

FantastiKids Academy of Ocala License# C05MA0212
1606 NE 22nd Avenue Ocala, FL 34470



Florida Department of Health Child Care Food Program

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Supper Eve Snack

Family Information:

Parent 1 Name: _____

Parent 2 Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____/Cell: _____

Work Phone: _____/Cell: _____

Child Lives With: Parent 1 _____ Parent 2 _____ Both Parents _____ 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: _____

Emergency Care Plan Instructions (if applicable): _____

Emergency 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#

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)

Helpful Information About Child:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) 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 of the disciplinary and expulsion policies 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. I hereby grant permission for the staff of this facility to have access to my child's records.

1st year:



Signature of Parent/Guardian

Date

Subsequent years:

Signature of Parent/Guardian

Updated Date

Signature of Parent/Guardian

Updated Date

Signature of Parent/Guardian

Updated Date

Signature of Parent/Guardian

Updated 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)

Password for security purpose: _____

I have received the following documents:

Parent Initials

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). Chapter 65C-22 FS requires that parents complete a copy of the **Influenza Virus Brochure**. CFPI 175-12 FS requires that parents receive and sign the **Distracted Driver Brochure**.

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.

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 Ocala 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 Ocala 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 Ocala does have video surveillance for safety and training purposes only.

Diaper Cream/Sunscreen Application

Parent Initials

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

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Confidentiality Policy

Parent Initials

FantastiKids Academy of Ocala 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.

Authorization for Emergency Medical Treatment for a Minor

I certify that I am voluntarily providing FantastiKids Academy of Ocala with medical insurance information for my child, named below, whom I am registering in a FantastiKids Academy of Ocala 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 Ocala 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).

Medical Insurance _____ Group # _____

Policy Holder Name _____ Policy # _____

Signature of Parent/Guardian

Date



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

This is to certify that I give FantastiKids Academy of Ocala permission to transport my child, _____ from _____ Elementary School for aftercare. In addition, I certify that I give FantastiKids Academy of Ocala permission to transport my child, stated above, for field trips, 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 Ocala 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 Ocala by phone I must speak with the Director, Assistant Director or Operations Manager and messages will not be accepted.

Signature of Parent/Guardian

Date



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FantastiKids Academy of Ocala 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 Ocala 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.**
- 3. I agree to pay the non-refundable registration/activity fee required at the time of registration by FantastiKids Academy of Ocala. The fee amount is _____ per child. I understand that FantastiKids Academy of Ocala may not accept registration forms and/or complete enrollment for my child without payment of this fee. The registration fee is an annual fee and will be due during the annual registration period. The activity fee is a weekly fee to be paid with tuition. A late fee of \$25.00 may be added to your account every week until the registration/activity fee is paid in full. Re-enrollment is automatic unless FantastiKids Academy of Ocala receives two weeks written notice.**
- 4. 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.**
- 5. If your child has a VPK certificate or you have a subsidized contract (ELC, VPK, etc.) please be aware that FantastiKids Academy of Ocala 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.**
- 6. 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 6:35p.m., per child. I also understand that repeated failure to pick up my child on time may result in enrollment termination.**
- 7. I understand that all classes at FantastiKids Academy of Ocala 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 10:00am.**
- 8. I agree to notify FantastiKids Academy of Ocala 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.**

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9. I agree not to bring my child to school if he/she has a temperature over 100 degrees 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.

10. I understand that FantastiKids Academy of Ocala 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.

11. I have read and understand FantastiKids Academy of Ocala’s discipline policy which may be found on page 6 in the “Parent Handbook”.

12. I understand that FantastiKids Academy of Ocala may change policies, procedures, and pricing at any time.

13. I agree to pay all costs and expenses incurred by FantastiKids Academy of Ocala to include but not limited to court costs and attorney fees, if it becomes necessary to take action in order to enforce this agreement.

14. I agree to all the policies and procedures mentioned above as well as those set forth in FantastiKids Academy of Ocala’s “Parent Handbook”. I will read the “Parent Handbook” thoroughly and if I have any questions I will speak with the Director or Operations Manager to get clarification.

SIGN & DATE

Signature of Parent/Guardian

Date

Signature of Director/Ops Manager

Date

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