) and the persons listed below. If the parent(s)/guardian(s) cannot be reached in case of illness, accident or emergency, the following people will be contacted and are authorized to remove the child from the facility. (*Photo ID required*)

Name: _____

Relationship: _____ Phone#: _____

Name: _____

Relationship: _____ Phone#: _____

Name: _____

Relationship: _____ Phone#: _____

Name: _____

Relationship: _____ Phone#: _____

Do you allow your child to be photographed by CLA for casual photos in the classroom, presentations, and/or promotional material? ☐ YES ☐ NO

Has this child had any prior experience in a preschool setting? ☐ YES ☐ NO

Explanation: _____

Is your child toilet trained? ☐ YES ☐ NO Comments: _____

Is your family actively involved in the church life of Christian Life Fellowship? ☐ YES ☐ NO

In a few sentences, please tell us a little bit about your child's personality, habits, & interests.

- 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, "Know Your Child Care Facility" (CF/PI 175-24), or
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the childcare facility, or
- Section 65C-20.010(6)(c), F.A.C., requires that a written copy of the family day care providers discipline policy be available for review by the parent(s).

Enrollment Application Acknowledgment: 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: _____



Emergency Treatment and Transportation

Child's Name: _____

Please check and/or list any medical conditions your child may have:

☐ Allergies ☐ Asthma ☐ Diabetes ☐ Heart Condition ☐ Other: _____

Allergies: _____

* If allergic, what are signs/symptoms of allergic reaction(s)?

My child may only eat food sent from home. ☐ YES ☐ NO

This means NO snacks, birthday treats, holiday treats, etc. will be offered at school

Other Health Condition(s)/Concerns/Medications:

Authorization for Medication

Disbursement of medication sent in from home is as follows:

- (1) Completion of an Over-the-Counter Medication Authorization Form
- (2) OTC Medication in the ORIGINAL container & Prescription medications in the original pharmacy labeled container
- (3) All medications must be delivered by the parent(s) to the office so that an Authorization Form can be filled out.

Medications should never be in the possession of the child, in backpack, lunch box, or on person.

Authorization for Emergency Medical Care

I understand that it is my responsibility to see that my child has regular medical examinations as required for attendance at CLA and that my child's immunizations are kept current as required by the State of Florida. In case of emergency, I/we authorize any representative of CLA to present above stated minor to receive any emergency care needed. I give permission for Christian Life Academy (CLA) to call my child's physician and/or dentist in case of an emergency.

Physician's Name: _____ Physician's Phone Number: _____

Dentist's Name: _____ Dentist's Phone Number: _____

Preferred Hospital: _____

Authorize Ambulatory Transportation: ☐ YES ☐ NO

Mother or Legal Guardian's Signature: _____ Date: _____

Mother or Legal Guardian's Printed Name: _____

Father or Legal Guardian's Signature: _____ Date: _____

Father or Legal Guardian's Printed Name: _____



CLA Preschool Permission Slip

CHILD'S NAME: _____

PHOTO RELEASE

I authorize my child's participation in classroom photographs. These classroom photographs will be used to create displays for the classroom and hallways that illustrate the facility's curriculum and children's daily activities. These photos may also be published in promotional materials for Christian Life Academy.

Parent/Guardian Initials: _____ Date: _____

PUBLICITY RELEASE

I authorize my child's participation in any media events that take place at the facility or on the grounds. I understand that this may include video footage, photographs, or written quotations of my child. I understand that the facility will post these events for parent's knowledge and will do so prior to their occurrence whenever possible.

Parent/Guardian Initials: _____ Date: _____

AUTHORIZATION FOR WALKING FIELD TRIPS

I authorize my child's participation in walking field trips on Christian Life Academy/Christian Life Fellowship grounds as part of his/her daily routine.

Parent/Guardian Initials: _____ Date: _____

DIAPERING PRODUCTS RELEASE

I authorize Christian Life Academy staff to use the brands of diapers and wipes I choose to supply. The diapering products will be labeled and kept for my child's use only.

Parent/Guardian Initials: _____ Date: _____



CLA Parent Signature Page

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. I verify that I am in full compliance with the PHYSICAL EXAMINATION and IMMUNIZATION requirements.

Parent/Guardian Initials: _____ *Date:* _____

Florida Statute requires that parents/guardians must receive a copy of the Influenza Virus Brochure, "The Flu" A Guide for Parents. I acknowledge receipt of the DCF INFLUENZA VIRUS BROCHURE.

Parent/Guardian Initials: _____ *Date:* _____

Florida Statute requires that parents/guardians be notified in writing of the disciplinary practices used by the childcare facility. I have read, understand, and will support the Christian Life Academy DISCIPLINE POLICIES AND PROCEDURES.

Parent/Guardian Initials: _____ *Date:* _____

I have read, understand, and will support the Christian Life Academy HEALTH Policy.

Parent/Guardian Initials: _____ *Date:* _____

I have read, understand, and will support the Christian Life Academy MEDICATION Policy.

Parent/Guardian Initials: _____ *Date:* _____

I have received and read the Distracted Adult Brochure.

Parent/Guardian Initials: _____ *Date:* _____

I have received, read, and will abide by the Christian Life Academy PARENT HANDBOOK (Procedures & Policies) and Important Dates 2023-2024 school year.

Parent/Guardian Initials: _____ *Date:* _____

Your signature below indicates that you have received the above items and the information in the entire registration packet is complete and accurate.

Child's Name: _____

Parent/Guardian Signature

Date



Christian Life Academy Preschool Fee Agreement **2023-2024 school year**

Child's Name: _____

Parent/Guardian's Name: _____

Weekly Tuition Rate: \$_____

- Tuition may be paid by cash, check, money order, ACH or charge card with applicable processing fee.
- Weekly tuition is due by 12 pm on Tuesday for the current week of care.
- Your account will incur a \$20.00 late payment fee if weekly tuition is not received by 12 pm on Tuesday for the current week of care.
- Your childcare services may be terminated if your account is more than three (3) weeks in arrears until account is paid in full. *Your child's enrollment will not be reserved during this time.*
- Tuition is not prorated for days missed including sick days or other closed days.
- A registration fee is charged to new program participants upon enrollment confirmation. An annual supply fee is due in April in addition to your regular weekly tuition.
- The late fee, after the closing time of 6 pm, is \$2.00 per minute per child. Please see your **Parent Handbook** for more information regarding the late pick-up policy.
- A \$30.00 fee will be assessed for any returned payments, including checks, ACH and credit card auto payments. If you have two (2) returned checks within a twelve-month period, your personal check will no longer be accepted.
- If your account must be forwarded to a collection agency, you will be liable for tuition due plus all late fees and collection costs.

I understand and accept the terms outlined in this Fee Agreement. I agree to provide a two-week notice prior to withdrawal from the program and understand that I will be held accountable for paying to Christian Life Academy all tuition due, late fees, and collection costs.

Parent/Guardian Signature

Date

Director Signature

Date



CLA Preschool Meal Plan

Christian Life Academy supplies healthy morning and afternoon snacks. Breakfast is not supplied.

We partner with *Warriors Kitchen* to offer nutritious lunches for children, 2-years and older, for an additional fee. Lunch(es) may be ordered through the Meal Manage app.

It is your responsibility to supply a healthy lunch for your child at school if you choose to bring lunch from home. Here are the important details about packed lunch from home.

- **No candy or sodas** are allowed. We want to promote healthy living to our students, and this is one way we can instill these values.
- We are required by law to verify that each child is eating a complete and healthy meal including proteins, dairy, fruit, and vegetables. Each lunch **MUST** contain one of each of the USDA required items.
- We will provide refrigeration, if necessary. We are not able to heat any lunch items, so please pack accordingly.
- Parents are responsible to bring formula and baby food daily for infants.

Please feel free to ask if you have any questions about this policy.

Thank You,

Tracy Chamberlain

Director
Christian Life Academy



State of Florida Department of Children and Families

IMPORTANT INFORMATION FOR PARENTS

Within thirty (30) days of your child's enrollment, Florida law requires you to provide Christian Life Academy with two very important documents which verify your child's health status. **The medical records are your property and should be returned to you whenever you withdraw your child from childcare.**

1. **Physical Examination** – each child must have a valid health examination certificate. (Student Health Examination Form). The certificate must be signed by an authorized medical professional and is valid for two years from the date the physical examinations was conducted.
2. **Current Florida Certificate of Immunization** – Florida law requires that your child's immunization information be written on a large blue card called a "680" form. This certificate must be signed by an authorized medical professional and document the expiration date.

Both of these forms are available from your pediatrician, family doctor, or the local county health department. They are familiar with these forms and are aware parents must provide them to their child care provider.

These documents should have your child's name, date of birth, and an authorized medical professional's signature. The large blue immunization card (form 680) must have the immunization information and an expiration date. Make sure the immunization form is complete before you leave the doctor's office! As a parent, you have the right to receive correct, complete, and accurate information.

If you have recently moved here from another state, you will need to take your child's immunization record to a local pediatrician or county health department to be transferred to the required "680" form.

If you can't get an appointment with your doctor in time, the county health department can provide your child with the needed shots. Your county health department's contact information is:

Phone #: (239) 332-9601 www.leechd.com/Immunizations/child.html

You should be aware that Christian Life Academy can receive an administrative fine for failing to have this information. Even more importantly, they will be required to exclude your child from attending child care until these documents are received. Please cooperate with Christian Life Academy by obtaining these complete vital health records within the required time frames. Should you have any questions, please contact your local county health department or Christian Life Academy's director.

A legible copy or facsimile of a completed physical examination and DH-680 Certificate of Immunization are acceptable. However, the original documents are preferable.