



Windmill Creek Academy

Child Enrollment Form

Staff Use

Date Enrolled ____ - ____ - ____ Door Code _____ Location _____ Class _____

Child's Information

Child's Name _____
LAST FIRST MIDDLE NICKNAME

Child's DOB _____ Child's Sex: MALE FEMALE

Child's Address _____
STREET CITY STATE ZIP CODE

Primary Hours of Care M T W Th F from _____ to _____

Meals to be served while in care: Breakfast AM snack Lunch PM snack Dinner
(ONLY AM AND PM SNACKS ARE PROVIDED, PARENTS NEED TO PROVIDE BREAKFAST, LUNCH, AND/OR DINNER)

Helpful information about the child _____

Family Information

Child lives with _____

Mother/Parent/Guardian # 1

Father/Parent/Guardian # 2

Name _____

Name _____

Address _____

Address _____

DOB _____

DOB _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Employer _____

Employer _____

Employer Address _____

Employer Address _____

Work Number _____

Work Number _____

Relationship to Child _____

Relationship to Child _____

Email _____

Email _____

Allowed to pick up YES NO

Allowed to pick up YES NO

Custody: ___ Mother ___ Father ___ Both ___ Other: _____

Medical Information

I hereby grant permission for the staff of Windmill Creek Academy to contact the following medical personnel to obtain emergency medical if warranted.

Doctor _____ Address _____ Phone _____

Doctor _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Hospital Preference _____

Please list any allergies, special needs, dietary needs or any other areas of concern

(IF SO PLEASE DESCRIBE, IF NO WRITE "NO") _____

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable) _____

Authorized Pick-up and Emergency Contacts

Child will be released only to the custodial parent(s) or legal guardian(s) and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent(s) or legal guardian(s) cannot be reached. Please check box for authorized pick up or emergency contact or both.

Name _____ Relationship to child _____

Address _____

Home _____ Cell _____ Work _____

Authorized Pick-Up Emergency Contact

Name _____ Relationship to child _____

Address _____

Home _____ Cell _____ Work _____

Authorized Pick-Up Emergency Contact

Name _____ Relationship to child _____

Address _____

Home _____ Cell _____ Work _____

Authorized Pick-Up Emergency Contact

Name _____ Relationship to child _____

Address _____

Home _____ Cell _____ Work _____

Authorized Pick-Up Emergency Contact

I authorize any emergency vehicle to transport my child from the center to nearby hospitals if such a situation would occur.

Parent/Guardian Signature _____ Date _____

Important Information

- Section 7.1 and 7.2 of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. – Can be obtained from your child’s Pediatrician, Doctor’s Office, or Local Health Department. Must be on Florida forms only.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure. “Know Your Child Care Facility” (CF/PI 175-240). – In red registration folder.
- Section 7.3, C.3, requires that parents are provided food and nutritional policies used by the child care facility. – (In Parent Handbook) – available online (www.WindmillCreekAcademy.com) or at the front desk.
- Section 7.3, C.4, requires that parents are provided with information detailing the causes, symptoms and transmission of the influenza virus during the months of August and September. – Brochure will be sent home in August and September.
- Section 7.3, C. 5, requires that parents are provided with information regarding the potential for distracted adults to fail to drop off a child at the facility and instead leave them in the adult’s vehicle upon arrival at the adult’s destination during the months or April and September. – Brochure will be sent home in April and September.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility. – (In Parent Handbook) – available online (www.WindmillCreekAcademy.com) or at the front desk.

Your signature below indicates that you have received the above items.

Parent/Guardian Signature _____ Date _____

Agreement upon Termination

I hereby understand that I am required to give a written notice of termination. The written note must be dated and signed the day I give it to the center. If I fail to have a written notice, I am still responsible for two weeks of payment. Written notice is required for each child attending Windmill Creek Academy. For each child I will be charged for two weeks.

Parent/Guardian Signature _____ Date _____

Photograph Release

At our center we love to take pictures daily. This helps allow our families to feel a part of our daily schedules. Families are able to see first-hand just how much fun their children are having. By signing below you are giving our center permission to photograph your child. These pictures can be used in the facility, website, newsletter, and/or advertisements. By signing below you are allowing us to use your child's photograph in the facility, website, newsletter and/or advertisements. *There is no fee paid to any parents for the use of these photos.*

Parent/Guardian Signature _____ Date _____

Medical Care

I authorize Windmill Creek Academy staff to give consent for any and all of my child's emergency medical care while my child is in the center's care. This includes CPR and the abdominal thrust.

Parent/Guardian Signature _____ Date _____

Sunscreen / Bug Repellent / Lotions / Ointments

I grant permission to Windmill Creek Academy staff to apply the following OTC products to my child as needed. I will supply the following checked items of my choosing. These items will be labeled with my child's name and will be kept for my child's use. We require you to have used these products 24 hours prior to bringing it in so that we know they will not have an allergic reaction.

Check if child is allergic to latex.

- Sunscreen
- Bug Repellant
- Diaper Ointment
- Lotions

Parent/Guardian Signature _____ Date _____

Trial Period

Windmill Creek Academy is an inclusive Learning Center. We have a 10-day trial period for any special needs children. This is to protect the child as well as other students. The parents, Director, and the primary teacher will have a conference to make sure the center is correct for the child and they can be integrated to our center's program. I acknowledge and accept this policy.

Parent/Guardian Signature _____ Date _____

Screening Your Child

At Windmill Creek Academy we believe in screening your child. We do this so that if a child is in need of special attention we can make you, the parents, aware. If a problem is caught at an early stage it will help to prevent other problems your child may encounter. The staff at Windmill Creek Academy will be screening your child and you will receive the results of the screening. If you wish to schedule a parent conference to further discuss in detail your child's screening you may do so. By signing below you are giving both Windmill Creek Academy staff and director permission to screen your child using the Ages and Stages Program.

Parent/Guardian Signature _____ Date _____

Acknowledge Receipt of Parent Handbook

I agree to hold the school and staff harmless for any liability to my child or any guardian or parent thereof because of claims on behalf of my child against the school or its staff because of any injury to my child. Should legal action be taken against Windmill Creek Academy, LLC or any staff member on my child's behalf, and the school or its staff not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Windmill Creek Academy LLC or its staff should incur to defend itself against such action. I understand that should my marital or occupational status change, it is my responsibility to inform Windmill Creek Academy, in writing, to make requisite changes to my emergency card/information.

Windmill Creek Academy agrees to notify the parent/guardian whenever the child becomes ill. The parent agrees to pick up the child within one hour, with the understanding that the child should remain at home for 24 hours after symptoms clear before being allowed to return to school if fever, diarrhea or vomiting is present for 24 hours after being placed on antibiotics.

Parents understand that they must inform Windmill Creek Academy staff within 24 hours whenever a member of the immediate household has been exposed to a communicable disease. Exposure to life-threatening disease must be reported immediately.

The parent/guardian authorizes Windmill Creek Academy to obtain immediate care if any emergency occurs when he/she cannot be reached immediately. I grant permission for Windmill Creek Academy to use photographs or videos of my child, both print and electronic, and understand no compensation will be given for photographs used by the school.

I have read the Windmill Creek Academy Parent Handbook and accept and agree to all policies stated within.

Parent/Guardian Signature _____ Date _____

Tuition

Windmill Creek Academy uses an online tuition company, FACTS management. Please fill out the following information so we are able to set up your account and send you an email with a link to your personal account. Please write clearly so we can input the correct information.

Child Information (Please indicate oldest to youngest)

1st Child's Name _____ DOB _____
FIRST LAST

2nd Child's Name _____ DOB _____
FIRST LAST

3rd Child's Name _____ DOB _____
FIRST LAST

Mother/Guardian #1 Information

Mother/Guardian First Name _____ Last Name _____

Mother/Guardian Email Address (PLEASE PRINT CLEARLY SO THERE IS NO CONFUSION AS TO LETTERS)

@

Mother/Guardian Phone Numbers (PLEASE INCLDE AREA CODE)

Cell (____) _____ - _____ Home (____) _____ - _____ Work (____) _____ - _____

Mailing Address (PLEASE INCLUDE STREET ADDRESS, CITY, STATE AND ZIP CODE)

Father/Guardian #1 Information

Father/Guardian First Name _____ Last Name _____

Father/Guardian Email Address (PLEASE PRINT CLEARLY SO THERE IS NO CONFUSION AS TO LETTERS)

@

Father/Guardian Phone Numbers (PLEASE INCLDE AREA CODE)

Cell (____) _____ - _____ Home (____) _____ - _____ Work (____) _____ - _____

Mailing Address (PLEASE INCLUDE STREET ADDRESS, CITY, STATE AND ZIP CODE)