

Enrollment Application/Child Participation Form

A Learning Center of Hope / 25999 Old 41 Road / Bonita Springs, FL 34135-7824

Date of Registration _____ School Year: _____ Class Room Assigned: _____

Requested Days of the week in Care: M T W T F AM PM Both

Hours of Care: _____

Student Information: Full Name: _____ Age: _____

Child's Date of Birth: _____ Sex: _____ Child Lives with: _____

Child's Physical Address: _____

Name and Ages of Sibling: _____

Toilet Trained? _____ At what age? _____

What do you like most about your child: _____

How do you discipline your child at home: _____

Meals Typically Served While in Care: Breakfast Lunch PM Snack

Family Information Custody: Mother _____ Father _____ Both _____ Other _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-Mail: _____ E-Mail _____

Please circle the best means of communication with parents: E-Mail Work # Cell # Other

Medical Disclosure: Please list any allergies, medication, dietary restrictions or any other special concerns you would like for us to know about your child's wellbeing:

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian can not be reached.

Name (Relationship to Child) Address: Telephone #

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Helpful Information About Your Child:

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), FS., requires that parents receive a copy of the Child Care Facility Brochure, **“KNOW YOUR CHILD CARE FACILITY”**.

You received a copy of A Learning Center of Hope Parent Handbook that contains the discipline practices used by the school.

You received an Influenza Brochure from A Learning Center of Hope.

In the event of a medical emergency, I the undersigned authorize A learning Center of Hope to seek emergency medical care for my child as deemed necessary, by the Director or Teacher in charge.

Signature of Parent/Guardian Date: _____

Signature of Parent/Guardian Updated Date: _____

Signature of Parent/Guardian Updated Date: _____

.....
I give permission for my child to be included in video presentations and photographs at A Learning Center of Hope.

I give permission for my child to use the classroom computers.

Signature of Parent/Guardian Date: _____

I understand that my child _____ will be attending A Learning Center of Hope for the _____ school year.

Program: _____ Day/Time: _____

Tuition and Fees: _____

_____ Date of Registration: _____