



**Student Information:**

Child's Name:		Sex:	Age:	DOB: ____/____/____	
Address:		City:		ST:	Zip:
Child Resides With:		Custody Issues: <input type="checkbox"/> yes <input type="checkbox"/> no if yes, documentation must be on file			
Mother's Name:	Mother's Email:		Mother's DOB:		
Father's Name:	Father's Email:	Father's DOB:			

**Medical Information:** I hereby grant permission for the staff of Funtastic Learning Academy to contact the following medical personnel to obtain emergency care for my child if warranted.

Doctor:	Address:	Phone:
Dentist:	Address:	Phone:

Hospital Preference:

Are there any medical conditions, allergies, or special dietary needs to which we should be alerted?  Yes  No

Please Specify:

**Alternative Contacts/Persons Authorized to Pick-up:** Child may be released only to the custodial parent, legal guardian or persons listed below with picture ID. If the custodial parent or legal guardian cannot be reached the following persons will be contacted and are authorized to remove child from facility in the case of illness, accident, or emergency.

Name:	Relationship to child:	Cell / Work Ph:
Name:	Relationship to child:	Cell/ Work Ph:
Name:	Relationship to child:	Cell / Work Ph:

**Tuition and Payment Information:**

I fully understand weekly tuition payments are due the Friday before the billed week. I am aware that weekly payments are considered late after close of business on Tuesday and a \$20 late fee will be applied to accounts for late payment of tuition. I fully understand monthly tuition payments are due by the 1<sup>st</sup> of the month. I am aware that monthly payments are considered late after the 5<sup>th</sup> of the month and a \$20 late fee will be applied to accounts for late payment of tuition. **I hereby authorize Funtastic Learning Academy to prepare and submit credit charge slips using the charge card on file to collect payment for past due balances totaling/exceeding two weeks of unpaid tuition; and if I have selected a monthly payment plan, outstanding balances will be charged on the 8<sup>th</sup> of each month.** I understand the charges applied to my credit card will include applicable late fees/penalties, and any other unpaid items personally charged to my account by me and/or the student.

Funtastic Learning Academy requires a **"30 Day Written Drop Notice"** which is strictly enforced. This notice must be received before the first of the month PRIOR to the month dropping. Failure to give notice will result in full payment for one month of tuition. I have read and agree to comply with this requirement.

\_\_\_\_\_  
Signature of Parent/or Legal Guardian Date

\_\_\_\_\_  
Signature of Parent/or Legal Guardian Date



State of Florida, Department of Children and Families  
Section 65C-22.006(2), F.A.C., requires a current physical examination (Form DH 3040) and immunization record (Form DH 680) within 30 days of enrollment.

State of Florida, Department of Children and Families  
Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

State of Florida, Department of Children and Families  
Section 65C-22.006(4)(c)2, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility. Please see the Funtastic Learning Academy *Parent Handbook*.

The Early Learning Coalition  
Rule #6M-8.305 requires that parents of VPK will be required to verify and sign the child's attendance on form OELVPK-035 or OEL-VPK03I in order to receive the free program.  
*Preschool & Academy Parent Handbook*

Funtastic Learning Academy also requires that parents receive that the following forms are completed and on file upon the first day of student attendance:

- Completed and signed Registration form
- Completed and signed Parental Financial Agreement
- Certificate of Eligibility for VPK classes, if eligible
- Current Florida Student Health Examination form—original only (physician provided)**
- Florida Certificate of Immunization—original only (physician provided)**
- Copy of Parent/Guardian Photo ID
- Signed and notarized Medical Consent form-**notary on site**
- Signed verification of receipt of the DCF brochure/guide to parents on *Influenza Virus*  
(Signed during the months of August/September only)
- Signed verification of receipt of the DCF brochure/guide to parents on Distracted Adult  
(Signed during the months of April/September only)
- Signed Developmental Screening Release form
- Signed Video/Photo Release form
- Outside Food Permission Slip, including milk
- Student Information forms: *What Makes Your Child Special?*
  - **Health examination and immunization not required for school age children**

By signing below, you verify that you have received the above items, and that all information on these forms is complete and accurate. Your signature verifies that you have read the Funtastic Learning Academy *Parent Handbook* and understand and agree to follow the policies and procedures of Funtastic Learning Academy. If, at any time, a parent/guardian and the school cannot come to an agreement on school/student issues, the parent may be asked to withdraw the child.

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Signature of Parent/or Legal Guardian

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Date



## Parental Financial Agreement:

The following financial agreement is between \_\_\_\_\_

(parent/guardian of child(ren) in care

Funtastic Learning Center located at \_\_\_\_\_ for the child(ren) listed below:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tuition fee: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tuition fee: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tuition fee: \_\_\_\_\_

### Standard Rates and Payment Policies:

1. A deposit of \$\_\_\_\_\_ is required. The deposit will be applied to the last week's payment or to the termination notice period if proper notice is not given (see Termination procedure).
2. The total fee will be \$\_\_\_\_\_  per day  per week  per month
3. Annual Registration is \$75 per family due each August the child(ren) is enrolled (not for drop in)
4. Material Fee of \$100 ½ due each August and ½ due each January the child(ren) is enrolled (not for drop in)

Days and hours of care provided will be:

\_\_\_\_\_ can not exceed 10 hours per day.

5. Payment is to be made: weekly or monthly. Weekly payments are due Friday prior to the week of service and is considered late by close of business Tuesday and will access a \$20 late fee and Monthly payments are due on or before the 1<sup>st</sup> of each month, late after the 5<sup>th</sup> of the month and will access a \$20 late fee.
6. The parent will provide (check all that apply): Breakfast Morning Snack Lunch Afternoon Snack-provide your child with a ready to eat meal. Containers will need to be washed at home or disposable.
7. The center will provide (check all that apply): Breakfast Morning Snack Lunch Afternoon Snack
8. The parent(s)/guardian(s) will provide the following (check all that apply): Change of Clothes Formula/Breast Milk Diapers & Wipes Infant Food
9. In the event the child runs out of a necessary supply Provider will supply the item and parent will be billed the amount of the supply and provided with a receipt. This is only for emergency situations.



### **Rates for holidays, absences, vacations, overtime:**

1. Care will not be provided, but payment is due, on the following holidays when they occur on a day the child(ren) is/are regularly scheduled for care:

New Year's Day

President's Day

Martin Luther King Jr. Day

Good Friday

Memorial Day

Independence Day

Teacher Work Day-TBA (day before school year starts) example: August 7, 2020

Labor Day

Thanksgiving Day

Day after Thanksgiving

Christmas Eve

Christmas Day

2. The provider will be notified **by 9am** if the child(ren) will be absent for the day.
3. Policy for payment of absences is: Tuition is due weekly regardless of attendance unless your child(ren) is out due to illness for more than 3 days for the week ½ tuition credit will be given. Parent must provide a doctor's excuse within 5 days of absence to receive credit to account.
4. Fees and policies for parent/guardian's vacation: 2 weeks' vacation will be offered each year from July to June in 5-day increments and the child may not be in attendance, a written 2-week notice must be given. Vacation time not used is in no way considered refundable or accumulative. Form can be obtained from the front office.
5. If the parent/guardian drops off the child earlier or picks up later than the times specified above, the following overtime rate will be charged: \$5 per hour.

Termination procedure: This contract begins on the following date: \_\_\_\_\_ and may be terminated by either parent/guardian or provider by giving **30 day written notice**.

The provider may terminate the contract without notice if the parent/guardian is over 2 week(s) late with scheduled payments, or a behavioral issue cannot be resolved and may cause harm to other child or staff. Parent/guardian may terminate the contract without notice if the provider does not comply with State of Florida Department of Children and Families (DCF) childcare regulations/laws. Changes to the contract, desired by either provider or parent/guardian, must be made in writing and acknowledged in writing by the other parties at least 2 weeks before the desired change takes effect. A new contract may be signed at that time to reflect the changes.



Signatures: By signing this contract, all parties agree to all the above terms and policies, including financial responsibility for childcare provided. The provider is responsible for providing all parties a copy of the signed contract.

  X    
 \_\_\_\_\_  
 Provider's Signature

\_\_\_\_\_  
 Date

  X    
 \_\_\_\_\_  
 Mother/Legal Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address of Mother/Legal Guardian

\_\_\_\_\_  
 Phone number

\_\_\_\_\_  
 Mother's Social Security Number

  X    
 \_\_\_\_\_  
 Father/Legal Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address of Father/Legal guardian

\_\_\_\_\_  
 Phone number

\_\_\_\_\_  
 Father's Social Security Number

FOR OFFICE USE--Form of Pmt.:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check#	<input type="checkbox"/> Cash	\$	TOTAL
DATE OF ENROLLMENT:	LOCATION:			MGR:	



The employees of Funtastic Learning Academy are committed to the provision of a safe environment for your child. Accidents do occur however, and children do become ill. Therefore, it may become necessary to have your child medically treated.

**The following section is to be completed by a parent/legal guardian:**

Child's Physician:	Physician Phone:
Address:	City, State, Zip:
Preferred Hospital/Location:	
Known Allergies:	Severe <input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Medication:	
Medical Ins. Co.:	Med. Ins. Phone:
Member I.D.#:	Policy/Group/Plan#:

**Consent to Medical Treatment:**

I, the undersigned, am the parent/legal guardian of \_\_\_\_\_, a minor, and have given my consent for him/her to attend Funtastic Learning Academy in Lake Mary, FL. In the event that he/she is injured while attending such school and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I hereby authorize the Director, office administration, or teacher to give such consent for me, if I cannot be reached, or if emergency conditions warrant immediate treatment. In the event this person(s) give(s) consent for me, I agree to hold such person(s) free and harmless of any claims, demands, or suits for damage arising from the giving of such consent. I give consent that such necessary medical treatment be performed at the closest appropriate medical facility. I also assume responsibility for any and all medical bills incurred.

Parent/Legal Guardian Signature \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Printed Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State of Florida, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the foregoing instrument was acknowledged before me by \_\_\_\_\_, personally known to me, or who has produced proper proof of identification.

Parent/Legal Guardian Driver's License No. \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Printed/Typed Name or Stamp \_\_\_\_\_



## Permission for Photography:

I hereby grant permission for my child to be included in school photographs and/or videos of my child's activities at Funtastic Learning Academy.

I **DO NOT** grant permission for my child to be included in school photographs and/or videos of my child's activities at Funtastic Learning Academy.

I understand that images may appear in forms such as display panels, brochures, Funtastic Learning Academy website, newspaper or other such publications and special projects such as memory books/videos. At no time will the names of children be used in any of these sources. I agree that I am to receive no compensation for my child's appearance and I also understand that I have no ownership rights to the photography or negatives.

Child's Name \_\_\_\_\_

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

Printed Name \_\_\_\_\_

Date \_\_\_\_\_



## Permission for Observations and Assessments:

During a child's first few years of life many important skills and abilities are established, that are key to success in school and later life. The Funtastic Learning Academy staff has completed a training course in observing and screening young children and we have implemented this program for the children in our care.

When the results indicate that your child's development is typical, we will provide you with a summary of your child's progress and will suggest age-appropriate activities that you might wish to do with your child. If the results point out areas of possible concern, we will advise you on how to schedule a more detailed assessment for your child. All of the information about your child and family is held in confidence.

Please indicate below with a check mark if we have your permission to periodically monitor your child's growth and development.

I DO     I DO NOT    **GRANT PERMISSION TO HAVE MY CHILD SCREENED AND/OR OBSERVED FOR POTENTIAL DELAYS, CHALLENGING BEHAVIORS OR OTHER CONCERNS.**

If child was born prematurely, how early was the birth? \_\_\_\_\_

Is your child currently receiving therapy of any kind? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list type of therapy \_\_\_\_\_

Other Information (i.e. relevant medical condition, sibling with a disability, etc.)  
\_\_\_\_\_

Child's Name \_\_\_\_\_

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

Printed Name \_\_\_\_\_

Date \_\_\_\_\_





## Permission for outside food:

DCF has recently changed some of their policies; one of these changes requires the school to have written consent on file for your child to participate when outside food is brought into the center.

*65C-22.005 Food and Nutrition.*

*Parents or legal guardians must be advised in advance of each food-related activity, such as special occasions and learning activities, which include food consumption. Written parental permission may be obtained in the form of a general or specific permission slip. Documentation of parent permission for food activities must be maintained for a minimum of four months from the date of each activity.*

The attached notice will serve as our general permission slip for any food activities that the school does, to include serving milk at snack time. We will continue to keep your child's individual needs and allergies in mind when planning activities.

Thank you again for allowing us the opportunity to teach your children, we enjoy having all of them.

- Yes, I agree to have my child, \_\_\_\_\_ participate in food activities. This includes holiday parties, individual events and children's birthday celebrations.
  
- No, I do not agree to have my child, \_\_\_\_\_ participate in food activities. *(Please state reason or allergies below.)*

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## What Makes My Child Special!

Child's Name: \_\_\_\_\_ Name my child goes by: \_\_\_\_\_

Previously my child was cared for:

- In a home day care setting
- At another center-name of center: \_\_\_\_\_
- Home with me
- By a relative, friend or neighbor

There were \_\_\_\_\_ other children around my child most of the day.

I would say that his/her day was relatively structured / unstructured. (Circle one)

In new situations, my child tends to: \_\_\_\_\_

Any allergies or special needs: \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ What does your child say when he/she needs to use the toilet?

Does your child need help: Dressing/Undressing \_\_\_\_\_ Eating \_\_\_\_\_ Washing Hands \_\_\_\_\_ Toileting \_\_\_\_\_

Does your child have any special fears or problems? \_\_\_\_\_

### Sleep

My child generally (does / does not) take \_\_\_\_\_ nap(s) during the day. They each last around \_\_\_\_\_ hours.

Special sleep items (doll, blanket, etc.) \_\_\_\_\_

Special hints to help at naptime: \_\_\_\_\_

### Eating

My child has special dietary needs (please list) \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Special hints / concerns regarding mealtime: \_\_\_\_\_

### Learning & Fun

Favorite Games: \_\_\_\_\_

Favorite Songs / Books: \_\_\_\_\_

Likes to do the following activities:  
\_\_\_\_\_

My child can't part with (i.e. toy, stuffed animal): \_\_\_\_\_

Favorite Color: \_\_\_\_\_ Pets: \_\_\_\_\_ Sibling names and ages: \_\_\_\_\_

### Other

Does your child have any other friends / acquaintances at this center? \_\_\_\_\_ (for referral credit)

If yes, who are they? \_\_\_\_\_

I would describe my child as (shy, outgoing, a leader, strong willed, etc.): \_\_\_\_\_

Any other information that would help us best meet you and your child's needs?  
\_\_\_\_\_