

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

**2019-2020 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: _____	Mother’s Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
Work Phone: _____ Cell: _____	Work Phone: _____ Cell: _____

Can we reach you at your place of employment during the hours that your child is at our facility? \_\_\_\_\_  
Father Mother

**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 and expulsion policies 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*.

**Please check (✓) the items that you give permission for.**

\_\_\_\_\_ I have received and read the Julie Rohr Academy Parent/Student handbook (included in the parent information packet that is handed out at the Teacher Meet and Greet).

\_\_\_\_\_ I give consent for Julie Rohr Academy personnel to have access to my child's records.

\_\_\_\_\_ I give permission for my child to be photographed for television, magazines, newspaper, social media, Julie Rohr Academy website ([www.julierohracademy.com](http://www.julierohracademy.com)), and teacher links.

\_\_\_\_\_ I give permission for my child to participate in a "generic" blessing before meals.

\_\_\_\_\_ I give permission for my child to touch and hold the following animals: (a ✓ indicates permission. A blank space indicates **no** permission.)

\_\_\_\_\_ Reptiles; \_\_\_\_\_ Guinea Pigs, Hamsters; \_\_\_\_\_ Dogs; \_\_\_\_\_ Cats

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 \_\_\_\_\_

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

\_\_\_\_\_  
Director's Signature