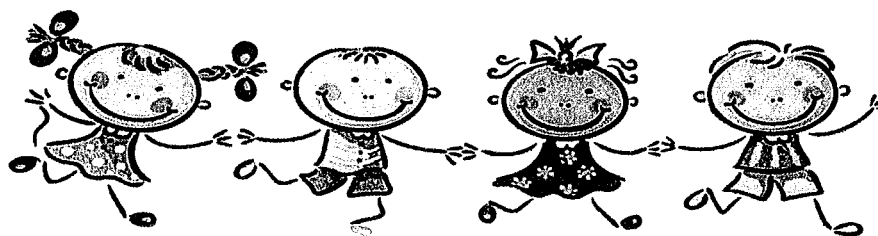


Killearn Lakes Preschool

We Love...We Laugh...We Learn



8051 Deerlake Rd E. Tallahassee, FL 32312
850.893.0134 www.killearnlakespreschool.com

Enrollment Form

Child's Name _____
First Name _____ Middle _____ Last _____
Nickname _____ DOB _____
Address _____
Physician's Name _____ Phone # _____
Allergies or Other Medical Conditions _____

Mother's Name _____
Address _____
Cell Phone # _____ Home Phone # _____
Employer _____ Work Phone # _____
Work Hours _____
Email address _____

Father's Name _____
Address _____
Cell Phone # _____ Home Phone # _____
Employer _____ Work Phone # _____
Work Hours _____
Email address _____

Parent/ Guardian with Legal Custody

Child Lives with _____ Both parents _____ Mother _____ Father _____

if parents are divorced/ separated, we must have a copy of legal documentation (including judge's signature) indicating any custody/ visitation/ restraining order/ etc. arrangements KLPS should be aware of

Names/Ages of Siblings _____

Please help us provide a better preschool experience for your child by completing the following information about your child

What would you like your child to gain from this preschool experience? _____

What activities does your child most enjoy? _____

Is your child comfortable with adults and other children? _____

Does your child have any fears or nervous habits? If yes, please explain. _____

What are your child's sleeping habits? _____

What could we do to make your child's first days an easier adjustment to the preschool? _____

Is there any other information concerning your child that you would like to share with us? _____

Media/ photo Release

Occasionally, your child may be photographed/ appear in audio inclusive videos (parades, songs, speeches, etc). These may be used several different ways, such as: on social media/ website, class pictures, etc. Your child will not be identified by name.

I give permission to include pictures/ videos of my child in center activities/ events for use on social media/ website, class pictures, etc. (Initial all that you authorize)

_____ social media/ website _____ class photos/ events

Food/ Dietary restrictions

(initial one option for your child)

_____ My child DOES NOT have a food allergy or dietary restriction

_____ My child DOES have a food allergy or dietary restriction. He or she MAY participate in activities (class parties, special snacks, birthday treats brought in from parents, etc), but MAY NOT eat or handle the following items (please list here) _____

_____ My child DOES have a food allergy or dietary restriction. He or she MAY NOT participate in activities. (class parties, special snacks, birthday treats brought in from parents, etc.)

Immunizations/ Physical Form requirements

_____ Initial here to acknowledgement of our Health Form requirements policy listed below

All children enrolled must have current Florida Immunization and Physical forms on file at all times. KLPS will give written notice 30 days prior to expiration and again 2 weeks prior to expiration. Upon expiration, if an updated/ current form is not on file your child will not be allowed to attend KLPS until the current forms are received. (no exceptions can be made)

Illness policies

_____ Initial here to acknowledgement of our illness policies listed below

- When notified by KLPS of illness, the child must be picked up within 1 hour of call
- DCF licensing requires that a child be fever free for at least 24 hours, WITHOUT MEDICATION, before returning to the childcare center. (children may not be sent to school taking ANY fever reducing medication)
- If a child has fever in conjunction with other symptoms (diarrhea, runny nose, cough, wheezing, pink eye, etc) the parent will be called to pick up the child.
- If a child is sent home for illness they may not return the following day unless prior approval from the director or assistant director is given.

Emergency Contacts

In case of an emergency or unforeseen circumstance that we cannot reach you, please indicate the name and phone number of any person(s) we should contact in your absence.

Name/ relationship _____ Home Phone _____ Work Phone _____

Name/ relationship _____ Home Phone _____ Work Phone _____

Permission for Emergency Medical Care

- If an attempt to reach parent/ guardian or Emergency contact listed fails the KLPS staff may accompany and transport my child by approved staff member's car to the Medical Center or Emergency room for medical care. An ambulance may be called if my child's medical condition warrants.
- I give permission for KLPS staff to give written consent for medical care for my child. This includes but is not limited to examination by a physician, lab tests, x-rays, or other necessary procedures ordered by a physician.
- Expenses incurred for the above medical care and ambulance transportation is the sole responsibility of the parent/ guardian.

Parent/ Guardian signature

Date

Parent/ Guardian signature

Date

Authorized Persons to Pick up your Child

By affixing my signature below, I hereby authorize Killearn Lakes Preschool to release my child to the care and custody of the below persons upon receipt of proper written notification from me. I also agree to hold Killearn Lakes Preschool harmless for any liability if my child is released to the care and custody of the below persons.

Name/ relationship _____ Home Phone _____ Work Phone _____

Name/ relationship _____ Home Phone _____ Work Phone _____

Tuition payment, Returned Check Fees, Late pickup fees, Withdrawal policy

Initial here to acknowledgement of our tuition, late fee and withdrawal policies listed below

- o Tuition can be made in two intervals
One is payable all on the first of each month with a grace period, payable by the fifth
The second option is payable twice a month, due ON the 1st of the month and ON the 5th of the month
NO grace period, so please be aware of weekends and holidays
- o Late payment fees are assessed at a rate of \$20.00/week. If payment is not current by end of month child will be dismissed from KLPs with all registration fees forfeited.
- o Returned check/ NSF fees will be assessed at \$25/ occurrence
- o Late pick up fees: Parents who pick up their children AFTER 11:30AM (for VPK), 12:30 PM (lunch bunch), 3PM/ 4PM for early pick up and 6:00PM for full day will be charged a late fee.
This fee is due at the time of the pickup.
These charges are as follows:

1-5 minutes	\$1.00/minute
6-10 minutes	\$3.00/minute
11-15 minutes	\$5.00/minute
- o Withdrawal from KLPs must be given in writing and at least 2 weeks prior to withdrawal. If written notice is not received by the Director/ Asst. Director the family will be charged the 2 weeks tuition. Any refunds due at time of withdrawal will be given after the 2 week withdrawal timeframe is complete. No registration fees or enrollment fees will be refunded.

I have received the Flu virus brochure, Discipline Policy for Killearn Lakes Preschool and "Know Your Child's Day Care Center" brochure and so acknowledge by my signature below.

Parent/ Guardian Signature

Date

For Director use only

Enrollment fee paid _____ Registration fee Paid _____
Physical form rec'd _____ Immunization record rec'd _____
Full Time _____ 3PM/4PM/6PM
Part Time (days) _____ 11:30/12:30/3PM/4PM
A/S _____ B/S _____
Potty trained _____ Not potty trained _____
Starting Date _____ Classroom _____