

Killearn Lakes Preschool
We Love...We Laugh...We Learn



8051 Deerlake Rd E. Tallahassee, FL 32312
850.893.0134 www.killearnlakespreschool.com

Enrollment Form

Child's Name _____

First Name

Middle

Last

Nickname _____ DOB _____

Address _____

Physician's Name _____ Phone # _____

Allergies or Other Medical Conditions _____

Mother's Name _____

Address _____

Cell Phone # _____ Home Phone # _____

Employer _____ Work Phone # _____

Work Hours _____

Email address _____

Father's Name Name _____

Address _____

Cell Phone # _____ Home Phone # _____

Employer _____ Work Phone # _____

Work Hours _____

Email address _____

Please help us provide a better preschool experience for your child by completing the following information about your child

What would you like your child to gain from this preschool experience? _____

What activities does your child most enjoy? _____

Is your child comfortable with adults and other children? _____

Does your child have any fears or nervous habits? If yes, please explain. _____

What are your child's sleeping habits? _____

What could we do to make your child's first days an easier adjustment to the preschool? _____

Is there any other information concerning your child that you would like to share with us? _____

Outside Services

_____ I understand that if my child needs outside services during their enrollment at KLPS, including but not limited to speech, physical/ occupational therapy that I will need to provide in writing (email is fine) the permission to allow these services to occur on site at KLPS.

Media/ photo Release

Occasionally, your child may be photographed/ appear in audio inclusive videos (parades, songs, speeches, etc). These may be used several different ways, such as: on social media/ website, class pictures, etc. Your child will not be identified by name.

I give permission to include pictures/ videos of my child in center activities/ events for use on social media/ website, class pictures, etc. (Initial all that you authorize)

_____ social media/ website _____ class photos/ events

Nap things

_____ I understand that nap things (crib sheet) MUST be provided each week for my child in order to nap at KLPS. If nap things are forgotten I realize that KLPS is not allowed to provide them and I will be called and asked to bring some in before naptime (12:30). **This does not apply to the Blue infant room. Pack N Play sheets are provided in that class to stay in compliance with the tight fitting sheet requirements for those beds** All bedding from home MUST BE taken home and washed on my child's last day in attendance each week (even if they only attended for one day that week).

Food/ Dietary restrictions

(initial one option for your child)

_____ My child DOES NOT have a food allergy or dietary restriction

_____ My child DOES have a food allergy or dietary restriction. He or she MAY participate in activities (class parties, special snacks, birthday treats brought in from parents, etc), but MAY NOT eat or handle the following items (please list here) _____

_____ My child DOES have a food allergy or dietary restriction. He or she MAY NOT participate in activities. (class parties, special snacks, birthday treats brought in from parents, etc.)

DCF Food safety guidelines

_____ I understand that per DCF guidelines the following foods are not allowed in my child's lunchbox if they are not cut: whole hotdogs (may only be sent in IF cut to 1/2" pieces), chips (must be broken up and not whole for under age 2), whole grapes (may only be sent in IF cut to 1/2" pieces), cheese cubes (may only be sent in IF cut to 1/2" pieces), whole carrots/ snack size (may only be sent in IF cut to 1/2" pieces) and any food that is similar shape and size of the trachea/ windpipe*

_____ I understand that the following foods are not permitted in my child's lunchbox AT ALL per DCF guidelines, regardless of their age: popcorn, sodas, candy, nuts, pretzel nuggets (filled or otherwise)

*I understand that KLPS is not responsible for cutting my child's food to meet size requirements so some foods may not be served to my child and a note sent home

Field Trip, Sunscreen, Bug Spray, Diaper cream permission

_____ I give full permission for Killearn Lakes Preschool staff to walk my child to Killearn Lakes Elementary school for various activities. These activities include but are not limited to before/ afterschool transport and walks in a buggy/ stroller. Once the activity is complete, we will return to the preschool. We will never be more than half a mile from Killearn Lakes Preschool and always on foot or in a buggy/ stroller.

_____ I give full permission to KLPS to apply Sunscreen, Bug spray and diaper cream/ ointment when sent in from home. I understand that by initialing this, the over the counter items listed above will be used on my child as needed for sun exposure, prevention of bug bites, diaper rash, etc. I further understand that if I have not provided these items from home they are not allowed to be administered by KLPS. (items are not required)

Immunizations/ Physical Form requirements

_____ All children enrolled must have current Florida Immunization and Physical forms on file at all times. KLPS will give written notice 30 days prior to expiration and again 2 weeks prior to expiration. Upon expiration, if an updated/ current form is not on file your child will not be allowed to attend KLPS until the current forms are received. (no exceptions can be made). If there is a religious or medical exemption the appropriate form must also be signed by a medical professional and on file with KLPS.

Illness policies

_____ Initial here in acknowledgement of our illness policies listed below

- When notified by KLPS of illness, the child must be picked up within 1 hour of the call
- DCF licensing requires that a child be fever free for at least 24 hours, **WITHOUT MEDICATION**, before returning to the childcare center. (children may not be sent to school taking ANY fever reducing medication)
- If a child has fever in conjunction with other symptoms (severe coughing, barking cough, difficult or rapid breathing, diarrhea, runny nose, etc) the parent will be called to pick up the child and cannot return until symptoms have not been present FOR AT LEAST 24 HOURS and no fever reducing medicine is being taken.
- I understand that if my child is diagnosed with any of the following he/ she may not return to school without **WRITTEN** permission from a medical professional: exposed skin lesions, unusually dark urine/ gray or white stool, bronchitis, pneumonia, strep throat, flu, croup, pink eye, pneumonia, RSV, Hand Foot & Mouth, Fifth's Disease, chicken pox, measles, etc.
- If my child needs medication when he/ she returns to school I understand it must be provided to KLPS in the **ORIGINAL** container listing the child's name, dosing, directions and contact information for the Drs office (phone #). I also understand that it must be left **ONLY** with the Director/ Asst. Director and a DCF medication form completed before it is allowed to be administered.

Tuition payment, Returned Check Fees, Late pickup fees, Withdrawal policy

_____ Initial here in acknowledgement of our tuition policy

Tuition can be made in two intervals

One is payable all on the first of each month with a grace period, payable by the fifth

The second option is payable twice a month, due ON the 1st of the month and ON the 5th of the month

NO grace period, so please be aware of weekends and holidays

_____ Initial here in acknowledgement of our late fee policy

- Late payment fees are assessed at a rate of \$20.00/week. If payment is not current by end of month child will be dismissed from KLPS with all registration fees forfeited.
- Returned check/ NSF fees will be assessed at \$25/ occurrence
- Late pick up fees: Parents who pick up their children **AFTER 11:30AM** (for VPK), **12:30 PM** (lunch bunch), **3PM/ 4PM for early pick up** and **6:00PM for full day** will be charged a late fee.

This fee is due at the time of the pickup.

These charges are as follows:

1-5 minutes	\$1.00/minute
6-10 minutes	\$3.00/minute
11-15 minutes	\$5.00/minute

_____ Initial here in acknowledgement of our Withdrawal policy

Withdrawal from KLPS must be given in writing and at least 2 weeks prior to withdrawal. If written notice is not received by the Director/ Asst. Director the family will be charged the 2 weeks tuition. Any refunds due at time of withdrawal will be given after the 2 week withdrawal timeframe is complete. No registration fees or enrollment fees will be refunded.

Emergency Contacts

In case of an emergency or unforeseen circumstance that we cannot reach you, please indicate the name and phone number of any person(s) we should contact in your absence.

I understand that if my child will not be in attendance and I have not notified KLPS in advance I must notify them to confirm the absence by 10AM or KLPS will make an attempt to call/ text the parent/ guardian to confirm the absence. If neither the parent or guardian can be reached I understand that KLPS is REQUIRED to contact the Emergency contact listed below to confirm that the child is safe per DCF guidelines.

Name/ relationship _____ HomePhone _____ Work Phone _____

Name/ relationship _____ HomePhone _____ Work Phone _____

Permission for Emergency Medical Care

- If an attempt to reach parent/ guardian or Emergency contact listed fails the KLPS staff may accompany and transport my child by approved staff member's car to the Medical Center or Emergency room for medical care. An ambulance may be called if my child's medical condition warrants.
- I give permission for KLPS staff to give written consent for medical care for my child. This includes but is not limited to examination by a physician, lab tests, x-rays, or other necessary procedures ordered by a physician.
- Expenses incurred for the above medical care and ambulance transportation is the sole responsibility of the parent/ guardian.

Parent/ Guardian signature

Date

Parent/ Guardian signature

Date

Authorized Persons to Pick up your Child

I hereby authorize Killearn Lakes Preschool to release my child to the care and custody of the below persons upon receipt of PRIOR written/ text notification from me. I understand that my child will NOT be released to the persons listed below until WRITTEN permission has been obtained. I also agree to hold Killearn Lakes Preschool harmless for any liability if my child is released to the care and custody of the below persons. This person MUST have the proper child restraint to transport my child or KLPS is not permitted to allow them to be released.

Name/ relationship _____ HomePhone _____ Work Phone _____

Name/ relationship _____ HomePhone _____ Work Phone _____

Parent/ Guardian with Legal Custody

Child Lives with _____ Both parents _____ Mother _____ Father _____

if parents are divorced/ separated, we must have a copy of legal documentation (including judge's signature) indicating any custody/ visitation/ restraining order/ etc. arrangements KLPS should be aware of

Names/Ages of Siblings _____

I have received the Flu virus brochure, Discipline Policy for Killearn Lakes Preschool and "Know Your Child's Day Care Center" brochure and so acknowledge by my signature below. I give full permission for the Director of KLPS to provide the teachers in my child's classroom this Enrollment form and that it will be used ONLY for informational and safety purposes in taking care of my child and will not be used outside of KLPS.

Parent/ Guardian Signature

Date

For Director use only

Enrollment fee paid _____ Registration fee Paid _____

Physical form rec'd _____ Immunization record rec'd _____

Full Time _____ 3PM/4PM/6PM

Part Time (days) _____ 11:30/12:30/3PM/4PM

A/S _____ B/S _____

Potty trained _____ Not potty trained _____

Starting Date _____ Classroom _____