



<input type="checkbox"/> 8788 N Military Trail PBC, FL 33410 Tel (561) 627-6170 Fax (561) 627-6199 LIC #50-51-03980	<input type="checkbox"/> 3092 Forest Hill Blvd Palm Springs, FL 33406 Tel (561) 802-9090 Fax (561) 966-2511 LIC #50-51-1410694	<input type="checkbox"/> 111 Professional Way Wellington, FL 33414 Tel (561) 791-8558 Fax (561) 791-8559 LIC #50-51-1173543	<input type="checkbox"/> 801 Village Blvd Suite 303-304 West Palm Beach, FL 33409 Tel (561) 697-4775 Fax (561) 697-4355 LIC #50-51-1453072	<input type="checkbox"/> 1013 N State Road 7 Royal Palm Beach, FL 33411 Tel (561) 790-9244 Fax (561) 790-9345 LIC# 50-51-1566127
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**ENROLLMENT FORM & CONTRACT AGREEMENT**

Date of Enrollment \_\_\_\_\_

Child's Name _____	Date of Birth _____
Address _____	
City _____	State _____ Zip _____
Child Resides With _____	

**Parent/Guardian Information**

Mother's Name _____	Father's Name _____
SS# _____	SS# _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Driver's License # _____	Driver's License # _____
E-Mail _____	E-Mail _____

Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

LEGAL CUSTODY: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother\* \_\_\_\_\_ Father\* \_\_\_\_\_ Other\*

\*Copy of custody papers must be on file at HAFH

**Pick-Up Authorization/Emergency Contacts**

Please list the names and phone numbers of those, besides the parents/guardian, whom are authorized to remove (pick up or in case of emergency) your child(ren) from Home Away From Home.

**LIST IN ORDER TO BE CALLED IN CASE OF EMERGENCY**

(1) Name _____	Relationship _____	Phone # _____
(2) Name _____	Relationship _____	Phone # _____
(3) Name _____	Relationship _____	Phone # _____
(4) Name _____	Relationship _____	Phone # _____

**Medical Alert**

<b>Medical Conditions/Treatments</b> _____ <b>Allergies (food, medication, environment)</b> _____ <b>Indicate any Special Dietary Requirements</b> _____ <b>Special Needs</b> _____
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**Emergency Medical Release**

This is to certify that I voluntarily furnished medical and insurance information on the above designated child to Home Away From Home. I hereby request that in the event that I, or the people I designate for an emergency, cannot be reached in a timely manner, that an official representative of Home Away From Home will seek first aid or emergency medical care for my child including transporting them to the nearest emergency facility available. I further give my consent to any emergency facility and physician to administer necessary medical treatment to my child if I am unable to be reached or the situation necessitates immediate treatment. I also understand that any medical expenses of the above designated child are the sole responsibility of the parents/guardian.

Physician \_\_\_\_\_ Insurance Company \_\_\_\_\_  
 Physician's Phone \_\_\_\_\_ Group/Policy No \_\_\_\_\_

**DISCIPLINE POLICY:** Conscious Discipline: At HAFH it is our belief that the goal of discipline is to help the young child identify their feelings and gain inner self-control so they become aware of what is acceptable behavior. Developmentally appropriate guidance and classroom management promotes positive social skills, fosters mutual respect, strengthens self-esteem and supports a safe environment. Corporal punishment is NEVER permitted at HAFH. If a child displays an unprovoked act of aggression, kicking, punching, hitting, etc. toward another child or staff member we will immediately contact a parent and you may be asked to remove your child from the premises, and/or disenrollment may be necessary.

**PHOTO RELEASE:** I \_\_\_do/\_\_\_do not give permission for my child to be photographed at HAFH. I understand these pictures may be displayed at certain school wide events, decorations, advertising/website and promotional reasons.

**DIAPER CREAM/SUNSCREEN:** I \_\_\_do/\_\_\_do not give HAFH permission to apply diaper cream and or sunscreen on my child if necessary.

**ALTERNATE NUTRITION PLAN:** I agree to provide meals that meet my child's nutritional needs. HAFH has a No Sugar/No Peanut Policy

**FREE FOOD PROGRAM:** I understand that HAFH participates and is part of the "Fl State Food Program". HAFH provides a **free** nutritional breakfast, lunch and snack on a daily basis. I \_\_\_do/\_\_\_do not want to participate in the food program.

**DCF 175-24, "KNOW YOUR CHILD CARE FACILITY":** I acknowledge receipt of the DCF brochure.

**DCF 175-70, "THE FLU" A Parent's Guide:** I acknowledge receipt of the DCF Influenza brochure.

**BITING HURTS:** I acknowledge receipt of the Biting Hurts Information sheet.

**ABOUT MY CHILD**

Name and age(s) of sibling(s): \_\_\_\_\_

Is your child toilet trained? Yes \_\_\_ No \_\_\_

Does your child have any emotional or behavior issues \_\_\_\_\_

Please list any additional information about your child that you think would be helpful to our teachers (playing, eating, sleeping, fears, likes, dislikes) \_\_\_\_\_

Has your child ever been enrolled in another school? Yes \_\_\_ No \_\_\_

If yes, where? \_\_\_\_\_ What is the reason you are no longer enrolled at the previous school \_\_\_\_\_

Please indicate program you prefer: \*FREE VPK\* Must be 4 by Sept 1. and have a "FL State Voucher"

<input type="checkbox"/>	Infants (6 wks.-12 months) (FT programs only unless PT is available)
<input type="checkbox"/>	Toddler (12-24 months) (FT programs only unless PT is available)
<input type="checkbox"/>	Two's (24 months - 3 years old)
<input type="checkbox"/>	Preschool (3-4 years old)
<input type="checkbox"/>	VPK- FREE (8:30am-11:30am or 12:00pm-3pm)
<input type="checkbox"/>	VPK- Part-Time (Extra 3 1/2 hrs)
<input type="checkbox"/>	VPK Full- Time "Wrap Around" (Anytime between 7-6pm)
<input type="checkbox"/>	After Care (Kindergarten-10 years old) Grade _____ Elementary School _____
<input type="checkbox"/>	Summer Camp
<input type="checkbox"/>	Holiday/Day Drop Off

**Schedule Desired: Some locations may offer part time programs when positions are available.**

<input type="checkbox"/>	Monday-Friday Full Time
<input type="checkbox"/>	Monday-Friday Part Time
<input type="checkbox"/>	3 Days (Mon, Wed, Fri) (Only if available)
<input type="checkbox"/>	2 Days (Tues, Thurs) (Only if available)
<input type="checkbox"/>	VPK - Choose Program _____

How did you hear about us \_\_\_\_\_

#### **HOME AWAY FROM HOME PARENT AGREEMENT/CONTRACT**

- I hereby agree to comply with the rules, regulations and policies of Home Away From Home Learning Center III, Corp., Home Away From Home Royal Palm Beach Learning Center, Inc., Home Away From Home Wellington Learning Center, Inc., Home Away From Home Preschool, Inc, Home Away From Home Preschool WPB, Inc., "Home Away From Home" or "HAFH" as indicated in the Parent Guide/Handbook. I agree that HAFH has the right to terminate my child at any time during his enrollment.
- I understand that I must provide a physical exam and immunization record before child's start date. Your child's physician will provide the proper forms required by the State of Florida.
- I agree to pay a non-refundable registration fee of \$ \_\_\_\_ I understand that if a registration fee is waived, a non-refundable week of tuition will be paid in place of the promotional registration fee. I understand that a re-registration fee is due every year thereafter.
- I agree to pay a weekly tuition fee of \$ \_\_\_\_ to be paid in advance every Friday and no later than Monday. If a payment has not been received by Monday, I understand an automatic late fee of \$10.00 will be paid every day after. I also understand that if the full balance is not received within three days, my child will not be able to return to school. I understand that my account will be considered not satisfied and will be sent to collections along with an additional (2) weeks withdrawal fee from the program added to the balance due.
- HAFH has a strict "NO ADMITTANCE" Tuesday policy. If tuition is not paid by Tuesday morning or next business day, your child will not be allowed in school unless full payment is received.
- I agree that if I pick up my child after his or hers scheduled program time, a late fee of \$15 is calculated for any part of the first 5 minutes (1-5minutes late), and Additional \$1.00 for any part thereafter. Repeated failure to pick up your child on time can result in enrollment termination.

7. I agree that no credit or makeup days will be granted for absences, illnesses, vacations, emergencies/weather related emergencies or holiday closings. Full tuition is always due "No Exceptions" will be made. HAFH will grant one free week for vacation after one consecutive year of enrollment at HAFH. (Child must not be present during this week's vacation).
8. I understand that program times have been put in place. It is your responsibility to have your child at school at his or her program start time. Your child is considered late after 9:00am. If your child is not in school by 9:00am, he/she will not be allowed to stay in school unless prior notice has been given. If prior notice has been agreed, a staff member will escort your child to his or her classroom. This will prevent any distractions in the classrooms during core learning hours.
9. I agree to notify the center in writing two weeks in advance, if I choose to withdrawal my child for any reason or pay the (2) weeks difference.
10. I agree not to bring my child to school if he/she is showing any signs of illness. I understand that if my child is showing signs of illness, I must have set arrangements for a quick pick up. I agree to keep my child out of school no less than 24 hours after and also provide HAFH with a doctor's note authorizing child to return to school free of illness.
11. I understand HAFH has a NO MEDICATION ADMINISTERED POLICY. HAFH does not administer any medication/treatments. Parents may make arrangements to have someone come administer necessary medications during school hours.
12. I understand HAFH has a strict mandatory uniform policy for ages (1 year old and older) and must be followed every day.
13. I understand HAFH has a discipline policy outlined in the parent guide/handbook/manual.
14. I understand HAFH has the right to change policies, prices and procedures with proper notice.
15. I agree to pay all the costs and expenses incurred by the center, including court costs and reasonable attorney fees, if it becomes necessary to take action and enforce this agreement.
16. **PARENT HANDBOOK:** I agree to all of the above mentioned policies as well as those set forth in Home Away From Home's Parent Handbook/Guide of which I have received a copy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Administrator Signature

\_\_\_\_\_  
Date