



## PARENT ENROLLMENT CONTRACT

Name of Child: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Circle Days to attend:        **M**    **T**    **W**    **TH**    **F**    **S**

Approximate times to attend: From: \_\_\_\_\_ To: \_\_\_\_\_

I have read and understood **ALL ABOARD PRESCHOOL's** General Policies and Rules.  
I agree to pay on the first day of attendance each week a tuition fee of \$ \_\_\_\_\_ (Tuition Fees subject to change with prior notice). I understand that, due to fixed costs, I am obliged to pay the tuition fees for the schedule that I have selected whether or not my child attends. If my child is absent I may use my 2 week vacation allowance. I understand that if I fall more than 2 weeks behind with my payments my child may not attend.

I give permission for my child to be photographed and understand that my child's photo may appear in newspaper articles, on **ALL ABOARD PRESCHOOL's** website, and other professional and community publications.

I have read and understood **ALL ABOARD PRESCHOOL's** General Policies and Rules.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

---

### LIBRARY AND PARKS PERMISSION

I give permission for my child to be transported in an **ALL ABOARD** van to the Cape Coral Library on the classes designated library days. I understand that these days will be marked on the office calendar.

***For parents of Einsteins only (School age children)***

I give permission for my child to go to local parks and libraries during the vacations, on early dismissal and school off days.

I understand it is my responsibility to let the center know if my child may not attend.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

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

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Email: Email:

Employer: Employer:

Work Phone: /Cell: Work Phone: /Cell:

Custody: Mother Father Both Other

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:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

Please list allergies, special medical or dietary needs, or other areas of concern:

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 or legal guardian cannot be reached:

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

**Helpful Information About Child:**

---

---

---

---

---

- 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.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**  
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**  
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date