



## STANDARD ENROLLMENT FORM

### CHILD'S INFORMATION

ENROLLED ON : \_\_\_/\_\_\_/\_\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

#### PRIMARY

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT# \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

#### SECONDARY

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT# \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**MARITAL STATUS BETWEEN PARENTS:** (circle) SINGLE MARRIED SEPARATED DIVORCED

IF DIVORCED INDICATE SPECIAL PROCEDURE AND/OR RESTRICTIONS: \_\_\_\_\_

### EMERGENCY CONTACT (AT LEAST ONE OTHER PERSON NOT LISTED ABOVE IS MANDATORY)

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT# \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT# \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PLEASE LIST ANY ALLERGIES YOUR CHILD MAY HAVE OR OTHER MEDICAL CONCERNS :** \_\_\_\_\_

**EMERGENCY CARE AUTHORIZATION:** I CERTIFY THAT I AM THE LEGAL GUARDIAN OF THE CHILD NAMED ABOVE, AND GIVE CONSENT FOR EMERGENCY MEDICAL CARE, SURGICAL TREATMENT, AND/OR TRANSPORTATION TO A CARE FACILITY, SHOULD MY CHILD'S CONDITION REQUIRE IT IN MY ABSENCE. I UNDERSTAND THAT, TIME AND CONDITIONS PERMITTING, REASONABLE ATTEMPTS WILL FIRST BE MADE TO CONTACT ME AND ANY DESIGNATED EMERGENCY CONTACTS IN SUCH CASE. I HERBY ASSUME ALL RESPONSIBILITY FOR SUCH ACTIONS TAKEN ON BEHALF OF MY CHILD.

FURTHERMORE I UNDERSTAND THAT THE ABOVE INFORMATION IS AN INTEGRAL PART OF MY CHILD'S RECORD. THE CENTER WILL DEPEND ON THE ACCURACY OF THE INFORMATION PROVIDED FOR MY CHILD'S SAFETY.

**PARENT/ LEGAL GUARDIAN:** \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

SIGNATURE OF AGREEMENT



## STANDARD ENROLLMENT FORM

# FAQ's Regarding RULES & REGULATIONS

The following is an outline of some of the most frequently asked questions. **You are still required to read the entire PARENT HANDBOOK** for all the rules and regulations governing our child care facility.

### Tuition Obligations:

**PAYMENTS ARE DUE ON FRIDAYS OF THE WEEK BEFORE!** We allow you to make payments on Mondays, because we understand that sometimes there are issues. ANY payment made after Monday, will result in a **late fee of \$10.00 per day**, for every day after the due date. NO EXEPTIONS!

### Attendance/ Holidays:

**CLOSED ON:** *New Years Day, Good Friday, Memorial Day, and Fourth of July, Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Day.* Although that on these Holidays our facility will be closed, **you are still obligated to pay your dues for that week**, including Holidays. Your child is allowed to be absent for **TWO** weeks, per year, without tuition dues dependent on proper notification & authorization. If child is absent for more than two weeks, or w/o authorization, tuition will be due in order for your child's place to be reserved here at Little Angels Daycare & Learning Center.

### Overview of frequently asked policies:

- **Each Child Must Have** a change of clothes, blanket, as well as a current Physical & Shot Records on a 'State of Florida Health Form'.
- ANY CHILD THAT IS NOT COMPLETELY POTTY-TRAINED (including those still in training) will need to **bring Diapers & Wipes Daily**. Our facility **does not** provide diapers or wipes, nor do we have 'extras'.
- We are open 6:00a to 6:30p, however that does not mean that we recommend a child to stay at the facility for that entire time. It is unethical, and negligent for your child to stay more than ten hours daily. We open early and close late in order to accommodate those parents that have early/ or late shifts, please be considerate of your child's emotional needs.
- **Late pick-up fee** is as follows: \$5.00 - Every Minute You are Late
- Breakfast Lunch and Snack will be provided daily. It is your responsibility to make sure that they arrive in time for each meal. **BREAKFAST ENDS AT 8:45am!**
- **NO CHILD will be permitted to enter our center after cut-off time ,10:59am!**
- **NO OUTSIDE food, toys, or personal belongings are to be brought into our center.**
- **YOU MUST MAINTAIN** your child's immunization Records AND Physical Up-To-Date!
- **ENSURE** that all your contact numbers are up-to-date, and PICK UP LIST is current.
- **YOU ARE RESPONSIBLE** for informing all those authorized to pick up your child regarding the appropriate sign in/out procedures.

Thank you for your understanding in these matters, please know that these obligations are in order to ensure a safe, fun, and developmental learning environment for your child. We do our part; we need each parent to do theirs. If you have any questions or concerns, please don't hesitate to contact us.

### PARENT HANDBOOK STATEMENT

NAME OF CHILD: \_\_\_\_\_

On \_\_\_/\_\_\_/\_\_\_

I, \_\_\_\_\_  
(Name of Parent or Legal Guardian)

**Received, Read, & FULLY UNDERSTOOD** Little Angels Daycare and Learning Center's "Parent Handbook". Moreover, I understand that I am responsible for knowing and complying with all Rules & Regulations covered in the handbook. If any information changes, I will be advised in writing.

\_\_\_\_\_  
(Signature of Acknowledgement by Parent or Legal Guardian)



**STANDARD ENROLLMENT FORM  
AUTHORIZATION FOR CHILD PICK-UP**

**CHILD'S FULL NAME** \_\_\_\_\_

LIST THE NAMES OF ALL INDIVIDUALS ALLOWED TO PICK-UP AND REMOVE YOUR CHILD FROM OUR FACILITY. ANY PERSON NOT ON THIS LIST WILL NOT BE ALLOWED TO PICK UP YOUR CHILD. THIS LIST CAN ONLY BE UPDATED IN PERSON AT OUR FRONT OFFICE. **WE WILL NOT ACCEPT PHONE CALLS, EMAILS, FAX, LETTERS, OR ANY OTHER TYPE OF NOTICE FOR REQUEST TO ADD OR REMOVE AN INDIVIDUAL.** ALL PERSONS ON THIS LIST MUST PRESENT A STATE ISSUED PHOTO I.D. UPON PICK-UP OF CHILD, PERSONS WITHOUT I.D. WILL NOT BE ALLOWED TO REMOVE YOUR CHILD. IT IS YOUR RESPONSIBILITY TO MAINTAIN AN ACCURATE PICK-UP LIST.

**PERSON(S) AUTHORIZED TO PICK-UP YOUR CHILD:**

PRINT FULL NAME:

RELATIONSHIP TO CHILD:

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/LEGAL GUARDIAN (PRINT FULL NAME) \_\_\_\_\_

SIGNATURE OF APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



## STANDARD ENROLLMENT FORM

### CONSENT AND RELEASE

CHILD'S FULL NAME \_\_\_\_\_

\*\*\*READ THE FOLLOWING STATEMENTS AND SIGN TO INDICATE FULL UNDERSTANDING\*\*\*

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#### **(1) SEEKING PRIVATE CARE DISCLOSURE**

I (PARENT/GUARDIAN OF ABOVE NAMED CHILD) DO HERBY RELEASE AND HOLD HARMLESS LITTLE ANGELS DAYCARE AND LEARNING CENTER FROM ANY LIABILITY OR ACCIDENT THAT MAY OCCUR SHOULD I RETAIN THE SERVICES OF ANY LITTLE ANGELS DAYCARE AND LEARNING CENTER EMPLOYEE, FOR THE PRIVATE CARE OF MY CHILD, OUTSIDE THE CHILD CARE FACILITY.

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SIGNATURE OF ACKNOWLEDGEMENT

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#### **(2) FILM, PHOTOGRAPHY, VIDEO SURVEILLANCE DISCLOSURE**

I (PARENT/GUARDIAN OF ABOVE NAMED CHILD) HERBY GIVE LITTLE ANGELS DAYCARE AND LEARNING CENTER, ABSOLUTE RIGHT AND PERMISSION TO MONITOR AND RECORD MY CHILD ON SECURITY SURVEILLANCE CAMERAS THAT ARE INSTALLED ON SITE. I ALSO CONSENT TO MY CHILD BEING PHOTOGRAPHED FOR ART, MEDIA, OR ADVERTISING PURPOSES, AND UNDERSTAND THAT HIS/HER FULL NAME WILL NEVER BE USED OR MADE AVAILABLE TO THE PUBLIC.

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SIGNATURE OF ACKNOWLEDGEMENT

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#### **(3) DISCIPLINE POLICY**

ARTICLE IV. C, 5, PBC RULES REQUIRES THAT I (PARENT/GUARDIAN OF ABOVE NAMED CHILD) BE NOTIFIED IN WRITING OF THE DISCIPLINARY PRACTICES USED BY THE CHILD CARE FACILITY. I HAVE RECEIVED THIS DISCIPLINARY POLICY IN THE PARENT HANDBOOK MADE AVAILABLE TO ME, AS WELL AS OUTLINED BELOW.

*“HERE AT LITTLE ANGELS DAYCARE AND LEARNING CENTER, WE USE PRAISE AND POSITIVE REINFORCEMENT AS OUR FORM OF DISCIPLINE. WE BELIEVE POSITIVE ATTENTION AND MOTIVATION WILL LEAD TO POSITIVE BEHAVIOR. WE ARE HONORED TO BE A PART OF YOUR CHILD'S LIFE, AND ARE GRATEFUL FOR THE OPPORTUNITY TO TEACH YOUR CHILD. “*

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SIGNATURE OF ACKNOWLEDGEMENT

# Little Angels DAYCARE AND LEARNING CENTER

## STANDARD ENROLLMENT FORM

### CHILD NUTRITION PLAN

ARTICLE XII, B, PBC RULES REQUIRE THE PARENT AND CENTER COMPLETE AND "ALTERNATE NUTRITION PLAN AGREEMENT"

LITTLE ANGELS DAYCARE AND LEARNING CENTER WILL PROVIDE THE FOLLOWING MEALS & SNACKS :

**BREAKFAST**                      **NOON MEAL**                      **P.M. SNACK**  
 \*8:00am-8:45pm                      \*11:00am-11:30am                      \*2:30pm

INDICATE SPECIAL DIETARY REQUIREMENTS FOR YOUR CHILD: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I UNDERSTAND AND APPROVE THE "ALTERNATE NUTRITION PLAN" SET FORTH BY THE CENTER, AND HAVE REVIEWED THE MENU PROVIDED TO ME. I UNDERSTAND IN THE EVENT OF A MENU CHANGE A NEW COPY WILL BE PROVIDED. FURTHERMORE, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE MY CHILD IS AT THE FACILITY IN TIME TO RECEIVE MEALS, AND AGREE TO PROVIDE ANY OTHER MEALS AND/OR SNACKS NOT PROVIDED OR MISSED, TO MEET MY CHILD'S NUTRITIONAL AND DIETARY NEEDS.

PARENT/ LEGAL GUARDIAN : \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

#### 4 Weeks of Rotating Menus

Week One	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast</b>	Mandarin Oranges(Vit.A) Cheerios Cereal Milk	Bananas French Toast Milk	Apple Sauce Wheat Bread Toast w/Cheese Milk	Sliced Apples Egg Patty with Ham Wheat Bread Milk	Pineapple Tidbits Pancakes & Syrup Milk
<b>Lunch</b>	*Chicken Nuggets Rice and Beans Whole Wheat Bread Corn Pineapple Tidbits Milk	Ham Sliced Macaroni & Cheese (Homemade) Green Beans Pear Slices Milk	Baked Breaded Chicken Breast Yellow Rice Corn Steamed Broccoli(Vit.A) Pineapple Tidbits Milk	*Hamburger w/Cheese on a Bun (Homemade) Oven Fries Peas & Carrots(vit.A) Peaches Milk	Chicken Sandwich Whole Wheat Bread Green Beans Baked Beans Peaches Milk
<b>Snack</b>	Vanilla Wafers Banana Milk	Saltine Crackers String Cheese 100% Grape Juice	Fruit Jello Sliced Apples Milk	Cheese Crackers 100% Apple Juice	Chocolate Chip Cookies Milk

Week Two	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast</b>	Apple Sauce Banana Muffin Milk	Sliced Apples Cheerios Cereal Milk	Pineapple Tidbits Granola (Cereal Bar) Milk	Mandarin Oranges(Vit.A) Egg Patty with Ham Whole Wheat Toast Milk	Peaches Wheat Bread Toast with Cheese Milk
<b>Lunch</b>	Teriyaki Chicken Yellow Rice Corn Sliced Wheat Bread Mandarin Oranges(Vit.A) Milk	Spaghetti with *Meat Loaf(Homemade) Whole Wheat Dinner Roll Sliced Carrots(Vit.A) Pineapple Tidbits Milk	Yellow Rice w/Chicken <small>1 serv. = 1 1/2 oz m/mnt alt, and 1 brd for 1-5 yr. olds and 2 oz m/mnt alt, and 1 brd. For 6-12 yr. olds</small> Mixed Green Salad Mandarin Oranges(Vit.A) Corn Milk	Ham & Cheese Sandwich Peas & Carrots(Vit.A) Baked Beans Pear Slices Milk	Ground Beef Yellow Rice Oven Baked Plantains(Vit.A) Broccoli & Carrots(Vit.A) Pineapple Tidbits Milk
<b>Snack</b>	Pudding Sliced Apples Milk	Gold Fish Crackers Milk	Cheese Crackers 100% Orange Juice	Granola Bar Milk	Yogurt Wheat Cracker 100% Apple Juice

# Little Angels DAYCARE AND LEARNING CENTER

## STANDARD ENROLLMENT FORM

Week Three	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast</b>	Sliced Apples Wheat Toast w/Cheese Milk	Apple Sauce Waffles & Syrup Milk	Mandarin Oranges(Vit.A) Special K Cereal Milk	Peaches Pancakes & Syrup Milk	Banana Egg Patty w/Ham Biscuit Milk
<b>Lunch</b>	Baked Chicken Breast Whole Wheat Bread Rice and Beans Green Beans Pineapple Tidbits Milk	*Meat Loaf w/Gravy (Homemade) Dinner Roll Mashed Potatoes Corn Mandarin Oranges(Vit.A) Milk	Yellow Rice w/Chicken 1 serv. = 1 1/2 oz mt/mt alt. and 1 brd for 1-5 yr. olds and 2 oz mt/mt alt. and 1 brd. For 6-12 yr. olds Steamed Broccoli(Vit.A) Corn Pear Slices Milk	Hot Turkey & Cheese on Wheat Bread Broccoli(Vit.A) Baked Beans Pineapple Tidbits Milk	*Beef Ravioli Whole Wheat Dinner Roll Green Beans Peaches Milk
<b>Snack</b>	Flavored Yogurt Crackers 100% Apple Juice	Animal Crackers Milk	Cheese Crackers Milk	Saltine Crackers String Cheese 100% Grape Juice	Vanilla Wafers Banana Milk

Week Four	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast</b>	Applesauce Cheerios Cereal Milk	Banana Wheat Toast w/Cheese Milk	Mandarin Oranges(Vit.A) Granola (Cereal Bar) Milk	Pineapple Tidbits Sliced Ham, Eggs Wheat Bread Milk	Bananas Wheat Muffin Milk
<b>Lunch</b>	Ground Beef Yellow Rice Oven Baked Plantains(Vit.A) Corn Mandarin Oranges(Vit.A) Milk	*Chicken Nuggets Sliced Bread Broccoli (Vit.A) Baked Beans Pineapple Tidbits Milk	Spaghetti & *Meat Sauce(Homemade) Wheat Dinner Roll Peas & Carrots(Vit.A) Pineapple Tidbits Milk	*Breaded Fish Sticks Mashed Potatoes Sliced Wheat Bread Green Beans Mandarin Oranges(Vit.A) Milk	Yellow Rice w/Chicken 1 serv. = 1 1/2 oz mt/mt alt. and 1 brd for 1-5 yr. olds and 2 oz mt/mt alt. and 1 brd. For 6-12 yr. olds Whole Wheat Roll Pineapple Tidbits Peas & Carrots (Vit.A) Milk
<b>Snack</b>	Cheese Crackers Milk	Gold Fish Crackers Milk	Flavored Yogurt Cracker 100% Apple Juice	Banana Muffin Banana Milk	Chocolate Chip Cookies Milk



## STANDARD ENROLLMENT FORM

### Attendance Policy: PROPER SIGN IN/OUT PROCEDURES

#### The Following Is Mandated BY STATE LAW

Upon enrolling your child at our facility you have agreed to our Rules and Regulations. I cannot stress enough how important it is for you to take responsibility in signing in and out your child every day. It has been brought to our attention by Health Department inspectors that this issue will no longer be tolerated.

Therefore, **if you do not cooperate your child will be denied entrance into our facility.**

#### PALM BEACH COUNTY RULES & REGULATIONS GOVERNING CHILD CARE FACILITIES (Article XV Section E.)

##### Attendance logs

- a) Daily attendance of children shall be recorded by the child care facility personnel, documenting the time when each child enters and departs the child care facility or program. The custodial parent, guardian, or other person who drops off the child, or the authorized person who picks up the child shall be made to sign the child in or out as the case may be.
- b) An attendance log shall be maintained for each class or group. This log must contain the names of all children assigned to the class or group, and shall show all children present in the class or group, and those students absent from the class, at any given time.
- c) To assure adherence to these rules, each child care facility, shall maintain and keep at the facility for no less than one (1) year, a daily attendance log identifying by name all children attending the child care facility on that day as well as a sign-in/sign-out log signed by the person who dropped off and picked up the child on that day.
- d) Drop-in child care facilities shall also maintain a sign-in/sign-out daily attendance log, including day, date, time of arrival and departure, and signatures of the parent obtained at drop-off and pick-up.
- e) Child care personnel shall ensure that attendance records are complete and accurate, since these records are important in accounting for children during emergencies and other incidents.

#### LITTLE ANGELS DAYCARE AND LEARNING CENTER PARENT HANDBOOK (Section IV. Policies & Regulations No. 18 Arrival/Departure)

18. ARRIVAL/ DEPARTURE: All children MUST be SIGNED IN & OUT DAILY!  
This is not only mandatory, but a safety precaution as well.

It is **your** responsibility to inform anyone picking up your child on where and how to properly sign in&out.  
**\*SIGN with Full Name Daily, \*with correct time, \*BLUE ink only.\* DO NOT sign ahead!**

**BY SIGNING THIS FORM YOU ACKNOWLEDGE FULL CONSENT TO OUR ATTENDANCE POLICY AND UNDERSTAND YOUR OBLIGATION TO COMPLY,**

CHILD'S NAME: \_\_\_\_\_

PRINT PARENT(Guardian) FULL NAME: \_\_\_\_\_

Signature : \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



## STANDARD ENROLLMENT FORM

### Child Care Facility Brochure & Influenza Virus Brochure

*[BOTH Brochures are provided separately]*

CHILD'S NAME: \_\_\_\_\_

### Child Care Facility Brochure Statement

On \_\_\_/\_\_\_/\_\_\_

I, \_\_\_\_\_  
(Name of Parent or Legal Guardian)

Received a copy of the "Know Your Child Care Center" pamphlet.

Signature of Parent or Legal Guardian: \_\_\_\_\_

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### Influenza Virus Brochure Statement

On \_\_\_/\_\_\_/\_\_\_

I, \_\_\_\_\_  
(Name of Parent or Legal Guardian)

Received a copy of the "The Flu' A Guide for Parents" pamphlet.

Signature of Parent or Legal Guardian: \_\_\_\_\_

**\*THESE BROCHURES WILL BE PROVIDED ANNUALLY AND WILL BE REQUIRED TO ACKNOWLEDGE RECEIPT BY FORM OF SIGNATURE ANNUALLY AS WELL.**