

# SWEETWATER KIDS ACADEMY

## ENROLLMENT FORM

Date of Birth: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Four Digit Security Code: \_\_\_\_\_

Full Name: \_\_\_\_\_

Last

First

Middle

Nickname

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

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: M T W Th F

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### Family Information

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

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

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

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

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

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

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

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

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### 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 any allergies, special medical or dietary needs or other areas of concern:**

Medical Insurance Policy Information: \_\_\_\_\_

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### 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 cannot be reached.

\_\_\_\_\_  
Name Address Phone #

\_\_\_\_\_  
Name Address Phone #

\_\_\_\_\_  
Name Address Phone #

Helpful Information About Child:

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- 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. (Not required for school age children)
- Section 65C-22.006(4)2, F.A.C., requires that parents are notified in writing of the disciplinary and expulsion practices used by the child care facility.
- In compliance with Federal and State requirements, parents are notified in writing of our expulsion policy.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility".
- In compliance with Florida State Law, I have been provided a copy of the brochure, "Influenza Virus, The Flu and a Guide to Parents".

By signing below, you verify that you have received the above items, a parent handbook and that all information on this enrollment form is complete and accurate.

- I consent to the enrollment of my child \_\_\_\_\_ with Sweetwater Kids Academy and agree that Sweetwater Kids Academy shall not be responsible in case of sickness or injury of this child while in attendance of Sweetwater Kids Academy or in transit to and from the facility.
- I give consent to have my child's photo taken during our normal daily routine. I also authorize use of photographs for promotional purposes.
- I give consent for my child to take part in field trips of excursions under proper supervision.
- Tuition is due Friday for the upcoming week. Tuition is based on stated weekly rate; no discounts for absences, holidays, or school closure.
- In case of early withdrawal of my child from Sweetwater Kids Academy, I agree to give a two week notice prior to withdrawal. If this notice is not given, I agree to pay one week's extra tuition fee prior to withdrawal.
- I agree that in case of accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately.
- I give my consent for my child to be transported to and from public school as needed.

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Mother's Signature

Date

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Father's Signature

Date

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Legal Guardian's Signature

Date