



Email: _____

4-Digit Entry Code: _____

Enrollment

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____

Last

First

Middle

Nickname

Primary Hours of Care: From _____ To _____

Days of the Week in Care (Please circle): M T W Th F

Family Information: Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address/Zip: _____

Address/Zip: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Work Phone: _____ Cell: _____

Work Phone: : _____ Cell: _____

Custody: Mother _____ Father _____ Both _____ Other: _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. Please provide name, address, and phone #.

Doctor: _____

Doctor: _____

Dentist: _____

Hospital Preference: _____

Allergies: _____

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 Relationship Phone

Name Relationship Phone

Name Relationship Phone

Helpful Information About Child:

- ☐ Section 65C-22.006(2), F.A.C., requires a current **physical examination** (Form 3040) and **immunization record** (Form 680 or 681). *Both forms must be turned in before your child can start school at Island Prep and must remain up to date.*
- ☐ Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), as available on the website.
- ☐ Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, as included in this packet.

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 and Date

Additional Authorized Contacts:

The persons listed below can be contacted if parents/guardians cannot be reached. These contacts also have permission to pick up the child from Island Prep, with identification.

Name	Relationship	Phone



Liability Waiver

I do hereby, for myself, my heirs, executors and administrators, waive and release any rights and claims for damages I may have against Island Prep and its agents, representatives, successors and assigns for any, and all, injuries and damages suffered by enrollee in connection with the program at Island Prep.

Parent/Guardian Signature

Date



Photography Release

Your child's privacy is very important at Island Prep. Your child's pictures will not be posted, by Island Prep, on the website or other outlets without your permission.

_____ My child may be photographed during day-to-day activities and celebrations, and the pictures may be placed on the Island Prep webpages and on school wide newsletter.

_____ My child may be photographed during day-to-day activities and celebrations; however, the photos may not appear on the parent portal.

Parent/Guardian Signature

Date



Authorization for Emergency Treatment

I hereby give my consent to Flagler Hospital to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Child's Name: _____ D.O.B. _____

Name of Physician: _____ Phone: _____

Allergies: _____ Date of Last DPT or Tetanus: _____

Insurance Company: _____ Policy Number: _____

Parent/Guardian Signature and Date



Treat Release

When another child/family brings a treat to school:

_____ My child is allowed to participate in birthday/holiday celebrations by eating treats and snacks.

_____ I'd rather my child not participate in the consumption of treats/snacks at school.

_____ I would like to be contacted and give permission based on the treat or snack provided.

Best phone number to be reached: _____



Meals and Milk standards

I understand Island Prep does not provide snacks or lunch to the children enrolled in their program. It is my responsibility as a parent to provide healthy foods in a labeled lunch box for the entire day. Per DCF licensing, we are required to ensure all children receive appropriate portions of each food group as determined by the USDA.

_____ I choose to provide milk for my child

_____ I do NOT choose to provide milk for my child



Discipline Policy

At Island Prep we believe a child in an environment of love, trust and respect, will gain self-discipline and the desire to learn and succeed in a positive way. In addition, we request parents be proactive partners in their child's school experience. All discipline will relate to the child's action and will be handled without prolonged delay on the part of the staff, so the child is aware of the relationship between his or her actions and the consequences.

Island Prep believes an established and respected discipline policy is critical in achieving a positive learning environment. At our school we believe parents/guardians and our school must be united and consistent. In addition, any unsafe or disruptive behavior exhibited by children or parents, as well as any parents who do not adhere to and support our discipline policy, and/or are uncooperative in supporting the decisions of the school, may also be subject to immediate dismissal of their child. There will be no refund of tuition if your child is dismissed and any unpaid balance of your student's tuition must still be paid in full.

Students and parents are expected to adhere to the school discipline policy.

- Control aggression toward others.
- Handle school property and materials with care.
- Respect the property and rights of other children, the staff, and school in general.
- Be polite and use good manners at all times.
- Follow directions within a reasonable amount of time.

If your child chooses to break a school rule, the consequences are as followed:

1. Verbal Warning
2. Time out with note home to parents
3. Child sent to the director's office and parents called or e-mailed
4. Parents called in for conference
5. Probation and possible suspension
6. Student possibly expelled

In instances where aggression is provoked, please inform your child of these steps to take:

1. Verbally express their displeasure.
2. Walk away from the situation
3. Ask for intervention from a teacher.

The age of a child will be taken into consideration when dealing with discipline problems.

I have read and understand Island Prep's Discipline Policy and accept and agree to abide by the conditions stated herein for as long as my child is enrolled.

Parent's Signature/Date: _____



Enrollment Agreement

Please initial each section listed below, then sign and date the last page.

_____ **REGISTRATION FEE:** I understand an annual, non-refundable, Registration Fee of \$50 for Preschool and \$100 for Primary school and shall be paid in advance to enroll my child.

_____ **SUPPLY FEE:** I understand an annual, non-refundable, Supply Fee of \$150 for Preschool and \$175 for Primary school shall be paid annually based on my child's date of enrollment or at the beginning of the PreK Program and Primary School Program. The fee may change year-to-year based on need.

_____ **TUITION and MODIFICATIONS CONDITIONS:** \$_____ per week is the current tuition rate for the program I have chosen. I understand rates are subject to change with reasonable notice, as conditions require. The school follows state specific required time frames on tuition and modifications notices.

_____ **PAYMENT OF TUITION:** I understand tuition is due and payable, on the first day of attendance each week. ***I understand credit will not be issued for holidays or days off.***

_____ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$10 per day each day tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency. Island Prep reserves the right to require Tuition Express Payments if payments are not received in a timely-manner. In the event Island Prep has to commence legal action to collect any funds for tuition or other fees owed; the parent/guardian agrees all attorney fees and court costs incurred in the collection proceedings will be sole responsibility of the parent/guardian.

_____ **SIBLING DISCOUNT:** I understand if my child attends full time preschool program, a five percent (5%) discount is offered to me for each additional child from my immediate family who enrolls in a **full-time preschool** program. The discount is applied to the lowest tuition rate. Discounts are not applicable on any fees or services.

_____ **LATE PICKUP:** I understand I must pick up my child before 5:30 p.m. I understand I will be billed \$1 for every minute after closing. Should my child remain at the school longer than an hour after closing time, the State of Florida mandates the Florida Department of Children and Family Services be contacted.

_____ **RETURNED CHECKS:** I understand a processing fee of \$20 will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period. I am responsible for the principal amount plus all returned check fees.

_____ **ILLNESS:** I understand I will be notified should my child become ill during the day, and I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to Family Handbook. I understand that tuition **will not be prorated or discounted for missed days due to illness.**

_____ **WELLNESS POLICY:** Students must be symptom free for at least 24 hours before attending or returning to school. These symptoms include: Fever (100.5+), Pink Eye, Diarrhea, Vomiting, and other contagious symptoms at the discretion of the staff. On some occasions a doctor's note will be required. The health and safety of the students is number one. Yellow/Green Mucus- If your child has a green or yellow runny nose for two school days on the third day your child will not be able to attend school and/or sent home, and may only return to school with a doctor's note of wellness.

_____ **CHOKING HAZARDS:** Please be mindful of choking hazard foods when packing your child's lunch. If your child attends the preschool program, please be sure to cut up grapes, hotdogs, or other items that could possibly be harmful.

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees are non-refundable.

_____ **FORMS:** I have read and signed all mandatory enrollment information; which includes discipline policy, photo and liability waiver, and emergency authorization for treatment form in case of an emergency. I understand that **I must keep my child's health immunizations and other records up-to-date at all times. Past due Immunizations and Well-Health Forms will require your child to miss school until they are completed.** No refunds or discounted tuition given.

_____ **ADDITIONAL RELEASE CONTACTS:** I understand and agree that if I wish to have any person, other than the persons listed on the authorization form pick up my child, *I must notify Island Prep in writing, in persons, or in advance. All contacts must present government issued identification and have proper car seat safety requirement.*

_____ **VACATIONS:** I understand that I must provide a two (2) week **written/email** notice to take a vacation. I understand that a vacation is considered a full week (M-F), or longer. *Individual days do not constitute a vacation.* During a vacation week I agree to pay 50% of my child's tuition cost to secure my child's spot at Island Prep. Vacation Rates are not available during the school year for students enrolled in VPK Program or Primary School.

_____ **FAMILY HANDBOOK:** I understand that the Family Handbook is online and that it includes the open door policy, health policy, vacation procedures, and student discipline. I have read and reviewed the [Know Your Child Care Facility](#) and [Influenza Virus Brochures](#).

I understand the terms and conditions to Island Prep's enrollment agreement.
I agree to abide by the terms while my child is enrolled at Island Prep.

Child's Name

Parent/Guardian Signature and Date



Enrollment Agreement Copy For Families & Important Reminders

TUITION and MODIFICATIONS CONDITIONS: I understand that rates are subject to change with reasonable notice, as conditions require. The school follows state specific required time frames on tuition and modifications notices.

PAYMENT OF TUITION: I understand that tuition is due and payable, on the first day of attendance each week. *I understand that no credit will be issued for holidays or days off.*

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Additional Reminders:

CENTER CLOSINGS: Closing dates will vary year to year. The following holidays Island Prep will be closed:

Labor Day, Veteran's Day, Thanksgiving Day, Day After Thanksgiving, Christmas Eve, Christmas Day, New Years Day, Martin Luther King Day, President's Day, Good Friday, Memorial Day, 4th of July

In addition, if a holiday falls during a weekend, Island Prep reserves the right to be closed on the Friday before and/or Monday following. Two teacher-planning days can also be scheduled throughout the year. Advanced notice will be given for any school closings. **School closings were taken into consideration at the time tuition prices were established. Therefore, no deductions or discounts for school closings.** In addition, there will be no adjustments made in case of a hurricane or other national circumstances not controllable by us.