

ENROLLMENT FORM

*This form is required annually for enrollment.
Enrollment is not considered complete without this form.*

Mark an "X" by address where child lives

Child's Name:

(Last) (First) (Middle) (Nickname)

Birthdate _____ Sex: _____ Start Date/School Year: _____

Parent/Legal Guardian Information

Mother/Guardian's Information

Name _____

Please check relation to child:

___ Mother ___ Guardian

Address

Home Phone #

Employer

Work Phone #

Cell Phone #

E-mail

Father/Guardian's Information

Name _____

Please check relation to child:

___ Father ___ Guardian

Address

Home Phone #

Employer

Work Phone #

Cell Phone #

E-mail

Child's Physician _____

Address _____

Phone # _____

May Tiny Tots call another physician if unable to contact the above?

YES NO

Persons permitted to remove child and to be contacted in case of illness, accident, or emergency: (NOTE: by putting a person's name below you are allowing that person to pick up your child at any time)

Legal Mother/Guardian Yes No

Legal Father/Guardian Yes No

Name	Relationship	Phone Number

Allergies or Medical Conditions: _____

Child's parents are: married to each other separated divorced never married
Please explain any custody issues and attach any necessary paperwork. _____

By submitting this form, I agree to abide by the school policies and procedures outlined in the 2014 Parent Handbook.

Signature _____ Date _____

Developmental History

Today's Date _____

Child's Name _____ Date of Birth _____

Mother/Guardian's Name _____

Father/Guardian's Name _____

All Children

Is child a good eater? _____

Allergies (list)? _____

Does child take naps? _____

How many? _____ Times? _____

Does child sleep with a toy? _____

What childhood viruses has your child had?

Does child have physical disabilities?

Has child been hospitalized for any serious
problems? _____

Is child: Outgoing Shy

Does child enjoy being around other
adults/children? _____

Favorite toy? _____

Form of discipline used at home?

Special Instructions:

Infants

Type of formula/Breast milk?

Amount of milk baby drinks per feeding?

Does baby eat:

Cereal Baby food Finger food

Juice Snacks

Feeding times? _____

Baby's eating habits:

Does baby sleep on:

Back Side Stomach

Does baby have a pacifier or suck finger, hand or thumb?

Does baby:

Roll over Sit up hold bottle

Crawl Pull up Walk

Ones & Twos

Has child had experience playing with other children?

Does child prefer children or adults?

Can child communicate his/her needs effectively? _____

Approx. how many words can your child speak? _____

Can child speak in sentences?

Can child follow simple directions?

Can child feed him/herself?

Does child use the toilet?

What words does your child use for urination and bowel movements?

What makes your child angry or frustrated?

Does child know colors and shapes?

Activities your child enjoys:

- Books
- Music
- Physical Play
- Science/Discover
- Sorting/Counting
- Blocks/Building
- Dramatic Play
- Puzzles
- Art

Can child:

- Run
- Jump
- Hop
- Skip

Threes, Fours, & Fives

Is child potty trained?

Has child had experience playing with other children?

Does child prefer children or adults?

Can child communicate his/her needs effectively? _____

Does child speak in complete sentences?

How long is your child's attention span?

Can child follow directions?

Can child feed him/herself?

What makes your child angry or frustrated?

Can child count? _____ How high? _____

Does child know:

- Colors
- Shapes
- Alphabet

Can child:

- Cut
- Glue
- Write
- Letters

Activities your child enjoys:

- Books
- Music
- Physical Play
- Science/Discover
- Sorting/Counting
- Blocks/Building
- Dramatic Play
- Puzzles
- Art

Can child:

- Run
- Jump
- Hop
- Skip

Child's name _____

PARENTAL PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I understand that it is my responsibility to see that my child (name) _____, has regular medical examinations as required for attendance at Tiny Tots of Apopka, and that my child's immunizations are kept up to date as required by The Department of Children and Families according to his/her age. Should my child, listed above, become ill or suffer an accident of any kind while in the care of Tiny Tots of Apopka, the center shall contact the parent or guardian immediately. In the event the center is unable to reach the parent or guardian, it shall be authorized to secure such medical attention and care for the child as may be necessary. I understand that I am responsible for any fees not covered by Tiny Tots of Apopka's insurance.

Signature _____

(Parent or Guardian) (Date)

On this date the above named person appeared before me and verified that he/she understands and agrees to the above stated in the **PARENTAL PERMISSION FOR EMERGENCY MEDICAL TREATMENT**.

(Notary Public) My commission expires: _____

MEDICAL INFORMATION

My child is covered with the following medical insurance:

Insurance Company _____ Group number _____
Medicaid number _____

List all of your child's allergies: _____

List child's regular medications prescribed by your doctor:

Medication: _____
Reason: _____

Is child on a special diet? Yes No If yes please describe diet: _____

Signature _____ Date _____

Child's name _____

PERMISSION SIGN-OFF SHEET

Internet Photo Opportunities

First United Methodist Church of Apopka and Tiny Tots of Apopka are on the Internet!! We love to show off the great things happening in our school.

We are asking your permission to include your child's photos on our web site.

- Yes, you may use my child's photos on the FUMC and Tiny Tots Website.
- No, you may not use my child's photos on the FUMC and Tiny Tots Website.

Parent Signature

Date

Child's name _____

TINY TOTS OF APOPKA POLICIES AND PROCEDURES

I have read through the 2014 Parent Handbook. I understand and agree to abide by all school policies and procedures as stated in the Parent Handbook.

Parent's signature

Date

DISCIPLINE POLICY

Section 10M-12.013 of DCF Standards requires that parents are notified in writing of the discipline practices used by the child care facility. A parent's or legal guardian's signature verifies that the parent or guardian has been notified in writing of the discipline practices of the child care facility (refer to the Parent Handbook).

Parent's signature

Date

ENROLLMENT FORM SUPPLEMENT

Section 10M-12.008(2) F.A.C. of DCF Standards requires that a parents or legal guardian must receive a copy of the Child Care Facility Brochure, *Know your Child Care Center*. The parent's or legal guardian's signature verifies receipt of the child care brochure.

Parent's signature

Date

Cream/Ointment/Powder Permission Form

Tiny Tots of Apopka follows strict guidelines for administering medications to your child. All medications must be accompanied by a Medicine Authorization Form with the exception of over-the-counter cream/ ointment/powder. Because of the frequent use of these over-the-counter medications, Tiny Tots of Apopka has an alternate authorization form for your convenience. These over-the-counter medications must be kept in the original container and will only be administered as stated on the label for your child's age/weight. If your child does not reach the minimum age/weight for the medication, a doctor's note stating proper dosage for your child must accompany this form. If you wish to exercise this option, please fill out the form below.

Child's name _____

I hereby authorize Tiny Tots of Apopka and its employees to apply the following over the counter medications (i.e. sunscreen, diaper, creams, etc.), through direct instruction from me or when deemed necessary by Tiny Tots of Apopka employees. This authorization is valid until such time as I provide in writing that I desire to discontinue authorization.

Tiny Tots of Apopka employees may apply the following cream(s) ointment(s)//powder(s) to my child:

1. _____
2. _____
3. _____

Special Instructions:

Parent's signature

Date

