



## ENROLLMENT FORM



Child's Name: \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) GOES BY - Nickname) \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Physical Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Days of Care: \_\_\_\_\_ Primary Hours of Care: \_\_\_\_\_ Typical Drop Off Time: \_\_\_\_\_

Section 65C-22.006(2) of the Florida Administrative Code, requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. (Reference: Sections 7.1 and 7.2 of the DCF Child Care Handbook). Not required for school-age children.

FAMILY INFORMATION	MOTHER	FATHER
Name		
Home Address Same As Student ( <input type="checkbox"/> )		
Cell Phone		
Cell Phone Carrier		
Home Phone		
Employer		
Work Phone		
E-mail Address		
Legal Custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Other Legal Custody		

**CONTACTS:** Child will be released only to the CUSTODIAL PARENT or LEGAL GUARDIAN and the persons listed below (picture ID required). The following people listed as EMERGENCY CONTACTS 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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Contact? ☐ Yes ☐ No

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Contact? ☐ Yes ☐ No

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Contact? ☐ Yes ☐ No

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Contact? ☐ Yes ☐ No

### **HEALTH & EMERGENCY PERMISSION RECORD**

I give my permission to **StarChild Academy - Waterford Lakes** (provider), licensed by the Dept. of Children & Families, to secure medical attention for my child in the event of an emergency if I cannot be reached and to hold harmless and release StarChild Academy - Waterford Lakes and its employees from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

StarChild Academy's emergency medical procedure will be to:

1. Contact parent.
2. Contact person(s) listed as Emergency contact.
3. Call Emergency medical team (911), if necessary.
4. Have Emergency medical team transport to hospital.
5. Will seek medical attention from:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Insurance Group: \_\_\_\_\_ Policy No: \_\_\_\_\_

Does the child have physical problems, mental health disorders, mental retardation, or developmental disabilities which would limit the child's participation in the center's program and activities?

☐ Yes ☐ No Specify: \_\_\_\_\_

Does the child have allergies? (Food, medications, insects, etc.)

☐ Yes ☐ No Specify: \_\_\_\_\_

Are any special procedures required in caring for the child?

☐ Yes ☐ No Specify: \_\_\_\_\_

Healthful information about your child such as eating habits, toileting, or other areas of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **KNOW YOUR CHILD CARE FACILITY**

Section 402.3125(5), Florida Statutes, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility". A copy of the Child Care Facility Brochure "KNOW YOUR CHILD CARE CENTER" is found in the StarChild Academy Parent Handbook provided at the time of enrollment. A copy of this brochure is also available on StarChild Academy's web site at [www.StarChildWaterford.com](http://www.StarChildWaterford.com). (Reference: Sections 7.3 of the DCF Child Care Handbook).

### **PHOTOS, VIDEOS & INTERNET IMAGES**

As a service to its parents, StarChild Academy has installed a camera system which allows parents and other family members who have passwords to view their child(ren) in their classrooms and on the playgrounds remotely via the Internet.

I give my permission to display photos and videos of my child via the Internet camera system. I also agree that StarChild Academy may use photos and videos of my child for newspaper articles, brochures, web sites, and other publicity purposes unless otherwise requested in writing.

### DISCIPLINE

StarChild Academy-Waterford Lakes' discipline policy includes developmentally appropriate social-emotional and behavioral health promotion practices as well as discipline and intervention procedures to prevent and respond to challenging behaviors. StarChild Academy utilizes preventive and discipline practices as learning opportunities to guide children's appropriate behavioral development.

The use of physical punishment is prohibited at StarChild Academy. Discipline consists of positive redirection and self-promoting discipline or, if necessary, time out. Time out is limited to one minute per year of age of the child per incident. Time out consists of sitting in an area facing the group, but apart, still within supervision of the teacher. The Discipline Policy is further outlined in the StarChild Academy Parent Handbook. (Reference: Section 2.8 of the DCF Child Care Handbook).

### EXPULSION/SUSPENSION

The goal of StarChild Academy-Waterford Lakes is to limit expulsion, suspension, or other exclusionary discipline (including limiting services) whenever possible. However, we reserve the right to ask parents to make alternative arrangements for the care of a child in the event that behavior becomes a problem that cannot be corrected. The Expulsion/Suspension Policy is further outlined in the StarChild Academy Parent Handbook. (Reference: Sections 7.1 and 7.2 of the DCF Child Care Handbook).

### SMOKING

Pursuant to Chapter 386, F.S., smoking, including electronic cigarette devices, is prohibited within the child care facility, all outdoor areas, during field trips, and in vehicles when being used to transport children. I acknowledge that smoking is prohibited on StarChild Academy property.

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My signature below indicates ...

- I have received and agree to abide by the terms outlined in the StarChild Academy-Waterford Lakes' Parent Handbook provided to me. This handbook includes StarChild Academy's Discipline and Expulsion policies and Food and Nutrition policy (Reference: Section 2.8 and 7.3 of the DCF Child Care Facility Handbook). A copy of the StarChild Academy Parent Handbook is also available on StarChild Academy-Waterford Lakes' website at [www.StarChildWaterford.com](http://www.StarChildWaterford.com).
- I grant permission for my child to participate in food-related activities including regular meals and snacks, classroom holiday parties, field trips, Parent's Night Out, birthday parties, learning activities, and other food-related activities.
- I grant permission for StarChild Academy's staff to have access to my child's records.
- I will notify StarChild Academy, in writing, 2 weeks prior to withdrawal so that the open position can be filled. If notification is not provided 2 weeks in advance, I am responsible for payment of tuition following the 2 weeks from the actual withdraw date.
- I understand that tuition is paid weekly in advance by the close of business Monday. If not paid by Monday, a \$15 late fee will be added to my account. If tuition and any other applicable fees are not paid as indicated, StarChild Academy-Waterford Lakes reserves the right to refuse care of my child until all fees are paid in full.
- I verify that all the information on this enrollment form is true and accurate.

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Parent / Guardian  
(Print)

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Parent / Guardian  
(Signature)

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Date

### ProCare Check In-Screen Registration

In order to check-in/out your child(ren) on a daily basis, we must first register you and any other authorized persons.

To do so, the software requires "Authorized" individuals to utilize a 4-8 digit User ID number and a 4-8 digit Password number. These numbers are not stored in our system, therefore, if you were to forget your number we would not be able to retrieve it for you.

"Authorized" individuals will use the following format: Date of Birth and last 4 numbers of your social security number or the last 4 of your cell phone number. For example:

DOB -	October 1, 1990	10 / 01 / 90
Social Security -	xxx-xx-1234	1234
Cell Number -	407-999-9999	9999

Please fill out the bottom portion of this form so that we may register your "Authorized" individuals. Should additional individuals need to be added, please see Ms. Beth or Ms. Lisette.

_____ Name - Mother	_____ Relationship	_____/_____/_____ Month/Day/Year	_____ SS# or Cell
_____ Name - Father	_____ Relationship	_____/_____/_____ Month/Day/Year	_____ SS# or Cell
_____ Name - Authorized Pick Up	_____ Relationship	_____/_____/_____ Month/Day/Year	_____ SS# or Cell
_____ Name - Authorized Pick Up	_____ Relationship	_____/_____/_____ Month/Day/Year	_____ SS# or Cell
_____ Name - Authorized Pick Up	_____ Relationship	_____/_____/_____ Month/Day/Year	_____ SS# or Cell
_____ Name - Authorized Pick Up	_____ Relationship	_____/_____/_____ Month/Day/Year	_____ SS# or Cell

## ***Tuition Payments***

As with any business, timely payments are always a concern. Tuition is due and payable weekly in advance on Friday for the forthcoming week. If the tuition is not paid by the close of business Monday (except if Monday is a holiday), a \$15 late fee will be posted to your account.

In order to expedite the tuition payment process, Tuition Express is available. Tuition Express is a safe, secure and convenient way to pay your tuition by Master or VISA card or debiting (electronic funds transfer) your checking account. Tuition Express is done every Monday morning. Forms are available at the front desk.

## ***Absent Credits***

Students attending for ONE or more days during a work week (Monday to Friday) are charged a full week. A child not attending for ANY day during the work week is charged a half week's tuition.

Absent credits for the week the child is absent are posted to accounts on Friday.

## ***Vacation Credits***

After a student has attended for one year, we will reserve his/her place for one week each anniversary year at no charge. Please notify the front desk if you have reached your anniversary date and plan to use the vacation credit.



# Tuition<sup>®</sup> Express

*Automated Payment Processing*  
*Safe – Convenient – Easy*

We are excited to offer the safety, convenience and ease of Tuition Express<sup>®</sup> — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) WATERFORD LKS KIDS ACAD to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (Initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name

Phone #

Cardholder Address

City

State

Zip

Account Number

Expiration Date

Cardholder Signature

Date

#### For Official Use Only

Date Received

Employee Signature

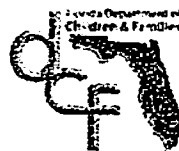
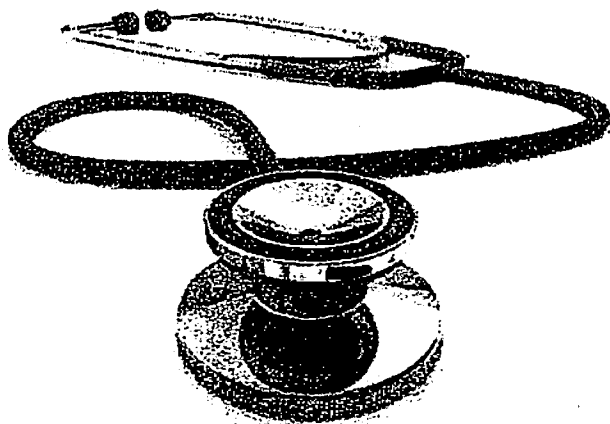
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**procure**  
SOFTWARE<sup>®</sup>

## What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



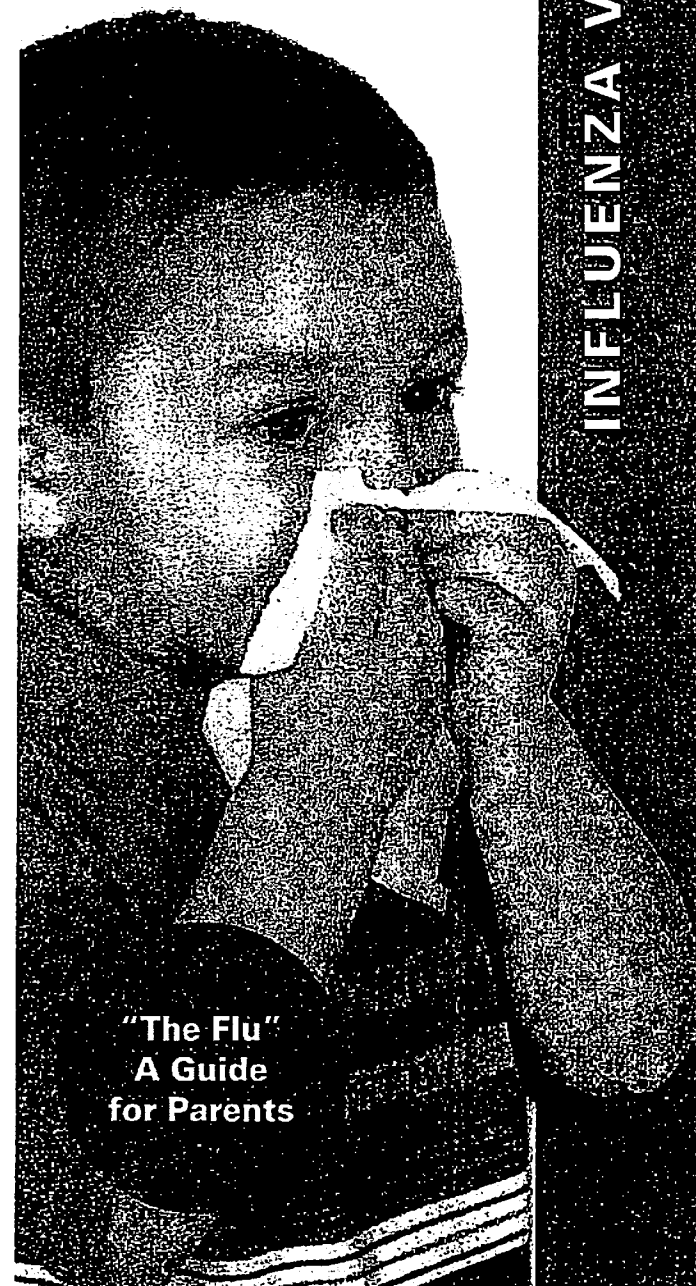
For additional information, please visit  
[www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your  
local licensing office below:

## How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

CF/PI 175-70, June 2009

*This brochure was created by the Department of Children and Families in consultation with the Department of Health.*



INFLUENZA VIRUS

**"The Flu"**  
**A Guide**  
**for Parents**

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.*



## What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



## How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

## What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



## When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>