

Giggles Preschool & Daycare, Inc.
1320 Culver Drive NW, Ste. 10
Palm Bay, Florida 32907

APPLICATION FOR ADMISSION

PLEASE PRINT CLEARLY / 1 FORM PER CHILD

STUDENT INFORMATION:

FUNDER: ___ ELC ___ PRIVATE ___ VPK

Child's Full Name:	Today's Date:
Address:	Date of Birth:
	Gender: Boy / Girl
Nickname:	
Child's Primary Language:	
Previous Preschool/Child Care Center Attended: _____ How long? _____ May we call the previous facility? Yes or No Reason for withdrawal: _____ * We may call your previous child care provider to see if there is a balance that is owed to them.	

FAMILY INFORMATION:

Legal Guardian: Foster / Grand / Mother's Name:	Home Number:
	Cell Number:
Name of Business/Occupation/Title:	Business Number/ext:
Business Address:	
Driver License Number:	

Legal Guardian: Foster / Grand / Father's Name:	Home Number:
	Cell Number:
Name of Business/Occupation/Title:	Business Number/ext:
Business Address:	
Driver License Number:	

Custody: Mother _____ Father _____ Both _____ Grandmother/father _____ Other _____

Child lives with:

DESIRED PROGRAMS:

Application is being made for: (Please check one)

- 1 year old
- 2 year old
- 3 year old
- 4 year old
- VPK
- Elementary: K 1st 2nd 3rd 4th 5th (Please circle grade)
- Summer Camp Program

- | | | |
|---|-----------------------------|---|
| <input type="checkbox"/> 5- 1/2 day educational program- Part time
6:00 am to 12:00 pm
or 12:00 pm to 6:00 pm | <input type="checkbox"/> AM | <input type="checkbox"/> PM (check one) |
| <input type="checkbox"/> 3- 1/2 day educational program- Part time
6:00 am to 12:00 pm
or 12:00 pm to 6:00 pm | <input type="checkbox"/> AM | <input type="checkbox"/> PM (check one) |
| <input type="checkbox"/> 5 day educational program- Full time
6:00 am to 6:00 pm | | |
| <input type="checkbox"/> 3 day educational program- Part time
6:00 am to 6:00 pm | | |
| <input type="checkbox"/> Before & after school care
6:00 am to 7:15 am AND 2:20 pm to 6:00 pm | | |
| <input type="checkbox"/> VPK (morning only)
8:30 am to 11:30 am | | |
| <input type="checkbox"/> VPK Wrap-around (continued care before and after VPK is over) | | |

SCHOOL AGE STUDENTS ONLY - My child will be picked up at:

Current School: _____

School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements **Parent/Guardian initials:** _____

Any changes in the desired program must be approved & agreed in advance by Provider and a new contract must be written. Parent/Guardian initials: _____

Medical Information:

I hereby give Giggles Preschool & Daycare, Inc. permission to administer basic first aid and/or CPR to my child and/or to take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health

I also hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

Note: Parent(S) or Guardian will be responsible for any medical/hospital treatment, co-pays to your insurance company or ambulance service.

Contacts & Persons Permitted to remove child- Mother: Yes No / Father: Yes No

Child will be released only to the custodial parent or legal guardian and the persons listed below. In case you are not able to pick up your child, you will still need to call the Center & let us know if your contact person(s) will be picking up your child(ren). We will not release your child(ren) to your contact person until we hear from you. Please make sure that your contact person has their ID with them. We will need to make a copy and place in your child's folder. 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/relationship _____	Address _____	Wk# _____	Hm# _____
Name/relationship _____	Address _____	Wk# _____	Hm# _____
Name/relationship _____	Address _____	Wk# _____	Hm# _____
Name/relationship _____	Address _____	Wk# _____	Hm# _____

Section 65-22.006(4) F.A.C. requires that parents receive a copy of the Child Care Facility Brochure. **KNOW YOUR CHILD CARE CENTER.** The parents or legal guardian's signature, verifies receipt of the child care brochure.

Section 65C-22.006(4) requires that parents are notified in writing of the disciplinary practices used by the child care facility. The parents or legal guardian's signature verifies the parents or guardians have been notified in writing of the disciplinary practices of 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.

Parent/Guardian Signature

Date

Provider Signature

Date



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____

Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____/Cell: _____ Work Phone: _____/Cell: _____

Custody: Mother _____ Father _____ Both _____ 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.

Doctor: _____ Address: _____ Phone: _____

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	Work#	Home#
------	---------	-------	-------

Name	Address	Work#	Home#
------	---------	-------	-------

Name	Address	Work#	Home#
------	---------	-------	-------

Name	Address	Work#	Home#
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Helpful Information About Child:

- 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)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

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 Parent/Guardian

Date

Water Play Permission

We have many activities involving water throughout the year. These include, but are not limited to:

- Water Sensory Table
- Water Bottles
- Bathing a soiled Child
- Outside play

Upon signing this form you agree to permit your child: _____
Child's Name

to participate in water activities I approve I do not Approve

By signing below, you agree that this is a legally binding form. Providing false information could be grounds for termination or childcare services.

Parent/Guardian Signature

Date

Provider Signature

Date

Permission to Photograph

We love to have pictures of thing we do at school like special guests, projects we are working on, and center wide events. Therefore, we need your permission to capture these special moments on film.

I, _____
Parent or Guardian's Name

give permission to Giggles Preschool & Daycare, Inc.

to photograph my child _____
Child's Name

for the following purposes:

	Grant Permission	Decline Permission
• Display in Provider's personal scrap book	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Display in facility's scrapbook or bulletin Boards, shown to current or prospective Clients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Display still photos in facility's website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Use still photos in promotional materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• To give to your child's classmates to take home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Your child's cubby	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Student projects	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of child care services.

Parent/Guardian Signature

Date

Provider Signature

Date

Topical Lotion / Over the Counter Medication Permission Form

I, _____
Parent or Guardian's Name

give permission to _____ Giggles Preschool & Daycare, Inc. _____

to use the following on my child, _____, when
Child's Name

appropriate. **If any of the below are checked, please make sure that you supply the item(s).** Items will be stored in the office, out of reach of children. Please make sure you label the item with your child's name.

- _____ Sunscreen
- _____ Insect repellent
- _____ Desitin / A&D / cream
- _____ Baby powder
- _____ Vaseline
- _____ Sunburn relief spray / lotion / gel
- _____ Teething reliever
- _____ Hand lotion
- _____ Children's Tylenol (If you bring in this medicine, please see Office for additional paperwork)
- _____ Children's Motrin (If you bring in this medicine, please see Office for additional paperwork)
- _____ Other _____
- _____ Other _____
- _____ Other _____

Parent/Guardian Signature

Date

Provider Signature

Date

Parent Handbook Receipt

By signing below, I am indicating that I have read the Giggles Preschool & Daycare, Inc. Parent Handbook and understand the rules and regulations of Giggles. I am also indicating that I agree to abide by all rules and regulations of Giggles Preschool & Daycare, Inc. as defined in the Giggles Parent Handbook.

There may be updates to this Parent Handbook occasionally. Giggles will give you a separate addendum as the need arises. Communication is the key.

Parent/Guardian Signature

Date

Provider Signature

Date

Please sign this form and return it to Giggles with your registration packet.

Registration packet should include the following information:

- **\$50.00 Enrollment Fee**
- **First Week Tuition Fee**
- **Application Form**
- **Enrollment Forms**
- **Parent Handbook Receipt**
- **Immunization record**
- **Physical**
- **Influenza Virus, The Flu, A Guide to Parents form- Signed**

Provider-Parent/Guardian Agreement & General Policies

1. In order to secure your child's enrollment, you must:
 - a) Complete and sign the Application, Medical Form and Parent – School Agreement.
 - b) Pay the \$50.00 registration fee (per child).
 - c) Complete the HRS Medical Form 3040/680 within two weeks.
 - d) Pay first weeks tuition.
2. The tuition for all programs due in advance. In order to maintain the quality of our program and your child's participation in it, all payments must be made on time. **In the event of late payment, a \$15.00 per day late payment fee will be charged for all payments.** Your child will NOT be permitted to continue to attend if tuition is more than two weeks late.
3. Registration fee is due the 1st of January of every year. Registration fee is \$50.00.
4. Checks or money orders should be payable to Giggles Preschool and Daycare. **There will be a \$25.00 charge for returned checks.** After 2 returned checks, only cash or money orders will be accepted.

Because we are reserving a spot for your child(ren), there will be no refunds if your child must be absent due to illness, family vacation, personal reasons or domestic problems. In case of extended absences, special arrangements must be made to maintain your child's enrollment. If your child is absent, tuition still needs to be paid. TUITION IS STILL DUE EVEN IF YOUR CHILD(REN) IS ABSENT DUE TO ILLNESS, FAMILY VACATION, PERSONAL REASONS, OR DOMESTIC PROBLEMS.

If your child(ren) will not be in attendance on the tuition pay date, it is your responsibility to make payment on that day. The same policy applies if your child(ren) will be out for an extended period, such as a family vacation.

Tuition must be paid even if it's a holiday.

Tuition is due the first day of attendance, if not, late fee will be added (\$15.00).

Any changes in the agreement must be approved and agreed in advance by Provider and a new contract must be written.
5. We ask your cooperation regarding school hours. The school opens at 6:00am and closes at 6:00pm. There will be a \$15.00 late fee within the 1st 15 minutes, \$30.00 within the 2nd 15 minutes and etc. for picking your child up after 6:00pm.
6. We would ask you that you bring your child no later than 10:00am. This enables an easy transition for your child as well as the students.
7. The health of your child is very important to us. Children are very generous about sharing their diseases with each other. Therefore, we ask that you keep your child home if there are any signs of illness (cough, cold, sore throat, fever). Parents of children who come to school sick or become sick during school hours will be called to come and pick them up. In case of an emergency, every attempt will be made to contact parents. Emergency medical treatment will be sought only in case of extreme medical emergency when all efforts to reach parents have failed.
8. Giggles Preschool and Daycare hopes to be part of a full scale community learning center, and as such needs and encourage parent input, support, and participation. If you have a special talent, hobby, career, or heritage that you would like to share, please let us know.

This kind of participation will help to enrich our program and make it more unique!
9. For withdrawals, a 2 weeks advanced written notice is required. Tuition will continued to be charged if written notice is not given. You are required to pay for these 2 weeks. Parents are responsible for payment in full.
10. Children MUST be checked in AND out by parent/guardian only. This is a safety measure for your child.
11. Children will only be released to those individuals specified by the parent/guardian. If there are any changes regarding release, it must be discussed in person with the office and a written note must be filed.

12. Please supply an extra change of clothes, labeled with your child's name. Do not send children in flip-flops, sandals, or any other open toed/heel shoes. The shoes must be close toed and heel and non skid bottoms in order to play in the playground. Sneakers are recommended.
13. All children must have on file their immunization record. These guidelines are set forth by the State of Florida and administered by HRS. All records must be kept up to date.
14. Medication may be dispensed only with specific written permission from the parent or guardian. The medication must be in original container with prescription, date, child's name and physician. If a child has contagious illness, a physician's signed note must accompany the child upon return to Giggles.
15. Boo-boos and bruises will be documented and a report will be given to the parent when the child is picked up. If your child has a significant accident at the Center, parents will be notified immediately.
16. Please discuss any special restrictions that your child may have or any medical needs. Please inform the office and your child's teacher of any unusual occurrences that have happened in your child's life.
17. ALL CHILDREN MUST BE PICKED UP BY 6:00 PM.

Your signature below indicates that you have read and understand this agreement and that you abide by the terms and policies.

Parent/Guardian Signature

Date

Provider Signature / Date

Provider-Parent/Guardian Child Care Agreement

The following agreement is made between:

Parent/Guardian

and

Giggles Preschool & Daycare, Inc. for the care of: _____

Child Care Provider

Child's Name

Rate/Payment Policies:

Registration fee is: \$ 50.00 non-refundable fee, per child, per year. See General Policy for more info.

The tuition fee is: \$ _____ per week and is due every Mon Tue Wed Thur Fri Sat

Late payment fee is: \$ 15.00 per day

Late pickup fee is: \$ 15.00 within the 1st 15 minutes, \$30.00 within 2nd 15 minutes (after 6pm)

Returned check fee is \$ 25.00 per check. After 2 returned checks, only cash or money orders will be accepted.

B/A-No school day fee is \$ 15.00 added to tuition fee per each day that there is no school (B&A school children) Children attending Center for Spring & Summer Break, Christmas & Thanksgiving- full time tuition is required (tuition will be determined at that time). If not attending, then regular tuition is required regardless. The "no school day fee" is also applied to those students who do not go to school for any other reason, ex: student is on suspension & cannot go to school.

Care will be provided from _____ am/pm to _____ am/pm on the following days:

____ Monday

____ Tuesday

____ Wednesday

____ Thursday

____ Friday

Additional fees: _____

Overtime rates: \$10.00 per hour billed in full hour increments _____

Charges related to child care closings: Regular charges will apply _____

Charges for a child's absence: Regular charges will apply _____

The daycare is planned to be closed on the following days: Martin Luther King, Jr. Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day & the following day, Christmas Day & the following day, New Years Day & the following day, and Good Friday. We will close early Christmas Eve & New Years Eve. Facility may be closed on additional days not mentioned here. **Tuition must be paid even if it's a holiday.**

BECAUSE WE ARE RESERVING A SPOT FOR YOUR CHILD(REN), THERE WILL BE NO REFUNDS IF YOUR CHILD MUST BE ABSENT DUE TO ILLNESS, FAMILY VACATION, PERSONAL REASONS OR DOMESTIC PROBLEMS. IN CASE OF EXTENDED ABSENCES, SPECIAL ARRANGEMENTS MUST BE MADE TO MAINTAIN YOUR CHILD'S ENROLLMENT. TUITION IS STILL DUE EVEN IF YOUR CHILD(REN) IS ABSENT DUE TO ILLNESS, FAMILY VACATION, PERSONAL REASONS, OR DOMESTIC PROBLEMS.

If your child(ren) will not be in attendance on the tuition pay date, it is your responsibility to make payment on that day, or before. The same policy applies if your child(ren) will be out for an extended period, such as a family vacation.

The fee quoted above applies to the current fiscal year only. It may be necessary to raise fees at the beginning of each new fiscal year (July 1) to cover the cost of staff salary increases and Center supply needs, or at any other time in extreme emergencies.

I understand the tuition fee mentioned above will be made weekly, regardless of my child's absence or the observance of Giggles holidays. We understand & agree to the conditions of this contract agreement. Any changes in the agreement must be approved & agreed in advance by Provider and a new contract must be written. I have received an exact copy of this agreement for my own records.

Parent/Guardian - Date

Provider Signature – Date

Student Information Form

This form will be placed in your child's cubby.

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Mailing Address: _____

Home Phone Number: _____ Work: _____

Please list any health condition(s) that I need to be aware of: _____

Please list any food allergies that your child has: _____

Are there are holidays or celebrations, which for religious or other personal reasons, your child should not participate in? If so, please list them here:

If you have any special interests or hobbies that you would like to share with your child's class? For example, sewing, photography, storytelling, cooking or baking. If you do, please list them here: _____

How does your child usually get to and from school? _____

If there is anything else that would allow me to better help or work with your child, please me know. _____

Please list your child's favorite activities: _____

Emergency Information

This form will be at the front office.

Child's Name: _____
Birthday: _____
Home Address: _____
Home Phone: _____
Father's Name: _____
Mother's Name: _____

Important Phone Numbers:

Father- Home: _____ Work: _____ Cell: _____
Mother- Home: _____ Work: _____ Cell: _____

Alternate Emergency Contact Person(s):

Name/relationship: _____ Phone: _____
Name/relationship: _____ Phone: _____
Name/relationship: _____ Phone: _____
Name/relationship: _____ Phone: _____

Medical Information (allergies to medications, foods, other substances, etc):

Hospital Preference: _____
Child's Doctor: _____ Phone: _____

I agree that the Center may authorize the Physician of his/her choice to provide emergency medical care in the event that I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

Parent/Guardian Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

List of Items to Bring on your 1st day of school!

**** This page is for you-
please detach ****

FOR TODDLERS AND VPK STUDENTS ONLY:

For your child's first day of preschool, please make sure that you bring the following. These items will remain at the facility in your child's cubby. Please note that you will not need to take home your child's blanket & crib sheet for washing every Friday- we will take care of that.

- A complete extra change of clothes- top, bottoms, underwear & socks
- Daily supply of diapers &/or pull ups, wipes, powder, & Desitin
- Comfort items if needed (pacifier, stuffed animal etc.)
- Any emergency medical items regarding allergies
- Picture of child with family
- **Small** blanket and **crib sheet** for mat. If the blanket is too big, it cannot fit in their cubby & it will be returned home. Please NO pillows or comforters.

**** Please note that a CLEAN, smoke-free crib sheet and a small blanket is required every for nap/rest time on the 1st day of school (or if you are PT, the 1st day that the child comes in). Giggles will wash them & place your child's nap items in his/her cubby weekly. If your child(ren) has an accident during the week, it is your responsibility that a clean crib sheet & blanket come back the next day! A fee will be applied to your weekly tuition/co-pay payment if a clean blanket &/or crib sheet is not returned.**

As of January 2011, you will not need to take your child's nap/rest items home for washing on Fridays. Unless your child has an "accident", Giggles will wash & return your child's nap/rest items to their cubby on Monday.

- Bibs

Every day you will need to bring in the following with your child:

TODDLERS, PRESCHOOLERS & VPK WRAP-AROUND STUDENTS: A healthy lunch with a drink.

Please make sure that your child brings a lunch and drink.

Please make sure you notify us if your child has food allergens on the Application for Admission Form.

Please ensure that your child's lunch and drink arrive in a brown paper bag or a lunch box- NO plastic bags. To avoid mix-ups, your child's lunch box or paper bag should have your child's name on it.

IF YOUR CHILD COMES IN WITH A SIPPY CUP, PLEASE ENSURE IT HAS HIS/HER NAME ON IT. WE WANT TO MAKE SURE THE SIPPY CUP GOES BACK HOME WITH THEM.

Please no candy or sodas.