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| <input type="checkbox"/> Wellington
111 Professional Way
Wellington, FL 33414 | <input type="checkbox"/> West Palm Beach
(Sedona Commons Shopping Center)
8146 Okeechobee Blvd
West Palm Beach, FL 33411 | <input type="checkbox"/> Royal Palm Beach
(Shoppes of Regal Centre)
1013 N State Road 7
Royal Palm Beach, FL 33414 | <input type="checkbox"/> Boynton Beach
(Meadows Square)
3120 Hypoluxo Road
Boynton Beach, FL 33426 | <input type="checkbox"/> West Boynton Beach
(Fountains of Boynton)
6661 Boynton Beach Blvd
Boynton Beach, FL 33437 |
|--|--|--|--|--|

ENROLLMENT FORM & CONTRACT AGREEMENT

Date of Enrollment _____ Classroom Assignment: _____

Child's Name _____	Date of Birth _____
Address _____	
City _____	State _____ Zip _____
Child Resides With _____	

Parent/Guardian Information

Mother's Name _____	Father's Name _____
SS# _____	SS# _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Cell Phone Provider for Texting _____	Cell Phone Provider for Texting _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Driver's License # _____	Driver's License # _____
E-Mail _____	E-Mail _____

LEGAL CUSTODY: _____ Both Parents _____ Mother* _____ Father* _____ other*

*Copy of custody papers must be on file at HAFH

Pick-Up Authorization/Emergency Contacts

Please list the names and phone numbers of those, besides the parents/guardian, whom are authorized to remove (pick up or in case of emergency) your child(ren) from Home Away From Home.

LIST IN ORDER TO BE CALLED IN CASE OF EMERGENCY

- | | | |
|----------------|--------------------|---------------|
| (1) Name _____ | Relationship _____ | Phone # _____ |
| (2) Name _____ | Relationship _____ | Phone # _____ |
| (3) Name _____ | Relationship _____ | Phone # _____ |
| (4) Name _____ | Relationship _____ | Phone # _____ |

Medical Alert

Medical Conditions/Treatments _____ Allergies (food, medication, environment) _____ Indicate any Special Dietary Requirements (Dr. Note Required) _____ _____ Special Needs _____



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Emergency Medical Release

This is to certify that I voluntarily furnished medical and insurance information on the above designated child to Home Away From Home. I hereby request that in the event that I, or the people I designate for an emergency, cannot be reached in a timely manner, that an official representative of Home Away From Home will seek first aid or emergency medical care for my child including transporting them to the nearest emergency facility available. I further give my consent to any emergency facility and physician to administer necessary medical treatment to my child if I am unable to be reached or the situation necessitates immediate treatment. I also understand that any medical expenses of the above designated child are the sole responsibility of the parents/guardian.

Physician _____ Insurance Company _____
Physician's Phone _____ Group/Policy No _____

PHOTO RELEASE: I ___do/___do not give permission for my child to be photographed at HAFH. I understand these pictures may be displayed at certain school wide events, decorations, advertising/website and promotional reasons.

DIAPER CREAM/SUNSCREEN: I ___do/___do not give HAFH permission to apply diaper cream and or sunscreen on my child if necessary.

ALTERNATE NUTRITION PLAN: I agree to provide meals that meet my child's nutritional needs. HAFH has a No Sugar/No Peanut Policy. I agree that if my child is participating in our private school lunch program and has a food allergy to something on our menu, I will provide a supplemental meal on those specified days and let our staff know in writing.

DCF 175-24, "KNOW YOUR CHILD CARE FACILITY": I acknowledge receipt of the DCF brochure.

DCF 175-70, "THE FLU" A Parent's Guide: I acknowledge receipt of the DCF Influenza brochure.

DISCIPLINE/EXPULSION POLICY: I acknowledge that I am aware and have received a written copy of the Discipline/Expulsion policy that is located in the parent manual.

RILYA WILSON ACT: I acknowledge receipt of the Rilya Wilson Act information sheet.

DISTRACTED DRIVER: I acknowledge receipt of the Distracted Driver information sheet.

BITING HURTS: I acknowledge receipt of the Biting Hurts Information sheet.

ABOUT MY CHILD

Name and age(s) of sibling(s): _____

Is your child toilet trained? Yes _____ No _____

Does your child have any emotional or behavior issues _____

Please list any additional information about your child that you think would be helpful to our teachers (playing, eating, sleeping, fears, likes, dislikes) _____

Has your child ever been enrolled in another school? Yes _____ No _____

If yes, where? _____ What is the reason you are no longer enrolled at the previous school _____



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Please indicate the program you prefer:

FREE VPK Must be 4 by Sept 1st and have a "FL State Voucher"

Schedule Desired: Some locations may offer part time programs when positions are available.

Monday-Friday Full Time
 Monday-Friday Part Time
 3 Days (Mon, Wed, Fri) (Only if available)
 2 Days (Tues, Thurs) (Only if available)
 VPK - Choose Program _____

How did you hear about us _____ ?

HOME AWAY FROM HOME PARENT AGREEMENT/CONTRACT

1. I hereby agree to comply with the rules, regulations and policies of Home Away From Home Wellington Learning Center, Inc., Home Away From Home Royal Palm Beach Learning Center, Inc., Home Away From Home Boynton Learning Center, Inc., Home Away From Home West Boynton Beach Preschool, LLC, Home Away From Home Sedona Preschool LLC, "Home Away From Home" or "HAFH" as indicated in the Parent Guide/Handbook. I agree that HAFH has the right to terminate my child at any time during his enrollment.
2. I understand that I must provide a physical exam and immunization record before child's start date. Your child's physician will provide the proper forms required by the State of Florida.
3. I agree to pay a non-refundable registration fee of \$_____ I understand that if a registration fee is waived, a non-refundable week of tuition will be paid in place of the promotional registration fee. I understand that a re-registration fee is due every year thereafter.
4. I agree to pay a weekly tuition fee of \$_____ to be paid in advance every Friday and no later than Monday. If a payment has not been received by Monday, I understand an automatic late fee of \$10.00 will be paid every day after. I also understand that if the full balance is not received within three days, my child will not be able to return to school. I understand that my account will be considered not satisfied and will be sent to collections along with an additional (2) weeks withdrawal fee from the program added to the balance due.
5. Families that are contracted through the Early Learning Coalition (Family Central) or any other State Funded program are required to pay the portion of their tuition that the funded program does not cover. If your subsidy care is terminated for any reason you are responsible for the full tuition that Home Away From Home charges.
6. HAFH has a strict "NO ADMITTANCE" Tuesday policy. If tuition is not paid by Tuesday morning or next business day, your child will not be allowed in school unless full payment is received.
7. I agree that if I pick up my child after his or hers scheduled program time, a late fee of \$15 is calculated for any part of the first 5 minutes (1-5 minutes late) and an additional \$1.00 for any part thereafter. Repeated failure to pick up your child on time can result in enrollment termination.
8. I agree that no credit or makeup days will be granted for absences, illnesses, vacations, emergencies/weather related emergencies or holiday closings. Full tuition is always due "No Exceptions" will be made. HAFH will grant one free week for vacation after one consecutive year of enrollment at HAFH. (Child must not be present during this weeks' vacation).
9. I understand that program times have been put in place. Your child is considered late after 9:00am. Repetitive tardiness will not be accepted. If your child is attending HAFH's full time program, they must arrive at school by 8:30 am especially VPK learners and no later than 9am, unless excused in advance. Please call to inform us if you will be late. If your child is excused, we ask that you allow us to escort your



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child back to his/her classroom at your arrival to avoid any disruptions to the daily lessons. If you arrive past 9 am, without prior notice, your child may not be allowed to stay. As a courtesy HAFH allows you 3 tardy (you must still call or advise admin) on the third tardy we will not allow for the child to be left at school. Excessive tardiness can result in dismissal from school and/or disenrollment.

10. I agree to notify the center in writing two weeks in advance, if I choose to withdraw my child for any reason or pay the (2) weeks difference.
11. I agree not to bring my child to school if he/she is showing any signs of illness. I understand that if my child is showing signs of illness, I must have set arrangements for a quick pick up. I agree to keep my child out of school no less than 24 hours after and also provide HAFH with a doctor's note authorizing child to return to school free of illness.
12. I understand HAFH has a NO MEDICATION ADMINISTERED POLICY. HAFH does not administer any medication/treatments. Parents may make arrangements to have someone come administer necessary medications during school hours.
13. I understand HAFH has a strict mandatory uniform policy for ages (1 year old and older) and must be followed every day.
14. I understand HAFH has a discipline/expulsion policy outlined in the parent guide/handbook/manual.
15. I understand HAFH has the right to change policies, prices and procedures with proper notice.
16. I agree to pay all the costs and expenses incurred by the center, including court costs and reasonable attorney fees, if it becomes necessary to take action and enforce this agreement.
17. **PARENT HANDBOOK:** I agree to all of the above-mentioned policies as well as those set forth in Home Away From Home's Parent Handbook/Guide of which I have received a copy.
18. I understand the only forms of payments accepted are through Tuition Express and cash, and that if my account is not paid in full by Monday at 6:00PM the credit card that I have authorized will be charged Tuesday morning in order for my child to attend class. I Authorize Home Away From Home to deduct my full account balance that is owed including any late fees that have been added to my account. I also understand that if my payment is returned as an NSF or it is declined there will be an additional fee of \$35 charged to my account.

Parent/Guardian Signature	Date	Witness/Administrator Signature	Date
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Home Away From Home now has the option of texting important information directly to your cell phones. This could be a great way to communicate aside from our usual memos, email blast, and social media updates. If you would like to receive text messages list your cell phone number and the cell phone providers name below.

Mom(or guardian) Phone Number: _____ Cell Phone Provider: _____

Dad(or guardian) Phone Number: _____ Cell Phone Provider: _____