



Preschool of the Arts

APPLICATION FOR ENROLLMENT

Student Information

Child's Name LAST FIRST MIDDLE NICKNAME

Child's Address street city state zip

Child's Home Phone # Child's date of birth

Days of week in care... Tuesday-Thursday Monday-Wednesday-Friday Monday thru Friday

We serve children a mid-morning snack, a hot nutritious lunch, and an afternoon snack.

Family Information

Mother's Name Mother's Address street city state zip

home phone # cell phone # work phone #

Mother's e-mail Employer

Employer's address

Father's Name Father's Address street city state zip

home phone # cell phone # work phone #

Father's e-mail Employer

Employer's address

If parents are divorced who has custody (circle one) both mom dad other

If sharing custody.... What days are child living with Mom? M T W TH F living with Dad? M T W TH F

Who is the Parent or Guardian Responsible for the tuition and school bills?

What is the billing address? street city state zip

Medical Information

I hereby grant permission for the staff of this facility to contact the following medical personal to obtain emergency medical care if warranted. I give the staff, who are trained in basic first aid, permission to administer it.

Doctor address phone

Doctor address phone

Hospital Preference

Please list allergies, special medical or dietary needs or other concerns

Contacts & Child's Pick Up List

Your child will be released to the custodial parent or parents 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 costodial parent or legal guardian cannot be reached

NAME ADDRESS WORK# HOME#

NAME ADDRESS WORK# HOME#

NAME ADDRESS WORK# HOME#

NAME ADDRESS WORK# HOME#

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I hereby grant permission for the staff of Jump start Preschool to contact the medical personal or Hospital in the case of emergency if I cannot be reached. I give permission to Jump start Preschool to administer first aid to the extent personnel at the school are trained and to contact emergency care, if warranted.

\_\_\_\_\_  
Parent's signature

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I understand that if I provide my child's lunch or meal during the time period he/she is at school, I am responsible for meeting my child's nutritional needs according to the present recognized nutritional standards. I understand that if a modified diet is perscribed by a physician, I am resonsible for obtaining the physician's order, a copy of the diet and sample meal plan which will be placed in my child's records. All lunches that need to be kept cold prior to consuming them, must have a freezer pack inside a thermal lunch box.

\_\_\_\_\_  
Parent's signature

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I have received a copy of and understand the discipline policies of the school (included in the Parent/Student Handbook). I also understand that at no time will any form of physical punishment be used by any school staff member.

\_\_\_\_\_  
Parent's signature

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I give permission for my child to be photographed/videotaped in the classroom in connection with class projects/ activities and/or at school performances on stage or in the community.

\_\_\_\_\_  
Parent's signature

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I give permission for my child to touch, pet and interact with any visiting animals or class room pets. (your child will not be allowed to participate if you do not sign below. Any allergies please list them on the front of the form).

\_\_\_\_\_  
Parent's signature

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I have recieved the "Know your Child Care Facility" brochure by the Department of Children and Families, Child Care Program Office pursuant to s.402.3125(5),F.S.,

\_\_\_\_\_  
Parent's signature

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I have recieved the enrollment form and found it to be complete with all necessary information as indicated.

\_\_\_\_\_  
Director's signature

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