

EVERY ITEM MUST BE COMPLETED (PUT N/A IF ITEM IS NOT APPLICABLE) – PLEASE PRINT

2017-2018 ENROLLMENT INFORMATION

STUDENT'S INFORMATION

Date of Birth: _____ Sex: _____
Date of Enrollment: _____ Date Form Completed _____
Class Entering: _____

Full Name: _____
(Last) (First) (Middle) (Nickname)

Student's Physical Address: _____
(Number) (Street Name)

(City) (Zip Code)

Primary Hours of Care: From _____ To _____
Days of the Week in Care: M T W Th F
Meals Typically Served While in Care: AM Snack PM Snack

_____(Initial) I understand that I provide my child's lunch or meal during the time period he/she is at the facility, I am responsible for meeting my child's nutritional needs according to the present recognized nutritional standards. I understand that if a modified diet is prescribed by a physician, I am responsible for obtaining the physician's order, a copy of the diet and a sample meal plan which will be placed in my child's record. All lunches that need to be kept cold prior to the lunch hour, must have a freezer pack inside the lunch box. We are unable to heat any lunches.



Child Lives With: _____
Custody: Mother _____ Father _____ Both _____ Other _____

Family Information

Father's Name: _____

Address: _____

Home Phone: _____

Email Address: _____

Employer: _____ Occupation: _____

Address: _____

Work Phone: _____ Cell: _____

Can we reach you at your place of employment during the hours that your child is at our facility? _____



Mother's Name: _____

Address: _____

Home Phone: _____

Email Address: _____

Employer: _____ Occupation: _____

Address: _____

Work Phone: _____ Cell: _____

Can we reach you at your place of employment during the hours that your child is at our facility? _____



Medical Information

I hereby grant permission for the staff of Julie Rohr Academy to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____
Doctor: _____ Address: _____ Phone: _____
Doctor: _____ Address: _____ Phone: _____
Hospital Preference: _____

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

Contacts:

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 for some reason, the custodial parent or legal guardian cannot be reached.

Name	Address	Work#	Cell#	Home#
Relationship to child: _____				

Name	Address	Work#	Cell#	Home#
Relationship to child: _____				

Name	Address	Work#	Cell#	Home#
Relationship to child: _____				

- Sarasota County code of Ordinance, Article V Sec. 62-136(a) and Sec. 62-179(a) requires a current physical examination (Form 3040) within 15 calendar days of the first day of attendance unless under 6 months of age and then it is due on the first day of attendance. Immunization record (Form 680 or 681) is required prior to the first day of attendance.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child care Facility Brochure, "Know Your Child Care Facility" (DF/PL 175-24).
- Section 65C-22.006(3)©, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility as described in the Parent/Student Handbook.
- During the 2009 legislative session, a new law was passed that required child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September. My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

I first heard about Julie Rohr Academy _____
Date of first enrollment at JRA _____



I have received the enrollment form and found it to be completed with all necessary information as indicated.

Director's Signature