### **Our Blessings Early Learning Center**

#### STUDENT APPLICATION CHECKLIST

To Help Process Your Application Without delays, Please Use This Checklist.

STUDENT ENROLLMENT APPLICATION
EMERGENCY CONTACTS
VERIFICATION OF INFORMATION RECEIVED
ALLERGIES
AUTHORIZATION TO PICK-UP
IMMUNIZATION RECORD (BLUE FORM # 680)
PHYSICAL FORM (YELLOW FORM # 3040)
MEAL APPLICATION
\$200.00 NON-REFUNDABLE REGISTRATION FEE - PER CHILD

PLEASE MAKE CHECK/MONEY ORDER PAYABLE TO: OUR BLESSINGS E.L.C.

# Our Blessings Early Learning Center 850-997-1110 / 850-402-3022

Age:

		Assigned to:
STUDENT ENRO	LLMENT FORM	Health Record Received: Yes [ ] No [ ]
Name		
Address:		
DATE OF BIRTH:/	TELE.# ()	
Circle Sex: Male Female Circle Race	e: Black White Or	ther
Father:	Living	Deceased
Mother:	Living	Deceased
EMAIL:	N/A	
Family Status: Parents: Married Single Divorced Separ	rated Remarried	
Student Is Living With		
Relationship to Student:		
Language Other than English Spoken in the H	ome:	
Parent/Guardian's Signature	Date	
In case of emergency, callName	Relation Phone I	No.

PLEASE INCLUDE THE NONREFUNDABLE REGISTRATION FEE WITH THIS FORM

# Our Blessings Early Learning Center 850-997-1110 / 850-402-3022

### MEDICAL RELEASE FORM

Student Name: _								
Age		Date	Date of Birth					
Primary								
Contact Person	Name		Relationship					
	Home #	Work #	Cell#					
Secondary								
Contact Person	Name		Relationship					
	Home #	Work #	Cell#					
EMERGENCY								
CONTACT PERSON	Name		Relationship					
	Home #	Work #	Cell#					
Student's Doctor:								
Nar	ne		Phone #					
Does your child have (Diabetes, asthma, al	_		o be aware? Yes NO					
and to obtain and conse which may be needed by	udent's parents or gu nt on any emergency y the student during t by such decisions a	first aid or medical care by a he school day or on any scho and consents as if made by	ze permission to administer first any physician, hospital, or attend ool sponsored trip or event. I ag y me and do assume full finand					
Signature of Parent/Guardia	 an		Date					

## PICK-UP AUTHORIZATION FORM

Child's Name:						
Blessings Early Lea	<i>arning Center</i> . I und	nission to pick my child erstand the ProCare sy to remember the four o	ystem will			
AME	RELATIONSHIP	PHONE NUMBER				
Parent/Guardian's	Legal Signature	Date				



## **ALLERGIES**

NAME OF CHILD	
HAS THE FOLLOWING ALLERGIES:	

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

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

#### VERIFICATION OF INFORMATION RECEIVED

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.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (available on our website).

Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices and expulsion policy used by the child care facility. Please see Parent Handbook. I may access the center website for a copy of the Parent Handbook @ www.ourblessingselc.org

I will also visit the Department of Children and Families website to download and reach the informational brochure on "influenza." <a href="http://www.myflfamilies.com/service-programs/child-care/brochures-facts-progress">http://www.myflfamilies.com/service-programs/child-care/brochures-facts-progress</a>

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

Signature of Parent/Guardian	Date

#### "Fees and Tuition"



Please note that parent fees, registration fees, trip expenses, and all other non-tuition related expenses are the responsibility of "you" the parent and not that of Our Blessings Early Learning Center or the subsidizing agency you are associated with.

#### "Inappropriate Use of Language"



Our Blessings Early Learning Center is a "faith based" center that does not engage or condone the use of profanity either used directly, or indirectly to staff, teachers, directors or youth. Any such language will be grounds for an automatic expulsion from the center. Our bodies are the temple where the Holy Spirit dwells, therefore, please choose your words with caution!!

#### "SMILE"



From time to time our little ones may be captured by a representative from the media (television, newspaper, etc) that may be visiting our facility. By signing below, you authorize the media to use your child's photo and or name. We are also on the web @ www.ourblessingselc.org your child's photo may be placed on our website or on our social media platforms.

By signing below I have read and understand the (3)\* above mentioned advisories.

Signature of Parent/Guardian

date

\*3 Advisories: Fees, & Tuition, Inappropriate use of language, and Smile!

## Our Blessings Early Learning Center OPEN DOOR POLICY

<i>I</i> ,	the parent/guardian of				
·	that at Our Blessings Early Learning y child both in person and by phone				
•	s hours of the center, and when my				
Signature:	Date:				

#### CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name:	Center Name	e & Address:Our	Blessings Ea	rly Learning (	Center 295 E	ast Palme	Mill Rd N	Nonticello, FL 323	44
Primary Hours of Care: From: To: Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None									SU ES None
Please read the instructions and accompanying	Parent Letter before com	npleting this form. If y	ou need assi	stance compl	eting this for	m, call: (_8	350	997-1110	
STEP 1: Complete the following table for all	INFANTS and CHILDRE	N through age 18 th	at reside in	the househo	ld, even if n	ot related	. (include	child listed at top	of form)
Child's Name (Last Name, First Name)		Attends this center			ld? (circle)		? (circle)		
		Yes No	<b>)</b>	Yes	No	Yes	No	Yes	No
		Yes No	)	Yes	No	Yes	No	Yes	No
		Yes No	כ	Yes	No	Yes	No	Yes	No
		Yes No		Yes	No	Yes	No	Yes	
STEP 2: Do any household members (children If NO, go to STEP 3. If YES, enter one of the following the state of the state			ram (FAP/SI	NAP) or Tem	porary Assi	stance for	Needy F	amilies (TANF) b	enefits?
FAP/SNAP Case Number:    STEP 3: Children's Income Information (see	reverse side for what ty	or TANF (		is step if you				_  _	
Children's Income – sometimes children earn	or receive income. Enter	the total income rece	ived by all ch	ildren listed i	n STEP 1, th	en check h	now often	the income is rec	eived.
Children's income – Total: \$		eived? (check only o							
STEP 4: Household income and adult house	hold member information	on (see reverse side	for what typ	es of incom	e to report)	(skip this	step if you	listed a case # in	STEP 2)
Adult Household Members and Income – list taxes & deductions) from each source in who that does not receive income from any source, where the source is the source of the	ole dollars only (no cen write "none" or "0." If you	enter "none" or "0" o	is received r leave any in	(i.e., weekly, come fields b	<b>bi-weekly, t</b> blank, you are	twice a mo	onth, moi that there	nthly, or annually e is no income to	y). For an adult report.
Adult Household Member's Name (Last Name, First Name)	Earnings fro (\$ Amount / Ho			Public Assistance/Child Support/Alimony (\$ Amount / How often?)			Pensions/Retirement/All Other Income (\$ Amount / How often?)		
	Tv	eekly Biweekly Monthly vice a Month Annually	\$		ly Biweekly Mont a Month Annually	у	'		Biweekly Monthly Month Annually
		eekly Biweekly Monthly vice a Month Annually	\$		ly Biweekly Mont a Month Annually		5		Biweekly Monthly Month Annually
Total Household Members (Add STEP 1 & 4):		of Social Security I	<mark>lumber</mark> (SSI	N) of adult he	ousehold m	ember:	_    _	If no SS	SN, write "none."
STEP 5: Contact information and adult signa			II in	on a set a al . I com al		-:-:	i a a i a la aire		iith the me esint
By signing below, I am certifying (promising) that a of federal funds and that institution officials may ve									
Home address (if available):	,	·	, , ,		•	Daytime p	·		_
Tomo dadroso (il dvallabio).	Street Add	dress, City, State, Zip Co	ode			Dayamo p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/	
Signature of adult household member:		P	rinted name:					Date signed:	
OPTIONAL: Child's ethnic and racial identities  We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community.  Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.  Ethnicity (check one):									
Race (check one or more): American Indian or	Alaskan Native   Asi	an       Black or Af	rican American	n   Nativ	e Hawaiian or	Other Paci	fic Islander	White	
FOR CONTRACTOR USE ONLY:  Categorical Eligibility: ☐ FAP/SNAP or TANF Hous	ehold ☐ Foster Child	Total Household Si	ze:	Total House	nold Income:	\$			
Eligibility Determination:  Free Reduced-Price Non-needy How Often Income is Received (Frequency):  Weekly Biweekly Twice a Month Monthly Annually NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12									
Reason for Non-needy Status:   Income too High	·						·	, 	
Determining Official's Signature:		Date:	Second	Party Check	Signature:			[	Date:
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