



# School Enrollment Application

<u>For Office Use Only:</u>	
Classroom	_____
Registration Fee:	_____

**Student Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_

Last

First

Middle

Nickname

Child's Physical Address: \_\_\_\_\_

**Programs offered:**  all that apply

School Year: (Aug-May) \_\_\_\_\_ Before Care (7:30-8:30) \_\_\_\_\_ After Care (12-4 p.m.) \_\_\_\_\_

Summer Camp: Session I (June 4 – July 5) \_\_\_\_\_ Before Care (7:30-8:30) \_\_\_\_\_ After Care (1-4 p.m.) \_\_\_\_\_

Session II (July 9 – Aug 2) \_\_\_\_\_ Before Care (7:30-8:30) \_\_\_\_\_ After Care (1-4 p.m.) \_\_\_\_\_

**Family Information:** Child lives with: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**Medical Information:**

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Care Plan instructions (if applicable): \_\_\_\_\_

**Emergency Contacts:**

The child will be released only to the custodial parent or legal guardian 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 the custodial parent or legal guardian cannot be reached.

Name \_\_\_\_\_ (Relationship to child) \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ (Relationship to child) \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ (Relationship to child) \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

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Name	(Relationship to child)	Address	Phone #
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**Helpful Information About Child:**

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**State Required Documents** - View and/or print list at: [www.gbcbcprek.com](http://www.gbcbcprek.com) under Parent Portal tab.

- Section 7.1 and 7.2 of the Child Care Facility Handbook, requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of the first day of attendance. Copies are OK.  
**Please note that some children in care may not have current immunizations.**
- 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 175-24)
- Section 7.3 C1 of the Child Care Facility Handbook, requires that parents receive a copy of the Influenza Virus Brochure, "Influenza Virus" (CF/PI 175-70)

Your signature below indicates you have read and understand the required state documents and that the information on this enrollment form is complete and accurate. I hereby give permission to the staff of Gulf Beach Baptist Preschool to have access to my child's records.

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Signature of Parent/Guardian

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Date