



Application for Enrollment

Student Information Date of Birth _____ Sex _____ Start Date _____

Full Name _____
Last First Middle Nickname

Child's Physical Address _____
Street City Zip

Estimated Drop-Off Time _____ Estimated Pick-Up _____ Days in Care: M T W Th F
Year-round School Year Only Summer Camp Morning VPK Afternoon VPK

Family Information Child Lives With _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

City, Zip _____ City, Zip _____

Cell _____ Cell _____

Email _____ Email _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Custody: Mother Father Both Other _____

Medical Information

I hereby grant permission for the staff of Small Steps Academy to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Hospital Preference _____

Insurance Provider _____ Policy # _____ Phone _____

Please list allergies, special medical or dietary needs, or other areas of concern _____

Emergency Care Plan instructions (if applicable) _____

Emergency 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	Relationship	Address	Work #	Cell #

Child's Full Name _____
Last First Middle Nickname

Person(s) NOT Authorized to Pick Up Child

If a parent is listed, a copy of the court order must be on file.

Name	Relationship
Name	Relationship

Helpful Information About My Child

Acknowledgements

Lunch & Snack Policy

By my signature below, I understand that Small Steps Academy does not prepare food. I agree to provide a nutritious morning snack, lunch, and afternoon snack for my child. Per DCF regulations, all children will "have an insulated lunch box with an ice pack to keep food safe." Lunches and snacks must meet nutritional guidelines set by the USDA. We recommend that you use the new "My Plate" as a guide to ensure that your child is eating healthy and nutritious meals.

Florida Statute Compliance

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a **current physical examination** (Form 3040) **and immunization record** (Form 680 or 681) **within 30 days of enrollment.**
- Section 7.3, of the Child Care Facility Handbook, requires that **parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility"** (CF/PI 175-24), or
- Section 2.8, of the Child Care Facility Handbook, requires that **parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.**

Finally, my signature below indicates that I understand the above policies, agree to comply, and have received the items listed. Further, I attest that the information on this enrollment form is complete and accurate. I also hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian Date