



ENROLLMENT FORM & CONTRACT AGREEMENT

Date of Enrollment _____

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 _____

Marital Status _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

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

***Copy of custody papers must be on file at Tiny Turtles Preschool of Jupiter**

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 Tiny Turtles of Preschool of Jupiter.

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 _____
Special Needs _____

Emergency Medical Release

This is to certify that I voluntarily furnished medical and insurance information on the above designated child to Tiny Turtles Preschool of Jupiter. 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 Tiny Turtles Preschool of Jupiter 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 _____

DISCIPLINE POLICY: Conscious Discipline: At Tiny Turtles Preschool of Jupiter it is our belief that the goal of discipline is to help the young child identify their feelings and gain inner self-control so they become aware of what is acceptable behavior. Developmentally appropriate guidance and classroom management promotes positive social skills, fosters mutual respect, strengthens self-esteem and supports a safe environment. Corporal punishment is NEVER permitted at Tiny Turtles Preschool of Jupiter. If a child displays an unprovoked act of aggression, kicking, punching, hitting, etc. toward another child or staff member, we will immediately contact a parent and you may be asked to remove your child from the premises, and/or disenrollment/terminate enrollment may be necessary.

PHOTO RELEASE: I ____do/____do not give permission for my child to be photographed at Tiny Turtles Preschool of Jupiter. I understand these pictures may be displayed at certain school wide events, decorations, advertising/website, social school media page and/or promotional reasons.

DIAPER CREAM/SUNSCREEN: I ____do/____do not give Tiny Turtles Preschool of Jupiter 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. Tiny Turtles Preschool of Jupiter has a No Sugar/No Peanut Policy.

FREE FOOD PROGRAM: I understand that Tiny Turtles Preschool of Jupiter participates and is part of the "FL State Food Program". Tiny Turtles Preschool of Jupiter provides a **free** nutritional breakfast, lunch and snack on a daily basis depending on child's program schedule. I ____do/____do not want to participate in the food program.

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.

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

ABOUT MY CHILD

Name and age/s of siblings: _____

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?

Please indicate program you prefer: *FREE VPK Must be 4 by Sept 1. & have a "FL State Voucher"

- ☐ Infants (6wks-12months) (FT programs only)
- ☐ Toddler (12-24 months) (FT programs only)
- ☐ Two's (24 months - 3 years old)
- ☐ Preschool (3-4 years old)
- ☐ VPK- FREE (8:30-11:30)
- ☐ VPK Full- Time "Wrap Around anytime between 7-5:30pm)
- ☐ After Care (Kindergarten-10 years old) Grade _____ Elementary School _____
- ☐ Summer Camp
- ☐ Holiday/Day Drop Off

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

- ☐ Monday-Friday Full Time (7am – 5:30pm)
- ☐ 3 Full Days (Mon, Wed, Fri) (7am – 5:30pm) (Only if available)
- ☐ 2 Full Days (Tues, Thurs) (7am – 5:30pm) (Only if available)
- ☐ 5 Half Days (8am – 12pm) (Only if available)
- ☐ 3 Half Days (Mon, Wed, Fri) (8am – 12pm) (Only if available)
- ☐ VPK - Program _____

How did you hear about us? _____

TINY TURTLES PRESCHOOL OF JUPITER PARENT AGREEMENT/CONTRACT

1. I hereby agree to comply with the rules, regulations and policies of,. " McCoobery Daycare Inc., DBA Tiny Turtles Preschool of Jupiter as indicated in the Parent Guide/Handbook. I agree that Tiny Turtles Preschool of Jupiter 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 \$200. 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 regular amount of 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 the next business day. If a payment has not been received by the next business day, I understand an automatic late fee of \$ 10 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. I understand that if I have a subsidized state contract, which for whatever reason is cancelled, expired or not paid, I am responsible for the amount not paid by the State Program (ELC/VPK, etc.).
5. Tiny Turtles Preschool of Jupiter 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.
6. I agree that if I pick up my child after his or her scheduled program time, a late fee of \$15 is calculated for any part of the first 5 minutes (1-5minutes late), and an additional \$1.00 per minute for any part thereafter. Repeated failure to pick up your child on time can result in termination of enrollment.

7. 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. Tiny Turtles Preschool of Jupiter will grant one free week of vacation after one consecutive year of enrollment at Tiny Turtles Preschool of Jupiter, after yearly re-registration fee has been satisfied. (Child must not be present during this week's vacation.)
8. I understand that program times have been put in place. It is your responsibility to have your child at school at his or her program start time. Your child is considered late after 9:00am. If your child is not in school by 9:00am, he/she will not be allowed to stay in school, unless prior notice has been given. If prior notice has been arranged, a staff member will escort your child to his or her classroom. This will prevent any distractions or interruptions during classroom core learning hours.
9. I agree to notify the center in writing two weeks in advance, if I choose to withdrawal my child for any reason or pay the (2) week's difference and any prior balance owed.
10. 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 for no less than 24 hours after child was sent home sick. I agree that I must also provide Tiny Turtles Preschool of Jupiter with a dated doctor's note authorizing my child to return to school free of illness.
11. I understand Tiny Turtles Preschool of Jupiter has a NO MEDICATION ADMINISTERED POLICY. Tiny Turtles Preschool of Jupiter does not administer any medication/treatments. Parents may make arrangements to have someone come administer necessary medications during school hours.
12. I understand Tiny Turtles Preschool of Jupiter has a strict mandatory uniform policy for children ages 1 year old and older, and must be followed every day. The uniform is a school Tiny Turtles Preschool of Jupiter logo polo shirt with blue or beige shorts or pants.
13. I understand Tiny Turtles Preschool of Jupiter has a discipline policy outlined in the Parent Handbook/Guide Manual.
14. I understand Tiny Turtles Preschool of Jupiter has the right to change policies, prices and procedures with proper notice.
15. 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.
16. **PARENT HANDBOOK:** I agree to all of the above mentioned policies, as well as, those set forth in Tiny Turtles Preschool of Jupiter's Parent Handbook/Guide of which I have received a copy.

Parent/Guardian Signature

Date

Witness/Administrator Signature

Date