

FSC Preschool Enrollment Application

Actual Start Date for
Preschool _____

Student Information:

Date of Birth: _____ (must be 3 years old to enroll) Gender: _____

Full Name:

Last First Middle Nickname

Child's Address: _____



Family Information

Child Lives With: _____

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____/Cell: _____ Work Phone: _____/Cell: _____

E-mail: _____ E-mail: _____

Custody: Mother _____ Father _____ Both _____ Other _____



Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted,

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:



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 parents or legal guardian cannot be reached.

Name Address work # home#

Name Address work # home#

Name Address work # home#

Name Address work # home#



Helpful information about your child/family: _____



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."

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

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

Attendance Options

Please mark your selections below (mark all that apply):

3 Day Option / Weekly fee 3 Days Per Week M/W/F

- Half days: Morning Session (9:00 – 12:00) / \$50
- Half days Afternoon Session (12:30 – 3:30) / \$50
- Full days (9:00 – 3:30) / \$77

5 Day Option / Weekly Fee 5 Days Per Week

- Half days: Morning Session (9:00 – 12:00) / \$80
- Half days:Afternoon Session(12:30 – 3:00) / \$80
- Full Days (9:00 – 3:30) \$125

Before and After School Care Options (3 Day)

- Before School Only (7:30 – 9:00) / \$25
- After School Only (3:30 – 5:15) / \$25
- Before **AND** After School Only / \$40

Before and After School Care Options (5 Day)

- Before School Only (7:30 – 9:00) / \$40
- After School Only (3:30 – 5:15) / \$40
- Before **AND** After School Only / \$70

Registration Fee

I understand that an account will be created for my child and the \$50 non-refundable registration fee will be charged to that account.

Fee received by: _____ Date: _____