



REGISTRATION FORM

Enrollment Date: ____ / ____ / ____

First Day of Class: ____ / ____ / ____

CHILD

Last Name: _____ First Name: _____ MI: _____

Sex: Boy Girl Date of Birth: ____ / ____ / ____ Nickname: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Language: English Spanish Other: _____

Cultural Preference: _____

FAMILY

Legal Custody: Both Parents Mother Father Guardian: _____

MOTHER

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ Social Security: ____ - ____ - ____

FATHER

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ Social Security: ____ - ____ - ____

CONTACT INFORMATION

MOTHER

Home Phone: _____ Work Phone: _____

Cellular: _____ E-mail: _____

FATHER

Home Phone: _____ Work Phone: _____

Cellular: _____ E-mail: _____

Additional Contacts:

In case of illness, accident, or emergency, if for some reason, parents / guardians cannot be reached, please indicate who should be notified by the center.

1

Name: _____ Phone: _____

Relationship: _____ Pick Up: Yes No

2

Name: _____ Phone: _____

Relationship: _____ Pick Up: Yes No

RELEASE AUTHORIZATION

Additional persons authorized by the parents / guardians to withdraw the child from the center.

3

Name: _____

Relationship: _____ Phone: _____

4

Name: _____

Relationship: _____ Phone: _____

5

Name: _____

Relationship: _____ Phone: _____

MEDICAL INFORMATION

CHILD'S PHYSICIAN:

Name: _____ Phone: _____

Specialty: _____ Cellphone: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Known Allergies: _____

_____ Not Known

Other Medical Conditions: _____

_____ Not Known

I hereby grant permission for the staff at A World of Discovery Academy to contact the above mentioned medical personnel to obtain emergency medical care if wanted.

MEDICAL EMERGENCY AND TRANSPORTATION AUTHORIZATION:

In the event of a serious illness or accident, and if parents cannot be reached, A World of Discovery Academy shall have written instructions from parents / guardians regarding the arrangement of immediate treatment.

"I hereby give my consent and authorize A World of Discovery Academy to seek emergency treatment for my child _____."

"I give my consent and authorization for any health facility or physician to provide necessary medical treatment to my child, _____ in the event of a emergency, at which time I cannot be reached. I give consent to transport my child by ambulance if the situation warrants it"

"I will take full responsibility for payment of all medical services which might be rendered due to an emergency situation."

_____/_____/_____
Parent/Guardian Signature Date

PHOTO AND VIDEO CONSENT

Periodically, A World of Discovery Academy will take photographs of the children participating in various activities at the center. The photographs and/or video tapes might be used in matters related to the classroom activities, parent displays, graduation ceremonies, teacher workshops, center publications and occasionally in various forms of advertising media (brochures, magazines, orientation, training, public television or newspaper, etc). These images or video are for the sole use of the center and the parents in the form described in this consent agreement. Under no circumstances they shall be released to third parties.

"I grant or deny my permission for A World of Discovery Academy and/or it's representatives to use any photographs and/or videotapes including my child for any lawful media purpose without compensation, according with the following directions:"

- Grant Deny For internal use of A World of Discovery Academy in matters as classroom activities, boards, parents communications, newsletters or year book, etc.
- Grant Deny With my prior written consent, in mass media coverage as public television, newspapers, magazine, and advertisement.

_____/_____/_____
Parent/Guardian Signature Date

“KNOW YOUR CHILD BROCHURE”

The Florida Department of Children and Families requires that all parents / guardians receive a copy of the brochure “Know Your Child Care”. This brochure summarizes the activities which should be available in a good child care program, the minimum standards used to license child centers, and the parent’s role in working with the child care center.

“I have received a copy of the brochure “Know Your Child Care Center” issued by the Department of Children and Families”.

_____/_____/_____
Parent/Guardian Signature Date

A WORLD OF DISCOVERY DISCIPLINE POLICY

Florida Statutes require that prior to admission of a child, the center shall notify the parents in written, about the discipline practices used by the facility.

“I have received a written document containing the Discipline Practices and Policies of A World of Discovery Academy”.

_____/_____/_____
Parent/Guardian Signature Date

RELEASE OF CHILDREN - GOVERNING POLICIES

State of Florida requires that parents be informed of the governing policies that regulate the release of children from a facility, and to keep signed records of this acknowledgement.

- A World of Discovery Academy is open Monday thru Friday 7:00 AM to 6:30 PM
- No child shall be released to any other person than the authorized parent, guardian, and listed individuals on the registration form. All those authorized to take a child from the school, other than the children's parents or guardian known by the center, must present a picture ID to the administration before a child is released.
- In the event in which no person authorized to remove a child from care is available, the child's parents or guardian must contact the school and authorize another individual to remove the child from the facility. Authorization will require that the parent or guardian verbalize the correct password. Assigned to each child at the time of enrollment in the facility and recorded in this registration form.
- The center is required by law to notify DCF and the local police department in the event a child is not picked up by an authorized person within one hour after the schedule closure time of the facility. Please contact the center immediately should you expect any difficulty to arrive on time.

"I acknowledge being informed of, and agree to comply with the above outline State of Florida governing policies. This agreement shall be kept on file at A World of Discovery Academy."

Assigned Password (office use only)

Parent/Guardian Signature

_____/_____/_____
Date

CHECK-IN/OUT SYSTEM

State regulations require centers to keep daily records of children attendance signed by the parents or authorized person. A world of Discovery Academy keeps this records in our signout books.

Parents and persons authorized to pick up the children must sign the check-in/out books at pick up time.

"I acknowledge the importance of keeping attendance records accurate and will comply with the State of Florida governing policies."

Parent/Guardian Signature

_____/_____/_____
Date