



State of Florida
Department of Children and Families



Child Care Application for Enrollment

Student Information

Date of Enrollment: _____

Full Name: _____ Date of Birth: _____ Sex: _____

Primary Hours of Care: From: _____ To: _____

Child Lives with: Mother: ____ Father: ____ Both: ____

Custody of: Mother: ____ Father: ____ Both: ____ Other: _____

Family Information

Mother	Father
Name:	Name:
Social Security #:	Social Security #:
Address:	Address:
City: ST: Zip:	City: ST: Zip:
Phone:	Phone:
Employer:	Employer:
Work Address:	Work Address:
City: ST: Zip:	City: ST: Zip:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
4-digit Door PIN:	4-digit Door PIN:

Emergency Contacts and Release Information

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed below. If you want a person who is not identified below to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Name	Address	Relationship	Telephone

List any Allergies:

Office Use Only:
Tuition: \$ _____ Discount: \$ _____ Type: _____ Other: _____

Medical History

This portion is to be filled out by a licensed physician, physician's assistant, or nurse practitioner who has seen the child in the last (24) months.

Child's Name: _____ Sex: ____ Birth Date: _____
Address: _____

Past illnesses (Check those that the child has had and give approximate dates):

Chicken Pox	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Whooping Cough	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	High Fever	<input type="checkbox"/>

This child is is not physically or emotionally able to participate in the preschool program named above. Comments:

Surgery / Accidents / Illnesses / Chronic or Handicap problems:

Medication(s) prescribed: _____

Allergies that staff should be aware of: _____

Prescribed routine: _____

Date of my most recent examination of child: _____

Physician Information

Primary physician's name: _____ Phone: _____

Physician's address: _____ City _____ St _____ Zip _____

Preferred hospital/clinic for emergency care: _____

Child's Insurance Provider: _____

Policy number: _____

Signature of physician, physician's assistant or nurse practitioner: _____

Child's Immunization History (please attach a copy of your child's immunization records) -
Section 10-12.025(2), F.A.C., requires a current physical examination (Form 3040) and Immunization record (Form 680 or 681) within 30 days of Enrollment.

Medical Policies and Emergency Medical Authorizations

Initial

Prior to enrollment, I must provide the center with updated medical and immunization documentation for my child. This information is to be kept current and updated in accordance with state child care regulations.	
I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.	
If my child becomes ill with a report-able contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.	
If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the Child Emergency Contact and Release.	
In case of a medical emergency, the staff will attempt to contact me, those listed in the Child Emergency Contact and Release, and lastly my physician.	
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.	
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.	
In case of a medical emergency, I will be responsible for the emergency medical expenses.	
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center	
I give my permission to this center to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. Please check which product you will permit.	
I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name.	

Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. No _____ Yes, Initial _____

Welcome New Parent

As we welcome you and your child to our center, we would like to provide you with an orientation of our program, our philosophy, curriculum, goals and daily activities. As a prospective parent, you will be greeted by the Director or Director's Assistant and will have an opportunity to discuss your needs, concerns and desires as they pertain to the type of care your child will receive while attending Small Wonders Child Care.

You will be given an in-depth tour of the center and introduced to the teachers and staff. You will then receive an enrollment packet. Once you have reviewed, completed and submitted the enrollment packet, we can answer any questions that you may have about our policies and guidelines in regards to the care of your child.

Small Wonders Child Care Guidance Policy

General Procedure **

Thoughtful direction and planning ahead are used to prevent problems and encourage appropriate behavior. Communicating consistent, clear rules and involving children in problem solving help children develop their ability to become self-disciplined. We encourage children to be fair, to be respectful of other people, of property, and to learn to understand the results of their actions.

Challenging Behavior

Children are guided to treat each other and adults with self control and kindness. When a child becomes physically aggressive, we intervene immediately to protect all of the children.

Our usual approach to helping children with challenging behaviors is to show them how to solve problems using appropriate interactions. When discipline is necessary, it is clear, consistent and understandable to the child.

Physical Restraint

Physical restraint is not used or permitted for discipline. There are rare instances when we need to ensure a child's safety or that of others and we may restrain a child by gently holding her or him only for as long as is necessary for control of the situation.

Notification of Behavioral Issues to Families

If a child's behavior/circumstance is of concern, communication will begin with the parents as the first step to understanding the child's individual needs and challenges. We will work together to evaluate these needs in the context of our program.

On rare occasions, a child's behavior may warrant the need to find a more suitable setting for care. Examples of such instances include:

- A child appears to be a danger to others.
- Continued care could be harmful to, or not in the best interest of the child as determined by a medical, psychological, or social service personnel.
- Undue burden on our resources and finances for the child's accommodations for success and participation.

Small Wonders Child Care Tuition and Fees Agreement

Payment

Payment is always due in advance with no deduction for any absences, holidays, or closures due to inclement weather, power outages, or other situations beyond our control. Payment is due as outlined in the *Small Wonders Enrollment Agreement*.

Late Pick-up Fees

Late pick-up is not a normal program option and will only be considered an exceptional occurrence. Late fees of \$10.00 per each 10-minute increment will be assessed beginning at 6:31 PM and will be due upon arrival.

Special Activity Fees

From time-to-time there will be additional fees associated with special activities or field trips. These fees are due prior to the event, activity or trip.

Yearly Supply Fee

Small Wonders will require a yearly academic supply fee of \$75.00 for each child. Payment must be made at the beginning of the academic schedule.

Late Payments and Collection Fees

Late payments can pose serious problems for our programs. Therefore we have put procedures in place to reduce their impact. If payment is not received on the day that it is due which is Monday on the week of attendance, a late fee of **\$5.00** will be added for each day that it is late, maximum of **\$20.00**. If your account has not been paid in full by Friday of the week of attendance, your child may be discharged from the program. Any unpaid Tuition more than **(10)** business days past due, may force payment recovery through a collections company and/or small claims court filing. In the event payment recovery by Small Wonders Child Care, Inc. is necessary, **you will be responsible for all expenses associated with any collection actions including any court and attorney fees.**

Returned Checks / Rejected Transaction Charges

All returned checks or rejected ACH (automatic debits) or credit card transactions will be charged a fee up to the maximum amount allowed by law. This charge may be collected electronically. Two or more returned checks or rejected transactions will result in your account being placed on a "money order" or "cash only" status.

Vacations - to retain your child's spot during vacation, the regular week's tuition is due. Tuition must be paid prior to going on vacation. These fees are non-refundable if you choose not to return.

Withdrawals – Parents are required to notify us (2) weeks in advance if the child is to be withdrawn from the program. Families who withdraw and later re-enroll will be charged a re-enrollment fee of \$75.00.

Credits & No Credits

Credit will be given for Excused Absences - if your child is hospitalized, absent due to a contagious disease, or absent at the request of the child's doctor, the absence is considered excused. A written doctor's note is required to receive a credit.

Credit will not be given for Sick Days – there are no credits for sick days. Sick days are considered in determining tuition and are not refundable.

I have read, understand and accept Small Wonders Child Care's Tuition and Collections Policies,

Signed: _____ SS# _____ Date: _____

Print Name: _____ Child's Name: _____

Office Use Only:

Tuition: \$ _____ Discount: \$ _____ Type: _____ Other: _____

Small Wonders Child Care Enrollment Agreement

Family Handbook Receipt and Enrollment Acknowledgment

I acknowledge that I have received the Small Wonders Family Handbook. I further understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them.

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.

I certify that I have read, understand, and accept all of the terms and conditions described in the Small Wonders Child Care Enrollment Agreement.

Primary Parent/Guardian/Sponsor Signature

Date

Center Staff Signature

Date

Section 402.3135 (5), F.S. requires that parents receive a copy of the Child Care Facility Brochure "KNOW YOUR CHILD'S CHILD CARE CENTER".

Section 402.305, F.S. requires Child Care Facilities to provide parents with information on the Influenza Virus in an effort to educate parents and to promote the importance of immunizing their children..

*** ProviderWatch®

This center is registered ProviderWatch®. ProviderWatch is a national childcare credit reporting agency, especially for daycare providers to run checks on clients. Many daycare providers in FLORIDA now use this service. A client's delinquent account may be reported to ProviderWatch® which will likely make it more difficult for them to find childcare providers willing to accept their children until the client's account has been reported "paid in full". Clients are welcomed to contact ProviderWatch® in the event a childcare provider informs them that their decision not to accept their children was based in whole or in part on information received from this agency. ProviderWatch® will disclose any delinquent account information on record so that the client may resolve their accounts.