

2 Day _____

3 Day _____

5 Day _____

9:00am-12:00pm _____

OR

9:00am-3:00pm _____

Registration Form-Little Angels Preschool

Child's Name-Last, First, M.I.

Nick Name

Date of Birth _____ Sex _____ Date of enrollment **2017-2018**

Home Address _____

Street

City

State

Zip

Home Phone# _____ e-mail _____

Cell# (Dad) _____ Cell# (Mom) _____

Mother's Name _____ Work Phone _____

Business Name/Address _____

Father's Name _____ Work Phone _____

Business Name/Address _____

Guardian's Name _____ Work Phone _____

Business Name/Address _____

Church attend _____

Physician's Name _____ Phone # _____

Allergies _____

Medical concerns _____

Special Needs or therapy _____

Child's fears _____

Child's interests _____

Language used at home _____

Potty trained _____

List of adults authorized for emergencies & pick up your child: Please included parent's name

<u>Name</u>	<u>Phone#</u>	<u>Relationship</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

**CHILDREN WILL ONLY BE RELEASED TO THOSE INDICATED ABOVE.
IDENTIFICATION WILL BE REQUIRED**

Section 65C-22-006(2), F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680) within two weeks after your child starts.

Section 402.3124(5), F.S. requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE CENTER."

Section 65C-22-006(4)©2, F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility.

There is a \$100.00 non-refundable registration fee due at the time of registering for your child.

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

Signature

Date