



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____

Last

First

Middle

Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Family Information: Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____ /Cell: _____

Work Phone: _____ /Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Emergency Care Plan instructions (if applicable): _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date

I, _____, have read The Learning Village Preschool Parent Handbook and I understand and agree to follow the policies listed in the handbook.

Signature of Parent/Guardian

Date

Mother's Email Address

Father's Email Address



WELCOME TO THE LEARNING VILLAGE PRESCHOOL

Getting To Know You Form

1. Child's Name _____
2. Child's Birthday _____
3. Child's Brothers & Sisters _____
4. Do you speak a language other than English in your home?
If so please describe _____
5. Please name your current church home _____
6. What are your child's favorite activities? _____
7. Name any pets in your home _____
8. What are your child's favorite foods? _____
9. What are your child's least favorite? _____
10. Does your child have any allergies?
If so please describe _____
11. Please describe any previous pre-school or group play experience
your child has _____
12. Does your child have any special fears? _____
13. Do you have any concerns about any aspect of your child's
development? _____
14. What do you hope will be included in your child's pre-school
program? _____
15. MY CHILD IS SPECIAL BECAUSE _____

The Learning Village Preschool

Tuition Information/Agreement

Child's name: _____

Person(s) responsible for paying tuition: _____

Address(s): _____

I will be paying either _____ Weekly or _____ Bi-Weekly

Tuition fees are paid in advance weekly or bi-weekly by cash, check, or money order. All fees are non-fundable.

- * A \$20 charge will be applied for all returned checks.
- * A late fee of \$25 will be applied for each week a payment is late unless other arrangements have been made. If payment is not received within two weeks, then the students' place at The Learning Village Preschool will be relinquished.

Accounts that are past due for more than two months after the child has been withdrawn will be turned over to a collection agency. If your account has been turned over to collections a 30% fee will be added to your balance to cover the service cost.

Tuition is not reduced for holidays that the center is closed.

Parents need to call the office when their child will be absent from the center. ***Parents are still responsible for tuition when their child is absent.***

Our operating hours are 7:00am to 6:00pm, Monday-Friday. We need parents to respect these hours. A late pick up fee of \$5 for every fifteen minutes will be assessed after designated pick up times (12noon, 3pm or 6pm).

My child will be enrolled for the following (✓):

_____ Monday - Friday School Day (9am-3pm) _____ Monday - Friday Fulltime (7am-6pm)

_____ My child will be enrolled in VPK only (9am-12noon or 1pm-4pm)

If part time, please indicate (✓) which days and times your child will be attending:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ 9am-12noon _____ 9am-3pm _____ 7am-6pm

My child will be in VPK with wrap around care on a changing schedule _____ (Drop-In Rate of \$25 per day)

I have read the above agreement and accept the conditions stated herein.

I have received the Parent Handbook, which includes important policies and procedures pertaining to me and my child. I understand that at least one parent/legal guardian's social security number must be on file for enrollment at this facility.

At the completion of the child's school attendance TLV will properly dispose of these agreements.

Signature _____ SSN _____ Date _____
Parent/Legal Guardian

Signature _____ SSN _____ Date _____
Parent/Legal Guardian

TLV Administrative Only:

Weekly tuition rate: _____

Weekly or Bi-Weekly Payment (circle one)

Date: _____

The Learning Village Preschool
of Faith Evangelical Lutheran Church



I give permission for my child _____ to participate in food related activities. This includes school provided snack, class/school celebrations and food exploration activities.

Please check one of the following:

- ☐ My child DOES NOT have a food allergy or dietary restriction.
- ☐ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list):

- ☐ My child DOES have a food allergy or dietary restriction. He or she MAY NOT participate in activities. I will provide all food items for my child.

Parent Signature

Date

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Email: tlvlehigh@yahoo.com
Web: www.faithlutheranla.org
Facebook: The Learning Village of Faith Lutheran Church

