



2120 Webber Street
Sarasota, FL 34239
Phone 941-953 2889
Fax 941-953 4918

Registration for Program: 2 half days _____ 2 full days _____
 3 half days _____ 3 full days _____
 5 half days Mo-Fr 5 full days Mo-Fr

Date of Application: _____ Date of Enrollment: _____

Child's Name: _____ DOB: _____ Sex: _____

Nickname: _____ Home Phone # _____

E-mail: _____

Custody: both Mother Father other _____

Meals typically served while in care: AM snack Lunch PM snack

Mother's Name _____ Father's Name _____

Child's Physical Address _____

Parent's Address if different _____

Mother's employer _____ Work# _____

Cell/pager _____

Father's employer _____ Work# _____

Cell/pager _____

(If you are self employed please let us know about your business)

Please list all names and relationship of people living in the child's home:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

How did you hear about us?: _____

EMERGENCY NUMBERS OTHER THAN PARENTS

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

AUTHORIZED TO PICK UP CHILD (additional to parents)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

YOUR CHILD WILL NOT BE PERMITTED TO LEAVE WITH ANYONE OTHER THAN PARENTS OR PERSONS LISTED ABOVE WITHOUT PRIOR NOTIFICATION.

Article V Sec. 62-136(a) Sarasota County Code of Ordinances requires a current physical examination (Form 3040) within 15 calendar days of attendance unless under 6 month of age and then it is due on the first day of attendance and an immunization record (Form 680 or 681) prior to the first day of attendance.

Section 402.3125(5). F.S. requires that parents receive a copy of the Florida Child Care Facility Brochure. "Know your Child Care Facility"

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. (Parent Handbook)

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

Signature Parents: _____ Date: _____

PHYSICAL HEALTH

Note: Documentation is required in child's file for any health problems that Circle of Friends Preschool should be made aware of.

Current information on child's health insurance:

Insurance: _____ Policy Nr.: _____

Do you have any concerns about your child's health that we should be aware of?

Does your child require any special medical care we need to know about? If so, please explain:

Does your child have any allergies the school needs to be aware of? If so, let us know.

How severe? _____

Treatment/medicine? _____

I hereby grant permission for the staff of COF to contact the following medical personnel to obtain emergency medical care if warranted:

Child's Pediatrician/Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Does your child have any special dislikes or fears? _____

Please let us know all important issues about your child and family, so we can make the experience here at Circle of Friends as enjoyable as possible. _____

Emergency Facility of Choice: _____

In the event of a Medical Emergency, every effort will be made to contact the Parents/Guardians and the child's Pediatrician. If the situation appears life-threatening or serious, EMS will be called and the child will be transported to the Emergency facility listed above.

I give permission for the information about my child's health and assessment forms to be reviewed and utilized only by the staff of Circle of Friends for the limited purpose of meeting my child's health and educational needs. I understand the school guarantees that my child's record is confidential and accessible to view only by the director and my child's teachers. Screening results and assessment information will be used to help plan the curriculum to meet my child's individual needs.

Signature: _____ Date: _____

Withdrawal Policy

I (we) acknowledge that the registration for our child is a commitment for one school year. Circle of Friends Preschool requires a written notice one month before the withdrawal will be effective, and the tuition is obligatory until this withdrawal date.

Print name: _____

Signature: _____ Date: _____

For Office Use Only

Registration Fee _____ Date Paid _____
Supply Fee _____ Tuition _____

Medical Records Received: Physical _____ Immunization _____