



Little Pilgrim Preschool **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

Meals Typically Served While In Care: AM Snack Lunch PM Snack

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Address: _____ Work Address: _____

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

Email: _____ Email: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Are you able to be reached at your place of employment during the hours that your child is at our facility? _____ If no, please indicate how we may reach you. _____

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#
------	---------	--------	-------

Name	Address	Work #	Home#
------	---------	--------	-------

- I understand that if I provide my child's lunch or snack during the time period he/she is at the facility, that I am responsible for meeting my child's nutritional needs according to present recognized nutritional standards. If a MODIFIED DIET is prescribed by a physician, the physician's orders and a copy of the DIET and a SAMPLE MEAL PLAN will be placed in my child's record for which I am responsible in obtaining for the facility.
- I understand my child is provided a daily snack.
- 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)
- 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.
- I give permission to let Little Pilgrim Preschool photograph my child and use their pictures for classroom projects and promotional purposes.

Parent Signature _____

Please check which class your child will attend:

Blue (2-3 year old) _____

Yellow (3-4 year old) _____

Red (4-5 year old) Morning VPK _____ Afternoon VPK _____