



CHILD'S NAME DATE OF ENROLLMENT

GENDER [ ] MALE [ ] FEMALE DATE OF BIRTH

HOME ADDRESS

CITY ZIP CODE HOME PHONE

PARENT NAME CELL PHONE

DRIVER'S LICENSE # LAST 4 DIGITS OF SSN#

EMPLOYER WORK PHONE

EMAIL ADDRESS

PARENT NAME CELL PHONE

DRIVER'S LICENSE # LAST 4 DIGITS OF SSN#

EMPLOYER WORK PHONE

EMAIL ADDRESS

PARTIES AUTHORIZED TO 1) REMOVE CHILD FROM OUR CENTER; 2) BE CALLED IN A MEDICAL EMERGENCY
NAME CELL ADDRESS
NAME CELL ADDRESS
We will not release your child to anyone without your written permission. They must present proper identification.

CURRENT MARITAL STATUS OF PARENTS [ ] SINGLE [ ] MARRIED [ ] DIVORCED [ ] SEPARATED [ ] JOINT CUSTODY
(Please attach copies of court documents defining custody if applicable.)

IN CASE OF EMERGENCY/MEDICAL INFORMATION
If my child should become ill or injured at Children's Nest, I understand Children's Nest Child Care Center will:
1) Contact me immediately, 2) contact persons I have designated above if I cannot be reached. Should Children's Nest Child Care Center be unable to reach me and/or persons designated above, they are authorized to contact my child's physician and/or arrange for emergency treatment.
The physician and/or medical facility are authorized to administer emergency medical treatment necessary for the health and safety of my child. I will be responsible for payment of medical services rendered.

DATE/SIGNATURE AND RELATIONSHIP

PHYSICIAN PHONE HOSPITAL PREFERENCE

MEDICAL INSURANCE POLICY NUMBER

ALLERGIES OR PERTINENT INFORMATION:

Does your child have any special needs and/or disabilities that the school needs to be aware of?

What special accommodations, if any, does your child require?

I understand my child is covered by student accident insurance (primary pay) while participating in school activities.



SCHOOL PUBLICATION & SOCIAL MEDIA PHOTO RELEASE

As the school occasionally posts social media pictures and videos, as well as general marketing materials, I give my permission for my child's image to be used for such purposes.

PARENT SIGNATURE AND DATE

PERMISSION TO TRANSPORT SCHOOL AGE CHILDREN

I give Children's Nest Child Care Centers permission to transport my child.

PARENT SIGNATURE AND DATE

FEES

I UNDERSTAND THE REGISTRATION FEE IS NON-REFUNDABLE FEE.

I understand the school fees are due on Monday for the current week. If paid after Tuesday, a late fee of \$25 will be assessed to my account. If payment is not received by Thursday, we reserve the right to terminate the child care. All rates are weekly and may not be adjusted regardless whether the child attends each day in a given week. I understand each student after a 6 months enrollment period will be allowed a total of 2 weeks Vacation Allowance per calendar year for vacation or sick leave without payment of tuition. (This allowance must be taken on weekly basis and your child may not be present in our Center to take advantage of this allowance. I will be responsible for the payment of all fees due to Children's Nest Child Care Center and all legal fees that may arise from non-payment.

PARENT SIGNATURE AND DATE

ALTERNATE NUTRITION PLAN AGREEMENT

I hereby inform Children's Nest Child Care Center that I, the child's parent or guardian, understand and agree to provide the following meals and/or snacks for my child during that time period he/she is in the facility: [ ] BREAKFAST [ ] MORNING SNACK [ ] LUNCH [ ] AFTERNOON SNACK to meet my child's nutritional needs. I understand that Children's Nest will refrigerate perishable goods.

INDICATE SPECIAL DIETARY REQUIREMENTS

DATE/SIGNATURE AND RELATIONSHIP

DISCIPLINARY PRACTICES

Hillsborough County Ordinance 90-38, Section 1.06 requires that parents be notified in writing of the disciplinary practices, used by the childcare facility. The parent or legal guardian's signature verifies the parent or guardian has been notified in writing of the disciplinary practices of Children's Nest Child Care Center.

DATE/SIGNATURE AND RELATIONSHIP

KNOW YOUR CHILD'S CHILDCARE CENTER and "THE FLU" GUIDE FOR PARENTS

Hillsborough County Ordinance 90-80, Section 5.09 requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S CHILDCARE CENTER. The parent or legal guardian's signature verifies receipt of the child care brochure. I have also received and read "The Flu" A Guide for Parents regarding the influenza virus.

DATE/SIGNATURE AND RELATIONSHIP

PARENT HANDBOOK (including permission to conduct Ages and Stages Questionnaire)

The Parent Handbook is posted on our website, and I am willing to abide by the terms stated within.

DATE/SIGNATURE AND RELATIONSHIP