

**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”**. It is posted on our website: [www.hopebonita.org](http://www.hopebonita.org). A hard copy can be provided if requested.

A Learning Center of Hope Parent Handbook that contains the discipline practices used by the school is posted on our website: [www.hopebonita.org](http://www.hopebonita.org). A hard copy of the Parent Handbook can be provided if requested.

Influenza Brochure from A Learning Center of Hope must be read by you. A copy is posted on our website: [www.hopebonita.org](http://www.hopebonita.org). A hard copy of the Influenza Brochure can be provided if requested.

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, and to have use of 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: \_\_\_\_\_