



# Creative School Age Child Care Registration Form

**FOR OFFICE USE ONLY**School Code \_\_\_\_\_  
Tuition Plan \_\_\_\_\_  
Days M T W Th F  
Fee \_\_\_\_\_**STUDENT INFORMATION**Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Enrollment Date \_\_\_\_\_**FAMILY INFORMATION**

Child lives with: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ / Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ / Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Who has legal custody of the child?  Both Parents  Mother  Father  OtherWho is permitted to remove child?  Both Parents  Mother  Father  Other**MEDICAL INFORMATION**

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

Child's Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

May the center call another physician if unable to contact the above physician?  Yes  NoSpecial instructions regarding eating habits, chronic illness, toileting, allergies or areas of concern:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**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 (2 required).

Name Address Phone Number Relationship

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- 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)
- 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

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

\_\_\_\_\_  
Signature of Person Enrolling Child\_\_\_\_\_  
Date



## 2018-2019 TUITION PLAN

**Directions:** Please choose one (1) tuition plan by checking the appropriate box.

- FULL TIME PLAN** (3-5 days per week)
- PART TIME PLAN\*** (2 days per week)
- PART TIME PLAN\*** (1 day per week)

**Directions:** If your child will not come every day, please select the day(s) they will attend by checking the appropriate box (must be the same days each week).

- Monday**       **Tuesday**       **Wednesday**       **Thursday**       **Friday**

### TUITION RATES\* per week:

**Full Time 3-5 Days**

1 Child = \$52.00  
2 Children = \$97.00  
3 Children = \$143.00  
4 Children = \$189.00

**Part Time 1 Day**

1 Child = \$15.00  
2 Children = \$28.00  
3 Children = \$41.00  
4 Children = \$54.00

**Part Time 2 Days**

1 Child = \$30.00  
2 Children = \$56.00  
3 Children = \$82.00  
4 Children = \$108.00

*\*All rates are based on 2017-2018 tuition rates; all rates are subject to change.*

**FULL TIME STUDENTS:** Tuition is paid weekly and is due on the first (1<sup>st</sup>) business day each week. A \$10 late fee will be applied if not paid by the second (2<sup>nd</sup>) business day each week.

**PART TIME STUDENTS:** Tuition is paid monthly and due on the first (1<sup>st</sup>) business day of each month. A \$10 late fee will be applied to accounts not paid by the third (3<sup>rd</sup>) business day of the month.

**ABSENCES:** I realize there are NO deductions for absences; however, if my child attends full time and is absent for a full week, I can request to only pay half my regular tuition (limited to two weeks per school year).

**OTHER FEES:** There is a registration fee of \$16.00 per child per year. A service charge of \$25 is charged on all NSF checks that are returned as insufficient funds. CSACC closes at 5:50 daily. A \$5 late fee will be charged for every 15 minutes you are late.

\_\_\_\_\_  
*Parent's Name (print)*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Child's Name (print)*

\_\_\_\_\_  
*Date*



## PERMISSION FOR FOOD RELATED ACTIVITIES

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I \_\_\_\_\_, [parent or guardian] **give / decline** [circle one] permission for my child \_\_\_\_\_ [child's name] to participate in food related activities and special occasions wherein food is consumed.

***Please provide the following information:***

My child **DOES NOT** have a food allergy or dietary restriction. He or she **MAY** participate in activities.

My child **DOES NOT** have a food allergy or dietary restriction. He or she **MAY NOT** participate in activities.

My child **DOES** have a food allergy or dietary restriction. He or she **MAY** participate in activities, but may not eat or handle the following items (please list below):

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My child **DOES** have a food allergy or dietary restriction. He or she **MAY NOT** participate in activities.

**I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.**

\_\_\_\_\_  
*Parent or Guardian*

\_\_\_\_\_  
*Date*



## PHOTO RELEASE AUTHORIZATION & OTHER BUSINESS

### PHOTO RELEASE

*Please select one:*

**YES, I GIVE** permission for my child to be photographed during the Creative School Age Child Care (CSACC) program. CSACC may use the photo in the following ways:

- Crafts or Scrapbook
- CSACC Website or Social Media
- CSACC Newsletter
- TV News station or Newspaper
- School Yearbook

**NO, I DO NOT GIVE** permission for my child to be photographed during the CSACC Program.

### OTHER BUSINESS

*Please initial.*

\_\_\_\_\_ I have received a copy of the influenza brochure, "Influenza Virus: A Guide for Parents."

\_\_\_\_\_ I have received a copy of the Creative School Age Child Care Parent Handbook.

\_\_\_\_\_  
*Parent's Name (please print)*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Child's Name (please print)*

\_\_\_\_\_  
*Date*