



Check Below:

\_\_ Summer 2011

\_\_ School Year

Lic. #C20CH0006

### APPLICATION FOR ENROLLMENT

**STUDENT INFORMATION:**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

First Day of School: \_\_\_\_\_

Full Name: \_\_\_\_\_  
                                    LAST                                      FIRST                                      MIDDLE

Child's Address: \_\_\_\_\_  
  STREET                                      CITY                                      STATE                                      ZIP

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**FAMILY INFORMATION:**

Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Location: \_\_\_\_\_

Employer Location: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Custody:      Both \_\_\_\_\_      Mother \_\_\_\_\_      Father \_\_\_\_\_      Other \_\_\_\_\_

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**MEDICAL INFORMATION:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. Please write "N/A" or "No Preference", if applicable.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs or other areas of concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACTS:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name Address Phone Number Alternate Phone Number

Name Address Phone Number Alternate Phone Number

Name Address Phone Number Alternate Phone Number

**Registration Fee** : \$75 (one child) \_\_\_\_\_ \$100 (family) \_\_\_\_\_ VPK No Fee

**3 Steps To Develop A Preschool Program For Your Child**

**Step #1— Indicate the child’s age as of September 1, 2011:**

\_\_\_ 2 Years Old \_\_\_ 3 Years Old \_\_\_ 4 Years Old \_\_\_ 5 Years Old (Not attending school)

**Step #2— Select the Hours and Days of the Program for your child.**

\_\_\_ My child is enrolling in VPK (Monday – Friday, 9:00 am-12:00 noon)

\_\_\_ My child is enrolling in the following (please indicate if this is a VPK wrap program):

\_\_\_ This is a **VPK Wrap** \_\_\_ This is **Not A VPK Wrap**

**Select Days To Attend**

Check Below	Hours	# Days	M	T	W	T	F
	7 a.m. - 3 p.m.	5					
	7 a.m. - 3 p.m.	3					
	7 a.m. - 3 p.m.	Extra Day					
	7 a.m. - 5 p.m.	5					
	7 a.m. - 5 p.m.	3					
	7 a.m. - 5 p.m.	Extra Day					
	9 a.m. - 1 p.m.	5					
	9 a.m. - 1 p.m.	3					
	9 a.m. - 1 p.m.	Extra Day					

**Step #3— Refer to page 3 of this application form for the applicable fees.**

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, “KNOW YOUR CHILD CARE FACILITY”

Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

It would be helpful if you would please tell how you heard about us: \_\_\_\_\_

**Office Use (due with enrollment application):**

\_\_\_ Immunization Record \_\_\_ Medical Exam \_\_\_ Registration Fee \_\_\_ Copy of Birth Certificate

## Preschool Tuition Schedule

2011-2012

Living Waters Preschool  
(License # C20CH0006)

### 2 Year Olds

<u>Hours</u>	<u>Days/Week</u>	<u>Weekly</u>	<u>Monthly</u>
7 a.m. - 3 p.m.	5	\$110	\$440.00
7 a.m. - 3 p.m.	3	\$78	\$312.00
7 a.m. - 3 p.m.	Extra Day	\$28/day	Varies
7 a.m. - 5 p.m.	5	\$127	\$508.00
7 a.m. - 5 p.m.	3	\$85	\$340.00
7 a.m. - 5 p.m.	Extra Day	\$30/day	Varies
9 a.m. - 1 p.m.	5	\$80	\$320.00
9 a.m. - 1 p.m.	3	\$48	\$192.00
9 a.m. - 1 p.m.	Extra Day	\$19	Varies

### 3 Year Olds

<u>Hours</u>	<u>Days/Week</u>	<u>Weekly</u>	<u>Monthly</u>
7 a.m. - 3 p.m.	5	\$103	\$412.00
7 a.m. - 3 p.m.	3	\$68	\$272.00
7 a.m. - 3 p.m.	Extra Day	\$24/day	Varies
7 a.m. - 5 p.m.	5	\$120	\$480.00
7 a.m. - 5 p.m.	3	\$75	\$300.00
7 a.m. - 5 p.m.	Extra Day	\$27/day	Varies
9 a.m. - 1 p.m.	5	\$70	\$260.00
9 a.m. - 1 p.m.	3	\$43	\$160.00
9 a.m. - 1 p.m.	Extra Day	\$18	Varies

### 4 - 5 Year Olds (Non-VPK)

<u>Hours</u>	<u>Days/Week</u>	<u>Weekly</u>	<u>Monthly</u>
7 a.m. - 3 p.m.	5	\$100	\$400.00
7 a.m. - 3 p.m.	3	\$63	\$252.00
7 a.m. - 3 p.m.	Extra Day	\$24/day	Varies
7 a.m. - 5 p.m.	5	\$115	\$460.00
7 a.m. - 5 p.m.	3	\$70	\$280.00
7 a.m. - 5 p.m.	Extra Day	\$27/day	Varies
9 a.m. - 1 p.m.	5	\$65	\$260.00
9 a.m. - 1 p.m.	3	\$39	\$156
9 a.m. - 1 p.m.	Extra Day	\$16	Varies

### VPK

<u>Hours</u>	<u>Days/Week</u>	<u>Weekly</u>	<u>Monthly</u>
9 a.m. - 12 noon	5	FREE	FREE

### VPK Wrap

<u>Hours</u>	<u>Days/Week</u>	<u>Weekly</u>	<u>Monthly</u>
7 a.m. - 3 p.m.	5	\$55	\$220.00
7 a.m. - 5 p.m.	5	\$85	\$340.00
12 noon - 1 p.m.	5	\$24	\$96.00
12 noon - 1 p.m.	3	\$15	\$60.00
12 noon - 1 p.m.	Extra Day	\$5	Varies

### Note:

- "Full-Time" is 7:00 a.m.-5:00 pm. Children may be dropped off anytime from 7:00 a.m. to 9:00 a.m.
- "Part Time" is 9:00 a.m.-1:00 p.m.
- "Three-day minimum" for all students regardless of the hourly schedule
- "Late Pick Up Fee" is \$15 during the first 15 minutes and \$30 during the next fifteen minutes.
- "Family Discount" for the second child enrolled, the tuition is reduced by 10%.