



Fees & Registration

Nursery (8 weeks – 12 months)

Registration Fee		\$100.00
Weekly Tuition	6:30 - 6:30	\$150.00

12 - 24 months

Registration Fee		\$100.00
Weekly Tuition	6:30 - 6:30	\$150.00
	7:30 - 6:30	\$140.00

K-2

Registration Fee		\$150.00
Weekly Tuition	6:30 – 6:30	\$140.00
	7:30 – 6:30	\$130.00

K-3

Registration Fee		\$150.00
Weekly Tuition	6:30 – 6:30	\$130.00
	7:30 – 6:30	\$120.00

K-4

Registration Fee		\$150.00
Weekly Tuition	6:30 – 6:30	\$130.00
	7:30 – 6:30	\$120.00

Other

After School (weekly, if space is available)	\$ 50.00
Drop-In (daily, if space is available)	\$ 45.00
Part-time (3 days a week, if space is available)	\$ 85.00
Saturday (once a month Jan-Nov)	\$ 30.00
Saturday (Dec)	\$ 40.00

*Weekly tuition is due Friday for the following week. Registration and center insurance fees are due upon receipt of registration packet. Center accident insurance is in addition to your child's health insurance coverage. Registration fees include cots/mats, supplies and curriculum books for K2 – K4.



APPLICATION FOR ENROLLMENT

Student information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Primary Hours of Care: From _____ To _____

Family Information: Child lives with: _____

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

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

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

PARENT'S AGREEMENT

This form should be signed and submitted to the office. It will be attached to your child's folder at Eagle's Nest Early Learning Center, Inc.

Attach to the file of _____

1. I have read, understand, and agree to all stipulations contained in the Eagle's Nest Early Learning Center, Inc. parent handbook, which includes the discipline policy.
2. I have completed and returned the required medical form. I will return an updated medical form yearly on my child.
3. I will notify the Director if there is a change of address or telephone number.
4. I hereby give permission to Eagle's Nest Early Learning Center, Inc. for my child to receive emergency medical treatment in the event that I cannot be reached.
5. My child may () or may not () be photographed (with Director's consent) for valid purposes (such as newspaper articles, brochures, room displays, etc.)
6. My child may () or may not () participate in field trips conducted by the Center.
7. I agree to pay the sum of \$_____ weekly to Eagle's Nest Early Learning Center, Inc. as stipulated in the handbook.
8. I assume full responsibility for my child en route to and from the Center and until the time the Eagle's Nest Early Learning Center has accepted my child.
9. I understand my child will be released only to his/her parents unless otherwise authorized in writing by me. Emergency contacts must be within a 20 mile radius and available to pick up at any time during the day.
10. I understand that if I choose to contract with a staff member at Eagle's Nest Early Learning Center, Inc. to care for my child/children outside of school that I do so at my own liability holding Eagle's Nest Early Learning Center, Inc. harmless.
11. I understand the exclusion policy as stated in the parent handbook and agree to follow policy.
12. I understand that failure to comply with Eagle's Nest Early Learning Center, Inc. policies will result in suspension of childcare services.
13. I understand that if I reduce my child/children's registered attendance days and want to add the days back at a future date; there may not be space available.
14. I understand that Eagle's Nest Early Learning Center, Inc. discourages their employees from making independent child care arrangement with families at our center.
15. I understand that the registration, insurance and tuition fee is non-refundable or transferable.
16. I understand if I do not cooperate with these terms, my child(ren) will be terminated from attending Eagle's Nest Early Learning Center, Inc.
17. Eagle's Nest Early Learning Center, Inc. will not be responsible for any occurrence that may happen to your child(ren) as a result of false information given to this institution at the time of enrollment.

By signing this agreement, you are acknowledging and agreeing to the terms of the above information.

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____

Questionnaire

Child's Name: _____

Does your child have any physical ailments or difficulties that the staff should be aware of?
No () Yes (). If yes explain.

Is your child allergic to any foods? () No () Yes. If yes, please note foods.

Does your child have any other known allergies? () No () Yes. If yes, please explain.

Does your child suffer from any of the following?

Asthma	() no	yes ()
Diabetes	() no	yes ()
Allergies	() no	yes ()
Seizures	() no	yes ()

Other _____

Parent's Signature: _____

Date: _____

Rules and Regulations

1. Center will be open from 6:30 am to 6:30 pm.
2. No jewelry will be allowed. Eagle's Nest Early Learning Center, Inc. will not be responsible for stolen or lost jewelry. No hair beads are allowed.
3. Please provide your child a blanket every Monday. Blankets will remain at the center but will go home with your child on Friday for laundering.
4. Please provide your child with two changes of clothing.
5. Children are **not allowed** to bring toys to the center.
6. Parents are responsible for the attendance of their child(ren), tuition fees are still required if your child will be out for a period of time. If tuition is not paid, your child's spot will become vacant to someone on the waiting list.
7. For the benefit of other children and staff, please keep your child home if he/she has any contagious diseases such as cold, ringworm or diarrhea. **A doctor's note will be required for your child to be accepted back to the center.**
8. No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label. Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so. Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.
9. All fees must be paid **on or before the Friday** for the following week. Late fees of **\$20.00** will be applied to tuition after the 4th day after due date (Tuesday). A returned check fee of **\$30.00** will be charged for each check that is returned to us from the bank.
10. A fee of **\$20.00** will be charged for any children who are picked up **after 6:30 pm**.
11. Children will only be allowed to leave with those that are listed on the application to pick up your child unless otherwise stated by parent in advance.
12. If you have a child or children in the nursery, please provide your child's formula and necessities for the day.
13. All fees are **non-refundable** and **non-transferable**.
14. Children must wear closed toed shoes at all times. Children with open toed shoes will not be allowed on the playground.
15. Breakfast and 2 snacks will be provided. Parents are required to pack a healthy lunch.