

Child Name _____ Enrollment Date _____



Peppermint Patti's Academy



Peppermint Patti's Academy
 LICENSE # C19SL0039
 2306 S 39th St
 Fort Pierce, FL 34981
 Phone: (772)461-4752
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Enrollment Application Form

Child Details

Full Name of Child								
Date of Birth	-	- 20		Sex	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Home Address							State	FL
City					Zip Code			

Parent or Guardian Details (1)

Full Name							
Date of Birth		Sex	M	<input type="checkbox"/>	F	<input type="checkbox"/>	
Mobile Phone			Work Phone	()	-		
Relationship to Child			Occupation				
Home Address (if different from child)					State		
City				Zip Code			
Email Address							

Parent or Guardian Details (2)

Full Name							
Date of Birth		Sex	M	<input type="checkbox"/>	F	<input type="checkbox"/>	
Mobile Phone			Work Phone	()	-		
Relationship to Child			Occupation				
Home Address (if different from child)					State		
City				Zip Code			
Email Address							

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Who Has Parental Responsibility?			
Name (1)		Name (2)	
Relationship to Child		Relationship to Child	
Are there any contact restrictions? If yes, please provide details. Court order required for any parental pick up restrictions.		Yes <input type="checkbox"/>	No <input type="checkbox"/> Details
Is a court order attached?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please leave blank if not needed	Disclosure	<i>Peppermint Patti's Academy cannot prevent a parent or authorized pick up from picking up a child without a court order signed by a judge. This documentation should be provided. Upon adding an authorized pick-up and enrollment, I agree that Peppermint Patti's Academy and its staff will not be held liable for releasing the child to the listed person. All emergency contacts and authorized pick-ups will be required to provide a valid Government-issued photo ID to pick up the child. Failure to do so will prevent the persons listed from picking the child up. In the event that the contact is not listed a parent or guardian may use one of the emails listed on this form to contact the school for a temporary add. The parent must also call. Authorized pickups and parents are not background screened by Peppermint Patti's Academy and/ or its staff. Volunteers exceeding 10 hours per month are required by law to have a level II background screening on file.</i>
Details			

Emergency Contacts & Authorized Pick-ups (Please provide 3 not listed in the parent/guardian section)			
Full Name		Phone Number	
Full Name		Phone Number	
Full Name		Phone Number	
Full Name		Phone Number	
Full Name		Phone Number	

Doctor Details			
Doctor's Office Name			
Address		City	
State		Zip Code	Phone Number
Hospital preference in the event of an emergency :			

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Medical Details

Does your child have any medical problems that we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please give details)	
Allergies Does your child have any allergies that we should be made aware of ? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please list)	1. _____ 2. _____ 3. _____ (Please attach additional sheet if needed and doctors note)
Prescription Is your child on any prescribed medications that we should be made aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please give details)	
Special Dietary Requirements Does your child have any special requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>E.g vegetarian, religious retrictions. Please give details (Please provide note for food company.)</i>	

Permissions

Do you give Peppermint Patti’s Academy permission to take photographs of your child for development files?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Do you give Peppermint Patti’s Academy permission to take photographs of your child for promotional purposes?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Do you Give Peppermint Patti’s Academy permission to administer first aid? (<i>Peppermint Patti’s Academy and its staff does not administer over the counter medications</i>)	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Do you give permission for Peppermint Patti’s Academy to take your child on field trips? (<i>additional paperwork required</i>)	Yes <input type="checkbox"/>		No <input type="checkbox"/>

Hours of Operation

*Peppermint Patti’s Academy hours of operation are Monday- Friday 6:30 AM – 6:00 PM. Children are **NOT** permitted to enter the Facility prior to 6:30 AM. Additional fees apply for children not picked up by 6:00 PM. After 6:30 PM, I understand that Peppermint Patti’s and its staff may contact DCF if an emergency contact cannot be reached for pick up. I agree to keep my file updated and inform Peppermint Patti’s Academy and its staff of any changes listed on this application.*

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Schedule (select all that apply)

0-11 months	1 year- Pre-K	VPK	School Age
<input type="checkbox"/> Full- Time	<input type="checkbox"/> Full time (9:00AM) <input type="checkbox"/> Part time 3 days Additional fees apply for additional days not selected (9:00AM) <input type="checkbox"/> Part time pick up before 12 PM additional fees apply for late pickups (9AM) <input type="checkbox"/> Drop-In (9:00AM)	<input type="checkbox"/> VPK ONLY pick up by 12PM fees apply for late pick up. (8:30 AM) <input type="checkbox"/> FT Wrap around-School days. (Payment required) (8:30 AM) <input type="checkbox"/> Camp FT (9:00AM) <input type="checkbox"/> Camp PT 3 days (9:00AM) <input type="checkbox"/> Drop In (9:00AM) <input type="checkbox"/> Non School days (9:00AM)	<input type="checkbox"/> Before School only (7:15 AM) <input type="checkbox"/> After School only <input type="checkbox"/> Before & After school (7:15 AM) <input type="checkbox"/> Non School days (9:00AM) <input type="checkbox"/> Non School days ONLY (9:00AM) <input type="checkbox"/> Camp FT (9:00AM) <input type="checkbox"/> Camp PT 3 days Additional fees apply for additional days not selected (9AM) <input type="checkbox"/> Drop In (9:00AM)

Estimated Daily Schedule

DAYS	Monday	Tuesday	Wednesday	Thursday	Friday
AM (not before 6:30 AM not later than 9AM)					
PM (not later than 6:00 PM)					

Additional Information

- I have received, read and signed the DCF Distracted Adult brochure
- I have received, read and signed the DCF Influenza brochure
- I have included or will provide my child's immunization records, or exemption (Florida) with in 15 days of enrollment
- I have included or will provide my child's annual physical, within 15 days of enrollment.
- I have received a parent handbook, and have been given the opportunity to read it, upon enrollment I agree to adhere to all of Peppermint Patti's Academy policies regardless of if I have chosen to read the parent handbook or not.
- I understand all tax information will be provided via Procare at the end of the year
- I have received and completed the childcare food program free and reduced-price meal application

I understand and acknowledge that the fee associated with my child's attendance is due the Friday before services are provided. Payments after this date will be subject to a late payment fee and interruption to childcare services. I am aware that there is no credit given for sick or missed days. I understand failure to pay said fees and adhere to Peppermint Patti's Academy policies may result in loss of childcare provisions.

Signature		Date	
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