



ENROLLMENT APPLICATION

16010 Greater Groves Boulevard, Clermont, FL 34714
 Telephone: (352) 242-6232
www.aquarellekids.com

(2014)

STUDENT INFORMATION			
CHILD'S NAME		DATE OF APPLICATION: _____	
_____		DESIRED START DATE: _____	
First	Last	ACTUAL START DATE: _____	
<input type="radio"/> Female <input type="radio"/> Male		DATE OF BIRTH: _____	
PROGRAM SELECTION			
INFANT THROUGH 4 YEARS		1 YEAR THROUGH 4 YEARS	
FULL TIME (Monday to Friday)		PART TIME	
<input type="radio"/> Infant <input type="radio"/> 3 years old		<input type="radio"/> Monday, Wednesday and Friday	
<input type="radio"/> 1 year old <input type="radio"/> 4 years old		<input type="radio"/> Tuesday and Thursday	
<input type="radio"/> 2 years old		<input type="radio"/> Only Mornings/Only Afternoons	
VOLUNTARY PRE-K (VPK) State funded hours (NO CHARGE)		SCHOOL AGE	
<input type="radio"/> 3 Hours VPK (School Year)		<input type="radio"/> Before and After School	
<input type="radio"/> 6 Hours VPK (Summer Program)		<input type="radio"/> Before School	
<input type="radio"/> Extended Services		<input type="radio"/> After School - School Name: _____	
		<input type="radio"/> Camps: _____	
FAMILY INFORMATION			
MOTHER – PRIMARY GUARDIAN NAME		FATHER – PRIMARY GUARDIAN NAME	
_____		_____	
First	Last	First	Last
Home address:		Home address:	
City:	Zip code:	City:	Zip code:
Place of employment:		Place of employment:	
Social security number:		Social security number:	
Home phone:	Work phone:	Home phone:	Work phone:
Cell phone:		Cell phone:	
E-mail:		E-mail:	

ENROLLMENT APPLICATION CONTINUED

MEDICAL INFORMATION

Child allergies:	Physician's name:
Special medical needs/conditions:	Physician's phone number:
Prescribed medication:	

AUTHORIZATION FOR PICK UP AND EMERGENCY
 Individuals authorized to pick up children must be at least 18 years of age and provide a valid photo ID

1. Name: Relationship: <input type="radio"/> Authorized to pick up <input type="radio"/> Contact in case of emergency	Home phone: _____ Work phone: _____ Cell phone: _____
2. Name: Relationship: <input type="radio"/> Authorized to pick up <input type="radio"/> Contact in case of emergency	Home phone: _____ Work phone: _____ Cell phone: _____
3. Name: Relationship: <input type="radio"/> Authorized to pick up <input type="radio"/> Contact in case of emergency	Home phone: _____ Work phone: _____ Cell phone: _____

In accordance with State regulations, parents are responsible for escorting children into and out of the center. The child will be released only to the parent/ legal guardian and the persons listed above. The above mentioned 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 parent/legal guardian cannot be reached. For the safety of your child, please keep the center informed as to changes in telephone numbers where you may be reached or any other contact information.

INITIALS:

Section 65C-22.006 of Florida Administrative Code requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

INITIALS:

Section 402.3125(5) of Florida Statutes requires that parents receive a copy of the child care facility brochure "KNOW YOUR CHILD CARE CENTER".

INITIALS:

Section 65C-22.006 of Florida Administrative Code requires that parents are notified in writing of the disciplinary practices used by the child care facility.

INITIALS:

HOW DID YOU HEAR ABOUT US: Newspaper Billboard Brochure Friend
 Enrolled student Website Other: _____

By signing below, you verify that you have received the above items and that all information on this Enrollment Application is complete and accurate.

PAYMENT INFORMATION

SIGNATURE OF PARENT/GUARDIAN:	Amount: _____ Balance due: _____
Please add a copy of parent/guardian's driver's license	For: _____
Date:	<input type="radio"/> <input type="checkbox"/> Cash <input type="radio"/> <input type="checkbox"/> Check #: _____ Bank: _____ Account #: _____