

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.

Name to be Called

Date of Birth_____Sex____Date of enrollment **2018-2019**

Home Address_____

Street

City

State

Zip

E-mail_____

Mother's/Guardian's Name_____

Business Name/Address_____

Cell# (Mom/Guardian) _____

Work Phone_____

Father's/Guardian's Name_____

Business Name/Address_____

Cell# (Dad/Guardian) _____

Work Phone_____

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_____ (must be potty trained for VPK)

List of adults authorized for emergencies & pick up your child: Please included parent's name (We need 2 emergency contacts by law other than parents/guardians)

<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

How did you hear about us? (circle one)

Friend/Family

Website

Sign

Other (please specify): _____