



**COLLINA
KIDS
ACADEMY**

ENROLLMENT APPLICATION

Child Profile:		Date of Application: _____
		Desired Start Date: _____
_____		_____
Childs Name (first and last)		Childs Birth Date (month, day, year)
Program Option Desired:		School Age: _____
Infant Through Pre-K: _____		Part Time Before & After Care _____
Full Time Mon through Fri _____		Part Time After Care _____
Part Time		School Name: _____
Mon-Wed-Fri _____		
Tues-Thurs _____		
Voluntary Pre-K (VPK)		Summer Camp Only _____
½ day only _____		
extended services _____		
Child Medical Information:		
CHILD ALLERGIES: _____		Ongoing Prescribed Medication: _____
Special Medical Needs/Conditions: _____		Physicians Name: _____
		Physicians Phone Number: _____
Parent Information		

Mother/Primary Guardian First & Last Name		Home Address _____
Primary Home Phone: _____		
Primary Work Phone: _____		
Cell Phone: _____		
Email Address: _____		Place of Employment _____

Father/Primary Guardian First & Last Name		Home Address _____
Primary Home Phone: _____		
Primary Work Phone: _____		
Cell Phone: _____		
Email Address: _____		Place of Employment _____

For the safety of your child, please keep the center informed as to changes in telephone numbers, etc., where you may be reached.

Parent Signature: _____ Date: _____

ENROLLMENT APPLICATION CONTINUED

AUTHORIZATIONS FOR PICK UP AND EMERGENCY (other than parents)

Individuals authorized to pick up children **must be at least 16 years of age** and provide a valid Florida Drivers License or Identification card. **In accordance with State regulations, parents are responsible for escorting child(ren) into and out of the center.** Children may NOT sign themselves in and out.

Name	Relationship
Primary Home Phone: Primary Work Phone: Cell Phone:	<input type="checkbox"/> Authorized to Pick up <input type="checkbox"/> Emergency Contact
Name	Relationship
Primary Home Phone: Primary Work Phone: Cell Phone:	<input type="checkbox"/> Authorized to Pick up <input type="checkbox"/> Emergency Contact
Name	Relationship
Primary Home Phone: Primary Work Phone: Cell Phone:	<input type="checkbox"/> Authorized to Pick up <input type="checkbox"/> Emergency Contact
Name	Relationship
Primary Home Phone: Primary Work Phone: Cell Phone:	<input type="checkbox"/> Authorized to Pick up <input type="checkbox"/> Emergency Contact

Section 65.22 of the Florida Administrative Code Childcare Standards requires that parents must receive a copy of the following childcare brochures/policies

- "Know Your Child Care Center" Brochure
- "Influenza Information" Brochure
- Collina Kids Academy Discipline Policy

I, _____ (parent/legal guardian) have received a copy of the above forms.

Parent
Signature: _____ Date: _____