



1899 Barber Street Sebastian, FL 32958  
**Registration Form**

**Student Information:**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Child's Physical Address: \_\_\_\_\_  
\_\_\_\_\_

**Family Information:**

Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Driver's Lic # \_\_\_\_\_ Driver's Lic # \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Legal Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**Please provide a copy of custody papers to be on file with FantastiKids Academy of Sebastian**

**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: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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

Does your child have any special needs? \_\_\_\_\_  
\_\_\_\_\_

THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT IS ENROLLED: 1. Registration fee (non-refundable)2. First week tuition (non-refundable) 3. Copy of most recent Medical Examination 4. Copy of Immunization records 5. Signed Consent Form 6. Influenza Virus Brochure CF/PL 175-70)



1899 Barber Street Sebastian, FL 32958

**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 cannot be reached.*

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

**Password for security purpose:** \_\_\_\_\_

**Helpful Information About Your Child:** \_\_\_\_\_

**About my Child:**

Name and age of sibling(s): \_\_\_\_\_

My child  is  is not toilet trained.

Has your child ever been enrolled in another school?  YES  NO

If yes where?

What is the reason your child is no longer enrolled at the previous school? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT IS ENROLLED: 1. Registration fee (non-refundable)2. First week tuition (non-refundable) 3. Copy of most recent Medical Examination 4. Copy of Immunization records 5. Signed Consent Form 6. Influenza Virus Brochure CF/PL 175-70)



1899 Barber Street Sebastian, FL 32958

**Important Documents:** Please initial:

\_\_\_\_\_ **Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) prior to 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).

\_\_\_\_\_ **I have received a copy of the Child Care Facility Brochure, "Know Your Child Care Facility".**

Chapter 65C-22 PBC Rules requires that parents receive and complete a copy of the Influenza Virus Brochure

\_\_\_\_\_ **I have received a copy of the Influenza Virus Brochure completed and signed it.**

### Alternative Nutrition Plan Agreement

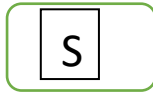
\_\_\_\_\_ **Parent Initials**

Article XII, B, PBC Rules require the parent and the center complete an Alternative Nutrition Plan Agreement if the meals or snacks are furnished by the child's parent.

**Special Dietary Requirement:** \_\_\_\_\_

**I understand and approve the use of the Alternative Nutrition Plan. I understand that I must provide breakfast and lunch for my child. I agree to provide the following snacks:**

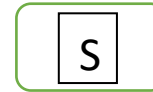
*S for School Provides*



**Breakfast**



**Lunch**



**P.M. Snack**

### Illness Policy

\_\_\_\_\_ **Parent Initials**

Any child with a temperature over 100 degrees Fahrenheit or higher will not be permitted to attend school. Children with diarrhea and/or vomiting may not attend school. A child must be fever and/or symptom-free for 24 hours in order to be readmitted. If your child was diagnosed with a contagious disease, please obtain a doctor's note in order for your child to be readmitted to school. It is important to keep your child home while sick and recovering so as not to infect the school, the other children and the staff. Any child who becomes ill in school will be isolated and made comfortable until a parent or guardian can be contacted. Parents or persons on your authorized list are expected to arrive to pick up the child as soon as possible after being notified of an illness.

**1899 Barber Street Sebastian, FL 32958**

THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT IS ENROLLED: 1. Registration fee (non-refundable) 2. First week tuition (non-refundable) 3. Copy of most recent Medical Examination 4. Copy of Immunization records 5. Signed Consent Form 6. Influenza Virus Brochure CF/PL 175-70)



1899 Barber Street Sebastian, FL 32958

### Discipline Policy

#### Parent Initials

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.

FantastiKids Academy of Sebastian follows a discipline policy which utilizes positive behavior supports and interventions. Our teachers recognize appropriate age and developmental needs for each child and will use positive techniques to teach proper behavior interaction. A child may be removed from a classroom by a teacher or the Director but will never be humiliated or treated with disrespect. Physical punishment is never tolerated at our school. If a child's behavior continues and affects his/her well-being or that of other children, the parent will be contacted, and the child may be required to go home for the rest of the day. In addition, a parent conference may be required. If acceptable resolution or behavior cannot be achieved, termination of enrollment may occur. We will always strive to provide a nurturing and positive learning environment that is conducive for each child to learn and thrive.

### Photo Release

#### Parent Initials

I  do I  do not give FantastiKids Academy of Sebastian permission to photograph my child for education and advertising purposes. I understand these photos may appear in newsletters, Facebook, on our website, at school events or even as decorations. I also understand that FantastiKids Academy of Sebastian does have video surveillance for safety and training purposes only.

### Enrichment Programs

#### Parent Initials

FantastiKids Academy of Sebastian will offer enrichment programs to each child enrolled at the school. These programs include but are not limited to dance, music, art, recreational activities, etc. These programs may require an additional cost.

### Diaper Cream/Sunscreen Application

#### Parent Initials

I  do I  do not give FantastiKids Academy of Sebastian permission to apply diaper cream and/or sunscreen on my child when necessary.

### Confidentiality Policy

#### Parent Initials

FantastiKids Academy of Sebastian will maintain confidentiality and respect all families' right to privacy, refraining from any and all disclosure of confidential information except where required or permitted by law. In addition, neither staff nor administrators will disclose children's records or have verbal communication about children with other professionals. Exceptions to this policy are suspected child abuse or neglect, pursuant to a subpoena or if a child's welfare is at risk. The School is mandated to share confidential information with agencies that may intervene on the child's behalf.

THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT IS ENROLLED: 1. Registration fee (non-refundable) 2. First week tuition (non-refundable) 3. Copy of most recent Medical Examination 4. Copy of Immunization records 5. Signed Consent Form 6. Influenza Virus Brochure CF/PL 175-70)



1899 Barber Street Sebastian, FL 32958

**Chapter 65C-22 PBC Rules requires that parents complete an AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accidents and if the parents cannot be reached.**

**Authorization for Emergency Medical Treatment for a Minor**

**I certify that I am voluntarily providing FantastiKids Academy of Sebastian with medical insurance information for my child, named below, whom I am registering in a FantastiKids Academy of Sebastian program. In the event that I cannot be reached, the physician cannot be reached or any of the alternative people I have designated for an emergency, I give permission to a representative from FantastiKids Academy of Sebastian to obtain first aid and/or emergency medical care for my child including transporting my child to the nearest emergency facility. In addition, I give permission to any physician and/or emergency facility to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate medical treatment. I understand that all medical expenses for my child, named below, are the sole responsibility of the parent(s)/guardian(s).**

Child's Name \_\_\_\_\_

Physician to be contacted in emergency \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent(s)/Guardian(s) preferred alternative if above physician is unavailable \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT IS ENROLLED: 1. Registration fee (non-refundable) 2. First week tuition (non-refundable) 3. Copy of most recent Medical Examination 4. Copy of Immunization records 5. Signed Consent Form 6. Influenza Virus Brochure CF/PL 175-70)



1899 Barber Street Sebastian, FL 32958

## **FantastiKids Academy of Sebastian Policy Agreement**

- 1. I have received the above listed items and the information on this registration form is complete and accurate. Also, I have received and read the FantastiKids Academy of Sebastian Parent Handbook and agree to abide by its policies.**
- 2. I will provide a school entry form and immunization record for my child prior to his/her start date. I agree to pay the non-refundable registration fee required at the time of registration by FantastiKids Academy of Sebastian. The fee amount is \_\_\_\_\_per child. I understand that FantastiKids Academy of Sebastian may not accept registration forms and/or complete enrollment for my child without payment of this fee. This is an annual fee and will be due during the annual registration period. A late fee of \$25.00 may be added to your account every week until the registration fee is paid in full. Re-enrollment is automatic unless the FantastiKids Academy of Sebastian two weeks written notice form has been completed and received by the Director.**
- 3. I agree to pay the weekly tuition fee of \$\_\_\_\_\_ and the tuition is due every Friday for the upcoming week and considered late after Monday. A late fee of \$25.00 will be charged if tuition is not received. We will not accept your child until your balance is paid in full. If your child attends any day of a week, a full week's tuition is due for that week. All tuition will be due in full for any missed days/weeks caused by any natural disaster (i.e. hurricanes, loss of power, etc.) and no credits, make up days or reimbursements are given for any days missed due to illness, vacation, weather emergencies, natural disasters or holiday closings.**
- 4. If your child has a VPK certificate or you have a subsidized contract (ELC, Family Central, VPK, etc.) please be aware that FantastiKids Academy of Sebastian does not receive tuition reimbursement when your child is absent. Therefore, if your child has excessive absences, you are financially responsible for tuition for the days not paid by your subsidized contractor. The Early Learning Coalition requests that we notify them immediately for excessive absences and/or absences of 5 days or more. Lack of attendance may result in termination of enrollment from the subsidized program. If your child attends wraparound VPK and there are no VPK classes held during any week, you are responsible to pay full price tuition for that week. If your subsidized contract is cancelled, expires, or is not paid for any reason, you will be financially responsible for the entire amount due.**
- 5. I understand that if I am late to pick up my child a late fee of \$5.00 may be charged to my account for every 5 minutes past 6:00p.m., per child. I also understand that repeated failure to pick up my child on time may result in enrollment termination.**
- 6. I understand that all classes at FantastiKids Academy of Sebastian begin promptly according to the published class schedule and it is my responsibility to have my child at school at his/her class start time and no later than 9:00am.**
- 7. I agree to notify FantastiKids Academy of Sebastian in writing and give two weeks advance notice if I choose to withdraw my child for any reason or I will pay the two weeks difference in tuition.**

THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT IS ENROLLED: 1. Registration fee (non-refundable) 2. First week tuition (non-refundable) 3. Copy of most recent Medical Examination 4. Copy of Immunization records 5. Signed Consent Form 6. Influenza Virus Brochure CF/PL 175-70)



1899 Barber Street Sebastian, FL 32958

- 8. I agree not to bring my child to school if he/she has a temperature over 100 orally and/or has not been fever free for 24 hours prior to attending school. I agree if my child has diarrhea and/or vomiting I will not bring him/her to school and my child must be symptom free for 24 hours prior to attending school.**
- 9. I understand that FantastiKids Academy of Sebastian will not administer medication to my child for any reason. I understand that I must make arrangements to have someone come administer medication to my child during school hours.**
- 10. I have read and understand FantastiKids Academy of Sebastian’s discipline policy which may be found on page 6 in the “Parent Handbook”.**
- 11. I understand that FantastiKids Academy of Sebastian may change policies, procedures, and pricing at any time.**
- 12. I agree to pay all costs and expenses incurred by FantastiKids Academy of Sebastian to include but not limited to court costs and attorney fees, if it becomes necessary to take action in order to enforce this agreement.**
- 13. I agree to all the policies and procedures mentioned above as well as those set forth in FantastiKids Academy of Sebastian’s “Parent Handbook”. I will read the “Parent Handbook” thoroughly and if I have any questions I will speak with the Director or Owner(s) to get clarification.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director/Owner(s)

\_\_\_\_\_  
Date

THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT IS ENROLLED: 1. Registration fee (non-refundable) 2. First week tuition (non-refundable) 3. Copy of most recent Medical Examination 4. Copy of Immunization records 5. Signed Consent Form 6. Influenza Virus Brochure CF/PL 175-70)



1899 Barber Street Sebastian, FL 32958

**Transportation/Field Trip Agreement for School Age Children (4 years-10 years)**

This is to certify that I give FantastiKids Academy of Sebastian permission to transport my child,

\_\_\_\_\_

from \_\_\_\_\_Elementary School for aftercare. In addition, I certify that I give

FantastiKids Academy of Sebastian permission to transport my child, stated above, for field trips, summer camp activities and other

special events. If I choose not to have my child participate in aftercare or any events requiring transportation,

I agree to notify FantastiKids Academy of Sebastian in advance either by written notice (dated and signed by

parent/guardian) or by phone. I am aware that if I contact FantastiKids Academy of Sebastian by phone I must speak with the

Director, Assistant Director or Owner(s) and messages will not be accepted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT IS ENROLLED: 1. Registration fee (non-refundable)2. First week tuition (non-refundable) 3. Copy of most recent Medical Examination 4. Copy of Immunization records 5. Signed Consent Form 6. Influenza Virus Brochure CF/PL 175-70)