



Enrollment Application

Student Information:

Date of Birth: _____ Sex: _____

Date of Enrollment _____

Child's Full Name _____ Nickname _____

Primary Hours of Care: From _____ To _____

Days of the week in Care: M Tu W Th Fr

Address _____

City _____ Zip _____

Child Lives with: Both parents _____ Father _____ Mother _____

Father's Name _____

Occupation _____ Employer _____

Cell phone _____ e-mail _____

Mother's Name _____

Occupation _____ Employer _____

Cell phone _____ e-mail _____

Emergency Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. I also give permission to the staff of LOMS and

transport my child in the ambulance to the nearest hospital in case when none of the emergency contacts on this application can be reached and the child needs care immediately.

Medical conditions _____

Allergies: _____

Child's Doctor _____ Phone: _____

Insurance Provider: _____ Expiration Date: _____

Insurance Card Number: _____

Contacts: Person(s) authorized to pick up my child other than Parents:

Child will be released only to the custodial parent or legal guardian and the personnel listed below with a proper ID. 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 any reason the custodial parent or legal guardian cannot be reached.

1. Name _____ Cell: _____

2. Name _____ Cell: _____

*For the safety of the children, make sure that every person on your list has a valid ID and ready to show it!

Photo Release (Please initial one):

_____ I hereby give permission for pictures or videos of my child to be taken at school and be used on Live Oak Montessori School's website, Facebook page, yearbook, or any other promotional material. Only first names of the children might be used.

_____ I prefer not to have images of my child displayed on the website, Facebook page, yearbook, or any other promotional material. (Photos of your child will only be taken at school for educational purposes or classroom display).

_____ I prefer not to have any images of my child taken at school.

Potty Training (Please initial one):

____ My child is completely potty trained and knows when he/she has to go and can do it on his own.

____ My child needs assistance in the following manner: _____

Thank you for completing this information sheet. Is there anything else we need to know to better serve your child?

Section 65C-22.006(2). F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the *Child Care Facility Brochure*, “KNOW YOUR CHILD CARE FACILITY”

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.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate and you will update this information as soon as possible if anything changes.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Director Signature _____ Date _____