



APPLICATION FOR ENROLLMENT - INFANT

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 _____

Please give us information about your child's habits and needs.

Special Health Conditions _____

Special Interests and abilities _____

Has your child had any of the following? Please circle.

Premature Birth Trouble breathing at birth

Birth injury or defect Head injury

Convulsions/seizures

Allergies (eczema, hives, drug, food intolerance, hay fever, wheezing, asthma, insect stings)

Describe _____

How do you comfort your child? _____

What are your child's favorite toys? _____

What are your child's favorite activities? _____

What language(s) are spoken in your home? _____

EATING HABITS

Is your baby breast-fed? YES ___ NO ___ Bottle-fed? YES ___ NO ___

Type of bottle _____ Nipple _____ Formula _____

How much? (ozs) _____ How often? _____

Does your child need to be burped? YES ___ NO ___

Type of food Amount: Times:

Cereal _____

Fruit _____

Vegetables _____

Meat/Protein _____

Other fluids _____

(juices, water)

Does your child have any feeding problems? YES ___ NO ___

If YES, what are they? _____

SLEEPING HABITS

How does your child go to sleep at home? _____

Does your child use a pacifier at naptime? YES ___ NO ___

Does your child cry when going to sleep? YES ___ NO ___

What is your child's current sleeping schedule?

Night time: from _____ to _____

AM nap: from _____ to _____

PM nap: from _____ to _____

Does your child sleep on his/her stomach _____ back _____ side _____?

DIAPERING

Does your child have frequent diaper rash? YES ___ NO ___

Do you use any ointments or powders? YES ___ NO ___

Do you use powder or ointment at every change or as needed for diaper rash? (circle)

What kind of powder or ointment do you use? _____

Is there anything else you would like to tell us about your child?

Parent Signature _____ Date _____

THINGS YOU WILL NEED TO BRING FOR YOUR INFANT

Bottles-

Formula or breast milk

Baby Cereal

Diapers for the week

Wipes

Ointments

Powder

Bibs

2 or 3 changes of clothes

Burp Cloths

Pacifiers (if needed) Please keep an extra in your child's bag

PLEASE ALWAYS LABEL:

BOTTLES and TOPS, BIBS, BLANKETS, DIAPERS, (BAG), OINTMENT, POWDER

The Center provides:

Strained fruits, strained vegetables, milk and juice

Natural juices are diluted.

Milk is introduced upon parent's request.

Adult foods are introduced upon parent's request.

Crib toys (mobile, Busy Box, Mirror, Gyms) can be provided by the parents if so desired.

Labeled favorite toys from home may be kept in your child's crib.

Your child will be provided with a cubby where you may keep a diaper bag, coats, extras, etc.

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 Your 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).
 - Section 7.3, requires that parents are provided with information detailing the causes, symptoms, and transmission of the influenza virus during the months of August and September.
 - Section 7.3, C.5, requires that parents are provided with information regarding the potential for distracted adults to fail to drop off a child at the facility and instead leave them in the adult's vehicle upon arrival at the adult's destination during the months of April and September.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records and agree to notify the facility of my child's absence by a designated time as set by the child care facility.

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 risk and 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/children 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/children 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/Guardian's Signature: _____

Date: _____

Father/Guardian'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 6:00 pm, nursery hours are from 7:30 am to 5:30 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. Picking up a child after **7:30 pm or 5:30pm for the nursery** will result in a late pickup fee of **\$5.00 per minute**. Repeated late pick-ups could result in your child's dismissal from Eagle's Nest ELC.
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, lunch, and 2 snacks will be provided.