



Enrollment Application

2306 S 39th Fort Pierce FL 34981

admin@peppermintpattisacademy.com

Peppermintpattisacademy.com

License Number C19SL0039

(Ph) 772-461-4752 (F) 772-461-4710

Child's Details					
Full Name of Child:					
Date of Birth:		Sex:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:					
Address:					
City:		State		Postal Code	

Mother's Details					
Mother's Name:					
Email:		Phone Number:			
Home Address (If different from child's):					
City:		State		Postal Code	
Employer Name:			Occupation:		
Position:			Work Phone:		

Father's Details					
Father's Name:					
Email:		Phone Number:			
Home Address (If different from child's):					
City:		State		Postal Code	
Employer Name:			Occupation:		
Position:			Work Phone:		

Who has parental responsibility?			
Name:		Relationship	
Name:		Relationship	
Are there any contact restrictions? (If yes please give details)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Custody Order signed by Judge attached:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

***To be filled out by Peppermint Patti's administration team only ***

Students Name: _____
 Date of Enrollment _____ Classroom _____

Other Emergency Contacts				
Name:				
Phone Number:		Relationship to child:		
Authorized to access billing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this contact local to Fort Pierce?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address (if known)				
Name:				
Phone Number:		Relationship to child:		
Authorized to access billing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this contact local to Fort Pierce?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address (if known)				
Name:				
Phone Number:		Relationship to child:		
Authorized to access billing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this contact local to Fort Pierce?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address (if known)				

At-Risk or in Protective Custody		
Is this student At-Risk or in Protective Custody? (DCF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes (fill out all information in this sections)
Is your referral through the Early Learning Coalition?		
What is the DCF case worker's name?		
What is the DCF case worker's email?		
What is the DCF case worker's phone number?		
Fill out if any involvement		
What is the CC kids case workers name?		
What is the CC kids case workers email?		
What is the CC kids case worker's phone number		

***To be filled out by Peppermint Patti's administration team only ***

Students Name: _____
 Date of Enrollment _____ Classroom _____

Subsidy Information	
Do you have Funding from?	<input type="checkbox"/> Early Learning Coalition <input type="checkbox"/> CCAMPIS <input type="checkbox"/> Voices of Children <input type="checkbox"/> Other _____
Who is your assigned Family Specialist?	
ELC Family Specialist email:	

The following is a contract between _____

and **Peppermint Patti's Academy** located at 2306 S 39th Street Fort Pierce FL 34981. I agree to pay

\$ _____ weekly. I understand failure to make a payment on Friday before 11:59PM will result in a late fee of \$10. My child will not be able to attend on the upcoming Monday if the payment is not made in full. After 2 weeks of non-payment, I understand that I am at risk for termination. If my students misses more than 3 days in a calendar month, I understand that I will be charged a daily rate \$ _____ in addition to my parent co-payment. (If using a subsidy) There is no credit for sick or missed days.

Parent Initials _____

To be completed by parent/guardian. Please answer these health history questions about your child

Health Information			
Allergies to food bee stings, insects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Toileting concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Very high or low activity level	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weigh concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any daily/ ongoing medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	Problems breathing or coughing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any problems with vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uses glasses or contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any hearing concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent Ear infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any heart problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Needs an RBT	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medications used: _____

Do you have any developmental concerns about your student (Please check if applicable)	<input type="checkbox"/> Speech (hard to understand, talking not clear)
	<input type="checkbox"/> Expressive Language (few words in vocabulary, doesn't put many words together in sentences)
	<input type="checkbox"/> Receptive Language (doesn't seem to understand, difficulty following directions)
	<input type="checkbox"/> Social Emotional (Fearful, shy, plays alone)
	<input type="checkbox"/> Developmental Delay (Difficulty learning behind others his/ her age)

***To be filled out by Peppermint Patti's administration team only ***

Students Name: _____
 Date of Enrollment _____ Classroom _____

Special Dietary Requirements?

Does your child have any special requirements?

☐ Yes ☐ No

E.g vegetarian, religious restrictions. Please give details (Please provide a meal modification form for the food company).

☐ Full Time Care ☐ Part Time Care (3 days per week) ☐ Part Time (Depart before 12:00 PM)

Days care is needed

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated time of daily arrival. (Please Check one or a maximum of 2)

6:30 AM	7:00 AM	7:30 AM	8:00 AM	8:30 AM	9:00 AM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated time of daily departure (Please Check one or a maximum of 2)

12:00 PM	1:00 PM	2:00 PM	2:30 PM	3:00 PM	3:30 PM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 PM	4:30 PM	5:00 PM	5:30 PM	5:45 PM	6:00 PM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Peppermint Patti's Academy cannot prevent a parent or legal guardian from picking up a child without an 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, and or their Brightwheel account. The parent authorizing the pick-up 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.

***To be filled out by Peppermint Patti's administration team only ***

Students Name: _____
 Date of Enrollment _____ Classroom _____

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

Emergency Preference			
Doctor Name			
Doctor Phone		Doctor Fax	
Preferred Hospital in the event of an emergency			

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.

- ☐ 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) upon enrollment I have included or will provide my child's annual physical, upon 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 Brightwheel at the end of the year
- ☐ I have received and completed the childcare food program free and reduced-price meal application
- ☐ I understand that if I do not have a doctor's note and have not notified the school on the Brightwheel app to all staff at least a day in advanced that I will not be permitted to drop my student off after 9:00 AM. Doors lock at 9:01 AM according to the clock on the sign in tablet in the office. 11:00 AM will be the latest time when all conditions are met.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date

***To be filled out by Peppermint Patti's administration team only ***

Students Name: _____

Date of Enrollment _____ Classroom _____