

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

MEDICAL RELEASE FORM

Student Name: _____

Age

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: _____
Name Phone #

Does your child have any illness or disorder of which we need to be aware? Yes ____ NO ____
(Diabetes, asthma, allergies, ADHD, ADD, etc.)

If (Yes) Please Explain: _____

In the absence of the student's parents or guardians, I do hereby authorize permission to administer first aid and to obtain and consent on any emergency first aid or medical care by any physician, hospital, or attendant which may be needed by the student during the school day or on any school sponsored trip or event. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care.


Signature of Parent/Guardian

Date

PICK-UP AUTHORIZATION FORM

Child's Name:

The following four people have my permission to pick my child up from *Our Blessings Early Learning Center*. I understand the ProCare system will assign a PIN and that I am responsible to remember the four digit PIN

NAME	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.ourblessingsele.org

I will also visit the Department of Children and Families website to download and reach the informational brochure on "influenza."

<http://www.myflfamilies.com/service-programs/child-care/brochures-facts-progress>

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.ourblessingselec.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, _____ the parent/guardian of

confirm that I understand that at Our Blessings Early Learning Center I have access to my child both in person and by phone during the normal business hours of the center, and when my child is in care.

Signature: _____ Date: _____

