

Enrollment Application/Child Participation Form

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

E-Mail: HopepreK@gmail.com Website: www.hopebonita.org Telephone 239-992-6952

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 Address _____ E-Mail Address _____

Please Indicate 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:

All the items mentioned below can be viewed on our website: www.hopebonita.org and a paper copy can be provided upon request.

*Section 7.1 and 7.2 of the Child Care Facility Handbook, requires a current physical examination (Form3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

*Section 7.3 of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, **“KNOW YOUR CHILD CARE FACILITY”(CF/PI 175-24)**.

*Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing the disciplinary and expulsion policies used by a Learning Center of Hope. You received a copy of A Learning Center of Hope Parent Handbook that contains the discipline practices used by the school.

*Section 7.3 C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by A Learning Center of Hope. A menu is posted in your child’s classroom weekly with the meals that will be provided to your child. A Learning Center of Hope Parent Handbook contains the nutrition policies used.

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.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child’s records.

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

Signature of Parent/Guardian

Date:

Signature of Parent/Guardian

Date:

Signature of Parent/Guardian

Updated 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: _____