

Persons permitted to pick up child:

Name:	Phone #	Address	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Child's Special Needs: (Please list all: food or other allergies, fears, disabilities, special needs, etc)

Medications child is currently taking _____

Doctor's Name and phone number _____

Previous Preschool Experience:

Please list names of schools attended and length of attendance.

Other Children or Adults living in home:

<u>Name:</u>	<u>Age:</u>	<u>Relationship:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about Wesley Academy? _____

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. (Required to be on file in Preschool office no later than July 18, 2008 Failure to do so will result in the surrender of both enrollment slot and registration fee of \$100.00) _____(initial)

Section 402.3125 (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) (c) 2., F. A. C., requires that parents are notified in writing of the disciplinary practices used the child care facility.

As a center we also require: Kid's Med emergency authorization to treat a minor form; Liability Release form, and a Photo Release form

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate. You also agree to all the terms and dates listed above.

Signature of Parent/Guardian

Date