PRIMAVERA PRESCHOOL, INC.

ENROLLMENT FORM

Child's Name _____ Soc. Sec. # _____

DOB _____ Sex _____ Date Enrolled _____

Address _____
Street City ST Zip Code

Custodial Parent(s) (Check One) ___Mother ___Father ___Both Parents ___Other Guardian

MOTHER'S/GUARDIAN INFORMATION:

Mother's Name _____
Home Phone _____
Employment _____
Work Number _____
Cell Number _____
Driver Lic # _____
E-mail _____

FATHER'S/GUARDIAN INFORMATION:

Father's Name _____
Home Phone _____
Employment _____
Work Number _____
Cell Number _____
Driver Lic # _____
E-mail _____

Preferred Physician _____ Physician Phone # _____

Physician Address _____

Preferred hospital in case of emergency _____

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

_____

_____

Did your child previously attend a childcare center? _____

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

1. _____
Name Address Cell Phone Home Phone

2. _____
Name Address Cell Phone Home Phone

3. _____
Name Address Cell Phone Home Phone

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

1. _____
Name Address Cell Phone Home Phone

2. _____
Name Address Cell Phone Home Phone

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

NUTRITION PLAN AGREEMENT

I understand and approve of the use of the Alternate Nutrition Plan.
Please select **ONE** lunch option for your child.

Mark **P** for Parent Provides or **C** for Center Provides Catered Lunch_____($20.00 per week)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at Primavera Preschool, I understand that Primavera Preschool will: (1) Contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached. Should Primavera Preschool 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 childcare facility. The parent's or legal guardian's signature certifies receipt of the childcare 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: _____ Discounts:_____ Supply fee:_____

Days attending: _____ Class: _____ Lunch fee:_____

Comments: _____

Door Code #_____Procare Code#_____ Aftercare Pickup _____



Checklist for Other Allergies

Child Name: _____

	Please ***check*** all food items your child **CAN NOT** eat	Please state if due to **preference** or **ALLERGY** and and treatment required of allergic reaction
	Pork	
	Beef	
	Fish	
	Chicken	
	Turkey	
	Peanuts/Nuts	
	Milk	
	Eggs	
	Cheese	
	Juice	
	Wheat	
	Certain fruit_____	
	Certain Vegetable_____	
	Yogurt	
	Soy	
	Beans_____	
	Gluten	
	Cinnamon	
	BBQ sauce	
	Other: indicate below	
	Parent Signature:_____	**Date:**_____

Primavera Preschool, Inc.

Authorization For Prescription and Non-Prescription Medication

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian and a note from the doctor authorizing to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's name: _____ Age: _____ Classroom: _____

1. Medication Name: _____
   Amount to be Given: _____
   Time to be Given: _____

Date & Time	Amount Given	Employee who Administered

This authorization form must be maintained and is only valid for the duration of the prescription.

I hereby give permission to dispense the medication listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

_____ _____

Parent/Guardian Signature Date

(Retain in child's file for a minimum of four months)

Primavera Contract for Services

12881 Bayou Branch Ave, Tampa, FL 33635

Preschool • Child Care • Summer Camp • VPK • School Readiness • After-School Care

Child's name: _____ Date of birth: _____

Parent/Guardian: _____ Phone: _____

Email: _____ Start date: _____

1. HANDBOOK & POLICIES: I acknowledge receipt of the Parent Handbook and agree to follow Primavera's policies and applicable program requirements.

2. TUITION & FEES: I am responsible for tuition and disclosed fees not paid by an authorized funding program. Tuition is due on the schedule provided by

Primavera. Absences do not automatically reduce tuition unless school policy or program rules allow it.

3. PAST-DUE BALANCES: Primavera may provide written notice and an itemized balance for past-due accounts. I agree to contact the office promptly about billing questions and pay amounts properly owed. Late or returned payment fees must be listed in the current written fee schedule.

4. WITHDRAWAL: I will give at least 14 calendar days' written notice before withdrawing my child. Tuition and disclosed charges remain due during the notice period, subject to applicable law and VPK/School Readiness rules. Outstanding balances are due by the final attendance date unless another arrangement is approved in writing.

5. CREDIT CARD AUTHORIZATION: I authorize Primavera Preschool, Inc. to charge this card for tuition and disclose fees due under this contract and the current fee schedule, including past-due balances after notice or an itemized statement. I may revoke authorization in writing for future charges but remain responsible for amounts properly owed.

Cardholder name: _____

Card type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ Other: _____

Credit card number: _____

Expiration date (MM/YY): _____ CVV/security code: _____ Billing ZIP: _____

6. ACKNOWLEDGMENT: I have read and agree to this contract, the Parent Handbook, and current tuition/fee schedule. Applicable law and program rules take

priority if there is a conflict.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Primavera representative: _____ Date: _____