



Living Waters Preschool and Childcare Center, Inc.

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Do you love me...feed my lambs. John 21:15

2008-2009
School Year

Lic. #C08CH0006

APPLICATION FOR ENROLLMENT

STUDENT INFORMATION:

Date of Birth: _____ Sex: _____

Date of Enrollment: _____

Full Name: _____
LAST FIRST MIDDLE

Child's Address: _____
STREET CITY STATE ZIP

FAMILY INFORMATION:

Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Employer: _____

Employer: _____

Employer Location: _____

Employer Location: _____

Work Phone: _____

Work Phone: _____

Custody: Both _____ Mother _____ Father _____ Other _____

MEDICAL INFORMATION:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. Please write "N/A" or "No Preference", if applicable.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

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 Address Phone Number Alternate Phone Number

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Registration Fee:				
\$75 (one child) _____ \$100 (family) _____ VPK <u>No Fee</u>				

Tuition Schedule				
<i>Please mark an "X" next to your preferred tuition payment plan.</i>				
X	Ages	Hours	Days	Monthly Fee
<input type="checkbox"/>	3 - 5 YO (non-VPK)	9 a.m. - 1 p.m.	Monday - Thursday	260.00
<input type="checkbox"/>	VPK (4 YO by 9/1/08)	9 a.m. - 1 p.m.	Monday - Thursday	FREE
<input type="checkbox"/>	3 - 5 YO (non-VPK)	9 a.m. - 3 p.m.	Monday/Tuesday/Thursday	280.00
<input type="checkbox"/>	VPK (4 YO by 9/1/08)	9 a.m. - 3 p.m.	Monday/Tuesday/Thursday	FREE

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"

Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

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

Signature of Parent/Guardian

Date

Office Use (due with enrollment application):

____ Immunization Record ____ Medical Exam ____ Registration Fee ____ Copy of Birth Certificate