



Enrollment Application

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

Full name: _____
Last First Middle Nickname

Child's address: _____
Street City Zip Code

Child's residence/guardian phone numbers: _____

Primary hours of care needed from: _____ to: _____ (Circle Days Needed) M T W TH F

Meals typically served during care (circle): BREAKFAST LUNCH AFTERNOON SNACK

Family Information:

Child lives with: _____
Full Name (Print) Relationship

In the custody of: MOTHER FATHER BOTH OTHER _____

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

Address: _____ Address: _____

City/State/Zip _____ City/State/Zip _____

Home & Cell Phones: _____ Home & Cell Phones: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Wk Phone: _____ Wk Phone: _____

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/Group: _____ Address: _____ Phone: _____

Doctor/Group: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: If none, state "None".

Enrollment Application (cont'd)

Contacts: Child will be released only to the parents/legal guardian and the persons listed below. The following people may be contacted and are authorized to remove the child from the facility in case of illness, accident, emergency, or upon request of the director, if for some reason a parent/legal guardian cannot be reached:

*Note: It is Florida law that parents may not be denied access to their child, unless a prevailing court order of restriction is on hand.

_____ Name	_____ Address	_____ Wk Phone	_____ Hm Phone
_____ Name	_____ Address	_____ Wk Phone	_____ Hm Phone
_____ Name	_____ Address	_____ Wk Phone	_____ Hm Phone
_____ Name	_____ Address	_____ Wk Phone	_____ Hm Phone

Helpful Information About Child: Please note anything that will help us to better serve you and your child.

Special likes or comforts when upset:

Fears or dislikes:

Dietary habits:

How he/she lets one know that they need to potty/have diaper changed:

- 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. However, Franklyn Learning Center policy requires these records within 10 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(4) (c), F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

-I have received the parent obligation/payment agreement.

-I have received a copy of the Franklyn Learning Center "Parent Handbook," which contains additional policies and procedures.

-I will return the authorization for emergency medical and first aid prior to my child's attendance.

-I agree to keep my child's information updated by informing the office in writing of any changes.

By signing below, I verify that I have received and will comply with the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date



Marketing Information

I learned about Franklyn Learning Center by: Check all that apply and feel free to elaborate ☺

____ Referral by: ____ Friend (name) _____

____ Early Learning Coalition

____ Other _____

____ Internet Search Engine _____

____ Flyer / Brochure (location?) _____

____ Other _____

What most influenced you in choosing FLC? Number in order of importance.

____ Location ____ Cost ____ What you heard from others.

____ Atmosphere ____ Staff ____ Child's reaction.

____ Other _____

Who gave you a tour of Franklyn Learning Center? _____

Have you visited our website FranklynLearningCenter.com ? ____ Yes ____ No

If so, what did you like about it? _____

What would you like to see added or improved? _____

Other comments or suggestions: _____

My permission (is / is not) given for photography for publicity purposes, in which pictures of my child/children could be posted in scrapbooks, on bulletins, our website, facebook, brochures, flyers, etc.

Should any pictures be chosen for promotional and marketing purposes, I understand that there will be no monetary or other compensation involved.

Printed Name of Child/Children

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Ask about our "Referral Plan" for an opportunity to reduce your tuition. ☺
Thanks for your help.



Emergency Authorization

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND FIRST AID

I hereby authorize the Staff and Director, representing Franklyn Learning Center to give consent for any and all necessary emergency medical treatment and First Aid care for my child,

(Child's Full Legal Name) _____,

while my child is in the care of Franklyn Learning Center, whether at the center, or on an authorized field trip.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

State of _____ County of _____

Subscribed and sworn to before me on this _____ day of _____, 20____.

My commission expires

NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant is personally known to me or their identification has been validated by _____.

Food may be brought into the facility from other families for potlucks, birthday celebrations, holiday parties, etc. These foods may be bought from a commercial vendor, or made and brought from a home. If you wish for your child to participate, please indicate below, along with any special concerns.

Permission for Outside Foods

_____ I give permission for my child

_____ I do NOT give permission for my child

to participate in any and all activities that may involve food brought from commercially licensed vendors, or from private homes.

My child is allergic to: _____

I prefer for my child not to have the following foods: _____

Child's Name Printed

Parent/Guardian Name Printed

Relationship

Parent/Guardian Signature

Date

Witness Name Printed

Position

Witness Signature

Date

Screening Permission

The first five years of life are very important to your child because this time sets the stage for success in school and later life. During infancy and early childhood, many experiences should be gained and many skills learned. It is important to ensure that each child's development is proceeding without problem during this period.

Screening is a process to determine if a child has any developmental concerns that may require further attention and follow-up.

Assessment is the process to monitor growth and development of certain skills and knowledge on an ongoing basis.

Screening and Assessment are directly linked to lesson planning and meeting the individual needs of children. Our goal is to ensure that your child is prepared to enter kindergarten at the age of five.

Franklyn Learning Center administers the Ages and Stages Questionnaire for all children ages 4 months to 5 years. This developmental screening will be administered at least once per academic year.

Information gathered from the observations and screenings will be used to help your child with developmental growth and success. These results are confidential and will be shared with you in writing or in a documented parent-teacher conference.

Permission to Screen

I give permission for my child to participate.

I do NOT give permission for my child to participate.

Child's Name (printed): _____

Child's Date of Birth: _____ If child was premature, original due date: _____

The results may be shared with the center's Jacksonville Early Literacy Partnership coaches on a need to know basis? (Please check one) YES NO

Parent/Guardian Signature

Date

Parent/Guardian's Name (printed)

Phone (home): _____ (work): _____ (other): _____