

FOR OFFICE USE ONLY:

Name: _____ Classroom: _____ Start date: _____



<p>Fun Time Academy Main 102 12th ST. N. Naples, FL 34102 (239)261-8284 (P) (239)261-4015 (F)</p>	<p>Fun Time Academy Poinciana 2825 Airport Pulling Rd. Naples, FL 34105 (239)377-0832 (P)</p>
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www.funtimeacademy.org

Please bring items listed below when returning your Enrollment Packet.

*Contact ELC for School Readiness Eligibility
Child's Florida Immunization Form from Doctor
Child's Florida Physical Examination Form from Doctor
Most Recent 1040 Tax Form (Joint File or Each Parent)
4 Weekly Paystubs or 2 Bi-Weekly Paystubs for Both Parents
School Readiness Certificate (if applicable) from ELC
VPK Certificate (if applicable) from ELC
Food Stamp Letter (If applicable)
Legal Custody/Guardianship Paperwork (if applicable)
Parent/Legal Guardian Valid Photo Identification
VPK Eligible Only: Child's Birth Certificate
FOR HEADSTART/VPK ONLY: Proof of Address (Homestead Exemption, Property Tax Notice, Home Purchase Contract, Copy of Deed, Collier County Manifestation of Domicile, Rental or Lease Agreement) AND two (2) of the following (Current FL Driver's License, Auto Insurance, Current Electricity Bill, Water Bill, Cable Bill last two statements)

Registration: \$75.00 **Includes 2 polos** Given: <input type="checkbox"/> First Week: \$ _____ Total: \$ _____
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*Please contact the Early Learning Coalition (ELC) prior to enrollment to see if you qualify for School Readiness and to obtain a Voluntary Pre-Kindergarten (VPK) Certificate if applicable. ELC Contact: (239)935-6100

Additional polos (\$15) and a jacket (\$25) can be purchased upon request

Is your family experiencing/receiving any of the following? Please check any that apply.

Foster Care _____ Homelessness _____ House-sharing _____ Public Assistance _____

Child Care Application for Enrollment

Student Information: Age: _____ Date of Birth: _____ Sex: M F

Child's Full Name: _____

Family Information:

Parent/Guardian 1 Name: _____
Relationship to Child: _____
Address: _____
Email Address: _____
Home Phone Number: _____
Cell Phone Number: _____
Cell Phone Carrier: _____
Work Phone Number: _____
Employer: _____
Employer Address: _____

Parent/Guardian 2 Name: _____
Relationship to Child: _____
Address: _____
Email Address: _____
Home Phone Number: _____
Cell Phone Number: _____
Cell Phone Carrier: _____
Work Phone Number: _____
Employer: _____
Employer Address: _____

Custody/Child Lives With: Parent 1 Parent 2 Both Parents Other

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.

Doctor: _____ Address: _____ Phone: _____
Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

Emergency Care Plan Instructions (if applicable):

Emergency 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: _____ Cell: _____ Relation: _____
Name: _____ Address: _____ Cell: _____ Relation: _____
Name: _____ Address: _____ Cell: _____ Relation: _____
Name: _____ Address: _____ Cell: _____ Relation: _____

I, _____, give my permission for my child _____ to receive care in the event of an emergency if I cannot be reached on the phone numbers provided to Fun Time Academy.

I, _____, give my permission to contact the above listed numbers in the event of an emergency if I cannot be reached on the phone numbers listed to Fun Time Academy

Required Paperwork

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 690 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 1 75-24).
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child-care facility.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby give consent to the staff of this facility to have access to my child's records and agree to notify Fun Time of my child's absence by 9:30am that day.

1st Year:

Signature of Parent/Guardian: _____ Date: _____

Subsequent Years:

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Parental Authorization

Medical Release

In case of illness or accident involving my child _____, I expect that Fun Time Academy staff will try to notify me. I hereby give permission for the above-named child to be seen by a physician for any medical procedure or emergency treatment. I further authorize release of any medical information to the Fun Time Academy as needed. I will be responsible for the payment of any services rendered.

I, individually and on behalf of my child, by my signature, do hereby agree to release and hold harmless: Fun Time Academy, its Board of Trustees, employees, and volunteers from all liability for any and all harm arising to my child as a result of his/her participation in the center.

Parent Signature: _____ Date: _____

Program Activity/Field Trip Release

I understand that sometimes walking field trips around the neighborhood may be planned by my child's teacher. These trips will be organized and led by the classroom teacher for the benefit and safety of the children.

****I will receive a separate permission slip in advance for any field trips that involve transportation in a vehicle.****

_____ I **agree** to permit my child to travel to and from events by Fun Time Academy staff.

_____ I **DO NOT agree** to permit my child to travel to and from events by Fun Time Academy staff.

Parent Signature: _____ Date: _____

Parental Consent for Testing

I, _____, give permission to Fun Time Academy staff to give my child _____ the Ages and Stages (ASQ) or any other assessment as required by Child Care of Southwest Florida.

I understand that the purpose and results of this test, especially how it reflects my child's growth and development, will be discussed with me. If the assessment shows a need to refer my child for external services, this possibility will be brought to my attention for approval.

I further understand that this is a requirement for all children whose care at Fun Time Academy is subsidized by Child Care of Southwest Florida.

Parent Signature: _____ Date: _____

Enrollment Tuition Fee Agreement

Child's Name: _____

I, _____, as parent/guardian of who is being enrolled at Fun Time Early Childhood Academy, understand, and agree to the following conditions:

- There is a one-time registration fee of **\$75** which is due with the first week's payment.
- My weekly fee for the Early Childhood Program service is \$_____.
- This fee may be paid **on Friday** at the reception desk for the following week of service. If the tuition is received after 9:00 a.m. on Monday, your payment is late. A **\$10 late fee is charged** to your account along with the late fee the upcoming week must be paid by Monday morning or your child will be suspended until payment is paid in full.
- A fee will also be assessed should your card be declined due to Insufficient Funds. **This fee will be \$10 in addition to the \$10 late fee.** If you are 2 weeks past due your child will be dismissed from the program.
- If I do not send my child to Fun Time Academy when it is open during the summer or holiday seasons, I must pay the full week's tuition fee, for the total number of weeks my child is absent for the center to hold a slot for my child. If the center is closed for a state or national holiday, or for a staffing service training, I am still responsible to pay the full tuition fee due for the week in which the closing occurs.
- If I choose to go on vacation with my child and, therefore, not send him/her to the center during the vacation, I must pay the full week's tuition fee, for the total number of weeks my child is absent. This is required to maintain a slot for my child. Due to the educational implications, I understand that I should not take my child out of the center for vacation more than 2 weeks during the year.
- If my child is seriously ill, and therefore unable to attend the center for a significant number of days, a doctor's note must be submitted to a center administrator. Upon my child's return to the center, I will submit a note from the doctor that he/she is well enough to return.
- I understand that the hours of operation for Fun Time Academy are 7:30am-5:30pm. Drop-off is from 7:30am-8:30am. I agree to **drop-off my child by 8:30am** and **pick-up my child by 5:30pm**. A late fee of \$15 will be assessed for every 15 minutes you are late to pick up after 5:30pm.
- I understand that by signing up for automated tuition payments, I will be charged on Monday of every week.

I have read and agree to the tuition fee conditions of Fun Time Academy.

Parent Signature: _____ **Date:** _____

Media Release

I, _____, hereby authorize the release and rights to the use of video or photographs of my child, _____, who is in guardianship and/or family, the use of Fun Time Early Childhood Academy, on social media, in televised printed materials (i.e. newspapers, newsletters, reports, etc.) produced to promote the activities of Fun Time Early Childhood Academy and its sponsors.

_____ I **DO** give my permission for photo/videos of my child to be used on social media and/or in printed materials to promote the activities of Fun Time Early Childhood Academy and its sponsors.

_____ I **DO NOT** give my permission for photo/videos of my child to be used on social media and/or in printed materials to promote the activities of Fun Time Early Childhood Academy and its sponsors.

Special Events:

It has been asked that photos by family members be given permission for special events at Fun Time Academy (birthdays, special classroom events, celebrations). Please sign below to give permission to have my child's photo taken by another Fun Time Academy parent during these special events.

_____ I **DO** give my permission for my child's picture to be taken at special events by other Fun Time Academy parents.

_____ I **DO NOT** give my permission for my child's picture to be taken at special events by other Fun Time Academy parents.

Parent Education/Family Involvement Events:

In response to most recent research on child development and the critical brain development that occurs between the ages of birth to five years old, Fun Time Academy puts an emphasis on Parent Involvement. Research has shown us that the first 5 years of life are linked to future success or challenges of children. Parents are the child's first teacher, which is an enormous responsibility, and we want to provide our parents with the knowledge and skills to ensure their child's future is successful.

As a condition of enrollment, all parents of children attending Fun Time Academy will be required to attend a minimum of 6 special events throughout the school year (first day of school August – end of July). These special events include:

- Adult/Parent Education: these include classes/events on various topics such as nutrition, financial responsibility, literacy, and English language.
- Family Involvement Events: these activities will include practicing educational activities/games with your child and include topics like reading, math, science, etc.

Each parent will be required to attend a combination of **THREE** events from August-December and **THREE** from January-May. Please sign below to confirm you have read and understand the parental involvement agreement.

Signature: _____ Date: _____

Meals/Food Program

Fun Time Early Childhood Academy provides a nutritious breakfast, lunch, and snack to each child at no additional charge. We follow weekly menus approved by the USDA Food Program. Weekly menus are posted throughout the building and are available for parents. Food from home is not permitted in the building. Please do not send other food to school unless your child has a special medical dietary need, and the request is accompanied by a note from the child's physician or has been approved by the Fun Time Academy Executive Director. Please discuss your child's special dietary needs with the administrative staff to plan for your child's meal if necessary.

***The Food Program service is currently only available at the Main Fun Time location.** The Poinciana school location will be implementing the USDA Food Program soon. Poinciana families need to pack healthy nutritious morning snack, lunch, and afternoon snack, please see attached recommendations.

Food Related Activities:

Sometimes, the staff plans special activities that includes such things as: classroom cooking projects, gardening, school-wide celebrations, and birthdays. Pursuant to 65C-22.005(1)(c)2./FAC licensed childcare facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities.

Please choose and initial **ONE** of the options below:

_____ My child **DOES NOT** have a food or allergy restriction. He or she **MAY** participate in food-related activities.

_____ My child **DOES NOT** have a food or allergy restriction. He or she **MAY NOT** participate in food-related activities.

_____ My child **DOES** have food allergies/dietary restrictions. He or she **MAY** participate in food-related activities but may not eat or touch the following items:

_____ My child **DOES** have food allergies/dietary restrictions. He or she **MAY NOT** participate in any food-related activities.

Please sign to acknowledge understanding of the above mentioned:

Parent Signature: _____ Date: _____

Parent Handbook Verification

Please **initial** each of the following critical components to our parent handbook to ensure you've read and understand each, then sign and date below.

- _____ I have received, read, understand, and agree to abide by the rules, regulations, and tuition policy of Fun Time Early Childhood Academy as explained in the Parent Handbook 2021-2022.
- _____ I understand that should my child be late OR not attend school that day, I need to call Fun Time by 8:30 to inform us of the absence.
- _____ I understand the attendance requirements for parent conferences, PATCH meetings and other family involvement events.
- _____ I understand that Fun Time Early Childhood Academy has a "No Cell Phone" policy inside the building.
- _____ I understand that I am required to keep all emergency information updated.
- _____ I understand that if I do not pay my child's tuition on Monday that I will be charged a late fee of \$10.
- _____ I understand that Fun Time is open until 5:30pm and if my child is picked up later than 5:30 I will be charged a late pick-up fee.
- _____ I have read and understand the discipline/expulsion policy as provided in the parent handbook.
- _____ I understand that by signing I am allowing Fun Time Early Childhood Academy to photograph, film, or use my child and his/her work in portfolios, advertising, or other such uses unless I provide written documentation asking for my child to be excluded from such use.

By signing below, you agree that you have read and agree to the parent handbook and will not hold the staff, volunteers, agents, Director, CEO, or the Board of Trustees of Fun Time Early Childhood Academy personally liable for accidents and injuries.

Parent Signature: _____ Date: _____

Disciplinary/Expulsion Policy

Fun Time Early Childhood Academy has a formal Positive Disciplinary Policy that teachers must follow. Developmentally appropriate social-emotional and behavioral health practices, as well as discipline and intervention procedures are set in each classroom to ensure safety for all children. Each child will be taught rules and expectations. Preventative and discipline practices will be used as learning opportunities to guide children's appropriate behavioral development.

When a child is having difficulties in the classroom, our staff will:

- Redirect child from negative behavior.
- Reassess classroom environment, appropriate of activities, supervision.
- Use positive methods and language while disciplining children.
- Praise appropriate behaviors.
- Consistently apply consequences for rules.
- Give verbal warnings.
- Give time to regain control by using the Safe Space in the classroom.
- Document the behavior and maintain confidentiality.
- Notify the parent/guardian and provide written copies of the disruptive behaviors that that might lead to expulsion.

If the behavior should continue:

- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- The director will share list of community partners and supports with family.
- Recommendation for evaluation.

We will work with the parent on resolving troublesome behavior. If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school. The parent/guardian will be informed regarding the length of the expulsion policy. The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school. If temporary expulsion and promotion of positive behaviors through literature and other community resources does not remedy the behaviors, then termination can be considered.

We have read the above and agree the philosophy on discipline meets our acceptance for our child, while he/she attends Fun Time Early Childhood Academy.

Signature: _____ Date: _____

Child/Family Questionnaire

Child's Name: _____ Primary Home Language: _____

Please tell us one or two things that interest your child or that your child does well: _____

List any dislikes and/or fears your child may have.:

Likes: _____ Dislikes: _____

What comforts your child when he/she is upset? _____

Describe your child's personality: _____

How does your child act when playing with a group of children? _____

Does your child need help going to the bathroom? YES NO

Is he/she fully potty trained? YES NO

Has your child had any previous childcare experience? _____

Have there been any major conflicts in your child's life in the past six months? If yes, please explain:

Were there any unusual circumstances about your pregnancy or delivery? Premature? How much? If yes, please explain: _____

Are there any medical conditions which would keep your child from participating in the everyday classroom activities (asthma, allergies, etc.)? If yes, please explain: _____

Is your child currently on medication? If yes, what and for how long? _____

What type of discipline/guidance methods do you use at home? _____

What are your goals for your child in our program? _____

How would you like to be involved in your child's education at Fun Time? _____

What holidays/traditions does your family celebrate? _____

Is there anything else you would like us to know about your child? _____
