

2020-2021  
Preschool



2645 Blanding Boulevard Middleburg, FL 32068  
904.282.6691 904.406.1255 fax  
License # C04CL0002

**OFFICE Use Only:**

\_\_\_\_\_ Enrollment Date  
\_\_\_\_\_ Database Input  
\_\_\_\_\_ Database Updated

**Please Print**

**Date of Birth:** \_\_\_\_\_ **Gender:** F/M

**Full Legal Name:** \_\_\_\_\_  
Last First Middle Nickname

**Child's Physical Address:** \_\_\_\_\_  
Street City State Zip Code

**Primary Hours of Care:** From \_\_\_\_\_ To \_\_\_\_\_

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

**NOTE:** 10 hours per day or 50 hours a week are the maximum your child can be at the center.

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**Family Information:**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone (if applicable): \_\_\_\_\_ Home Phone (if applicable): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\*

**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 Relationship Cell # Work# Home#

\_\_\_\_\_  
Address City/State Zip Code

\_\_\_\_\_  
Name Relationship Cell # Work# Home#

\_\_\_\_\_  
Address City/State Zip Code

\_\_\_\_\_  
Name Relationship Cell # Work# Home#

\_\_\_\_\_  
Address City/State Zip Code

**Medical Information:**

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

I hereby grant permission for the staff of this facility to contact medical personnel to obtain emergency medical care if warranted.

Hospital Preference: \_\_\_\_\_

\*\*\*\*\*

**Religious Background:**

What church does your family attend? \_\_\_\_\_

Denomination \_\_\_\_\_

In what church activities do members of your family participate?

Worship Services/ Sunday School/Awanas/Choir/Other \_\_\_\_\_

How often do you attend Church? \_\_Weekly \_\_Monthly \_\_Quarterly \_\_Annually \_\_Special Occasions

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**Release Information/Acknowledgements:**

**Read & initial by each statement below**

\_\_\_\_\_ Rule 65C-22.006(2), F.A.C., and Section 65C-20.011(1), F.A.C., require a current physical examination (DH3040) and immunization record (DH680 or DH681) within **10 days of enrollment.**

\_\_\_\_\_ I have received a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY" as required in Section 402.3125(5), F.S., as outlined in the Parent Handbook.

\_\_\_\_\_ I have received a written copy of the disciplinary practices used by the center as required in Section 65C 22.006(4) (c) 2. F.A.C., and I'm aware they are outlined in the Parent Handbook for my reference.

\_\_\_\_\_ I understand the "Getting In; Getting Out" car safety precautions developed by the Prevention Unit of the Office of Family and Community Services, as outlined in the Parent Handbook.

\_\_\_\_\_ I understand the Rilya Wilson Act Requirements pursuant to s. 39.604, Florida Statutes, that a child who is under court-ordered protective supervision or in out-of-home care is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption, as outlined in the Parent Handbook.

\_\_\_\_\_ As required by state law, I received a copy of the brochure "Influenza Virus, The Flu, A Guide to Parents," which provides parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September, as outlined in the Parent Handbook.

\_\_\_\_\_ Tuition is to be paid on time. Your child's position will be forfeited if tuition is not paid when due.

\_\_\_\_\_ KidsFirst Learning Center has permission to photograph and video my child for classroom purposes and promotion of the center.

\_\_\_\_\_ KidsFirst staff has permission to walk with my child to the Worship Center, the Theater, Prevatt Chapel and around the church grounds.

\_\_\_\_\_ **I will provide a color copy of Photo IDs for everyone on my child's contact list to KidsFirst.**

By signing below, you verify that you have received the above items and agree to all information on this enrollment form. You acknowledge that all information you have written on this form is complete and accurate.

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

\_\_\_\_\_  
Date