

Admissions Application

Today's Date: _____/_____/_____

Application for enrollment beginning (month) _____, (day) ____ (year)_____, and into (program) _____

Programs Available: Please circle preference.

Twaddlers One Year Old
Preschool Three Years Old
Kindergarten Five Years Old

Little Learners Two Years Old
PreKindergarten Four Years Old
School Age: Five-Twelve Years Old After School

Primary hours of care: From: _____ To: _____ Full Day _____ Part Time _____

Student Profile:

Name: _____
Last First Middle

Home Address: _____
Street & # City zip code

Home Phone: () _____ - _____ Date of Birth _____/_____/_____ M / F
Month Day Year

Child lives with: _____

Custody: Mother _____ Father _____ Both Parents _____

Did your child attend a formal preschool? If yes, please give the name of the school:

Please list your child's favorite games, hobbies and activities:

Describe any illnesses, physical disabilities and medical history that might affect the child's daily school involvement or physical activities:

Has your child had any educational, psychological or neurological testing?

Family Profile

Father's Name: _____

Mother's Name: _____

Home Address: _____

Home Address: _____

Street _____ City _____ Zip _____
 () _____ () _____
 Home Phone _____ Cell Phone _____

Street _____ City _____ Zip _____
 () _____ () _____
 Home Phone _____ Cell Phone _____

Father
 Occupation: _____
 email address: _____
 () _____
 Work Phone & Ext. _____

Mother
 Occupation: _____
 email address: _____
 () _____
 Work Phone & Ext.. _____

Name of siblings: _____
 Name Age School Attending

 Name Age School Attending

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, emergency, or if, for some reason the custodial parent or legal guardian cannot be reached:

Name	Address	Phone (Work)	Phone (Home or Cellular)	Relationship

Name	Address	Phone (Work)	Phone (Home or Cellular)	Relationship

Name	Address	Phone (Work)	Phone (Home or Cellular)	Relationship

Medical Information

Name of Doctor Phone # () _____ - _____

Name of Dentist Phone # () _____ - _____

Allergies/Diet Restrictions: **Special Medical Needs:**

- 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)©, F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parent(s).
- Have received and read The Junior Academy of Victoria Park Parent Handbook.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Parent Signature: _____

Date: _____

Referred by: _____