

Primavera Preschool, Inc.

ENROLLMENT FORM

Child's Name _____ SS# (optional) _____

D.O.B. _____ Sex _____ Date Enrolled _____

Address _____
Street City State ZIP code

Custodial Parent(s) (check one) Mother Father Both Parents Other

MOTHER'S INFORMATION

Mother's Name _____

Home Phone _____

Employment _____

Work Number _____

Cell Number _____

D.L.# _____

E-mail _____

FATHER'S INFORMATION

Father's Name _____

Home Phone _____

Employment _____

Work Number _____

Cell Number _____

D.L.# _____

E-mail _____

Preferred Physician _____ Physician Phone # _____

Physician Address _____
Street City State ZIP code

Preferred hospital in case of emergency _____

Medical alert information (Allergies, Medical and / or Handicapping conditions, additional info)

Did your child previously attend a child care center? _____

PERSONS AUTHORIZED TO REMOVE CHILD BESIDES MOTHER & FATHER (I.D. REQUIRED)

1. _____
Name Relationship Cell Phone Home Phone

2. _____
Name Relationship Cell Phone Home Phone

3. _____
Name Relationship Cell Phone Home Phone

EMERGENCY CONTACT(S) OTHER THAN PARENTS / RELATIVES / FRIENDS PICKING UP CHILD:

1. _____
Name Relationship Cell Phone Home Phone

2. _____
Name Relationship Cell Phone Home Phone

**** MORE INFORMATION REQUIRED ON BACK ****

ALTERNATE NUTRITION PLAN AGREEMENT

I understand and approve the use of the Alternative Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child’s nutritional and dietary needs.

Indicate special dietary requirements: _____
(ex: Soy / Rice / Lactaid Milk / Formula / Breast Milk / No Pork / No Beef / No Meat / Lunch / Snacks)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at Primavera Preschool, Inc. I understand that Primavera Preschool, Inc. will: (1) Contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached. Should Primavera Preschool, Inc. be unable to reach me and/or the person(s) designated, they are authorized to contact my child’s physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

SIGNATURE _____ RELATIONSHIP _____ DATE _____

HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the “KNOW YOUR CHILD’S DAY CARE FACILITY BROCHURE / FDCH BROCHURE”, and the parents are notified in writing of the “DISCIPLINARY PRACTICES” used by the child care facility. The parent’s or legal guardian’s signature certifies receipt of the child care facility brochure / fdch brochure, discipline policies and agreement of the Alternate Nutrition Plan.

SIGNATURE _____ (Distributed by Primavera Preschool, Inc.)

OFFICE USE ONLY:

Registration Fee: _____ Weekly Tuition: _____ Supply Fee: _____

Days Attending: _____ Class: _____

Comments: _____