



# Hamma & Bampa's TLC Rec Center

**GENERAL****ENROLLMENT  
APPLICATION****STUDENT INFORMATION**

Student Name:

Preferred \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Child lives with (name) \_\_\_\_\_ Relationship \_\_\_\_\_

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Child is: female male

Place of Birth \_\_\_\_\_ Child Social Security # \_\_\_\_\_

**PARENT/GUARDIAN**

Mother/Guardian: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Social Security# \_\_\_\_\_ Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Marital Status: (circle one) Married Single Divorced Separated Widowed

Father/Guardian: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

**AUTHORIZED RELEASE & EMERGENCY CONTACT INFORMATION**

Your child will only be released to the persons listed above and those authorized below. Legal authorities will be contacted if your child is left at the school one hour after the school closing time. If the person below is also to be used as an emergency contact, please check the box on address line.

Relation \_\_\_\_\_ Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relation \_\_\_\_\_ Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relation \_\_\_\_\_ Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relation \_\_\_\_\_ Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Person(s) NOT Authorized To Pick Up Child\* \_\_\_\_\_

\* Appropriate documentation such as custody papers should be attached if a parent is not allowed to pick up the child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Child's Name: \_\_\_\_\_ Sex: Male Female Enrollment Date \_\_\_\_\_

Check normal days of attendance: Monday Tuesday Wednesday Thursday Friday

List normal times for arrival and departure:

Arrival Time: \_\_\_\_\_ am pm

Departure Time: \_\_\_\_\_ am pm

Check meals normally eaten at facility:

Breakfast Snack

Lunch

(Note: The weekly schedule is intended to represent a typical week and will only be used to assist with teacher scheduling. We realize that actual schedules will vary based on your needs.)

## MEDICAL INFORMATION

My child's pediatrician/physician is \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

My child's dentist is \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

My child has health insurance coverage yes no Insurance Company \_\_\_\_\_

My child is subject to (check and give details) Hospital Preference \_\_\_\_\_

\_\_\_\_\_ An allergy to medicine, food\*, plant, animal, or insect toxin. \*\*

\_\_\_\_\_ A condition or fear that may require special care, procedures, services, medication or diet.

\_\_\_\_\_ A physical, mental or developmental disability that would prevent my child from participating in the school's regular program or activities.

\*\*Please explain special need, condition, fear or allergy: \_\_\_\_\_

\_\_\_\_\_ No known conditions or allergies.

\_\_\_\_\_ (initial) If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. In most cases, we ask that your child remain at home at least 24 hours after leaving the school because of an illness. Re-admittance is at the discretion of the Director. In addition, I agree to notify TLC Rec Center within 24 hours if any member of my immediate household is diagnosed with a communicable disease.

## MEDICAL AUTHORIZATION

\_\_\_\_\_ (initial) I agree that TLC Rec Center staff may authorize the physician of their choice to provide emergency treatment in the event that neither I nor our family physician can be contacted immediately. TLC Rec Center agrees to provide transportation to an appropriate medical resource in the event of an emergency and will not administer any drug or medication without specific instructions from the physician. In the event of such accident or illness, all medical expenses incurred are my responsibility. I release TLC Rec Center, and all of its employees, officers, directors, servants, and agents from liability incurred as a result of any act they may perform on behalf of my child.

## DELIVERY OF STUDENTS

\_\_\_\_\_ (initial) I agree that when delivering my child to the school, I or the person I have authorized to drop off my child, will personally deliver my child to his/her teacher or the staff person in charge. I further agree that when picking up my child, I or the person I have designated, will personally come into the school and receive my child from his/her teacher or the staff person in charge. At no time will I leave my child at the school without first making his/her presence known to the staff, nor will I take my child from the school without notifying my child's teacher. I further agree that I or the person I have authorized to deliver and/or pick up my child will sign my child in/out on a daily basis.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PUBLIC/PRIVATE SCHOOL TRANSPORTATION

\_\_\_\_\_ (initial) I do \_\_\_\_\_ do not \_\_\_\_\_ give my permission to be transported to and/or from a public/private school. I understand that it is the policy of TLC Rec Center not to allow any child to enter or leave the school unless escorted by an adult.

Public/Private School \_\_\_\_\_ Grade \_\_\_\_\_

## FIELD TRIPS AND SPECIAL ACTIVITIES

\_\_\_\_\_ (initial) I do \_\_\_\_\_ do not \_\_\_\_\_ give my permission for my child to participate in field trips and special activities away from school. I understand that I will be notified in advance of any instances in which my child will be taken from the school, including the date, destination, and method of transportation of such trip. In addition, I understand that I will be required to provide written authorization for each field trip/activity away from the school.

## ACTIVITIES PLANNED OUTSIDE THE FENCED AREA OF THE FACILITY

\_\_\_\_\_ (initial) I do \_\_\_\_\_ do not \_\_\_\_\_ give my permission for my child to participate in activities planned outside the school's fenced area.

## SWIMMING/WATER RELATED ACTIVITIES

\_\_\_\_\_ (initial) I do \_\_\_\_\_ do not \_\_\_\_\_ give my permission for my child to participate in swimming/water related activities.

## MEDIA AUTHORIZATION

\_\_\_\_\_ (initial) I do \_\_\_\_\_ do not \_\_\_\_\_ give my permission for me, my spouse, and/or my child to be photographed or videotaped by TLC Rec Center. I understand that the photographs and/or videos may be used for public display including but not limited to school displays, TLC Rec Center's website, the Company social media site(s), advertising, newsletters, and promotional materials.

## DISCIPLINE POLICY

\_\_\_\_\_ (initial) I have received a copy of TLC Rec Center's discipline policy. The policy has been discussed with me and all my questions have been answered. I understand that I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child, if necessary.

## CHILD ABUSE/NEGLECT

\_\_\_\_\_ (initial) As a child care provider, TLC Rec Center is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than accidental means by a parent, guardian or caretaker, to the proper authorities. TLC Rec Center will cooperate fully with the authorities in the investigation of all such cases. To avoid any misunderstandings, parents are encouraged to keep the school director aware of any unusual bruises, marks or injuries occurring in the home.

## CONFIDENTIALITY STATEMENT

\_\_\_\_\_ (initial) Information pertaining to your child is considered confidential and will not be released by TLC Rec Center to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status and behavioral characteristics with authorized members of the state child care licensing agency or with persons authorized by the state licensing regulations or law to receive such information.

## CHANGE OF STATUS

\_\_\_\_\_ (initial) I agree to notify TLC Rec Center immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency contacts, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## HOW DID YOU HEAR ABOUT US?

(circle one)    Yellow Pages    Radio    Newspaper    Drive By    Agency \_\_\_\_\_  
Parent referral (name) \_\_\_\_\_ Other \_\_\_\_\_

## HAS YOUR CHILD PREVIOUSLY BEEN ENROLLED IN ANY PRESCHOOL?

(check one)    Yes    No

If yes, Location 1 \_\_\_\_\_ Dates of Enrollment \_\_\_\_\_

Location 2 \_\_\_\_\_ Dates of Enrollment \_\_\_\_\_

Location 3 \_\_\_\_\_ Dates of Enrollment \_\_\_\_\_

- 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" (CF/PI 175-24), **or** Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or** Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Complete this application and bring it to the center for enrollment.  
THANK YOU!!***

## DIRECTOR USE ONLY

Withdrawal Date: \_\_\_\_\_ Withdraw Reason: \_\_\_\_\_

Dates of Enrollment \_\_\_\_\_

All applications for enrollment are considered without regard to race, creed, color, sex, religion, national origin or disability. TLC Rec Center is an equal opportunity provider.
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# Hamma & Bampa's TLC Rec Center

## Authorization For Prescription and Non-Prescription Medication

**NO** medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Medication Name: \_\_\_\_\_  
Amount to be Given: \_\_\_\_\_  
Time to be Given: \_\_\_\_\_

2. Medication Name: \_\_\_\_\_  
Amount to be Given: \_\_\_\_\_  
Time to be Given: \_\_\_\_\_

### RECORD OF MEDICATIONS GIVEN:

1. Medication Name: \_\_\_\_\_

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Medication Name: \_\_\_\_\_

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*This authorization form must be maintained and is only valid for the duration of prescription.*

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(Retain in child's file for a minimum of four months)



## Permission to Photograph

I, \_\_\_\_\_, give permission for Hamma & Bampa's TLC Rec Center to  
(Parent or Guardian name)

photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)

## **SWIMMING PERMISSION SLIP**

Dear Parents,

In order for your child to participate in swimming and pool activities at Hamma & Bampa's TLC Rec Center, we must have your permission. Please complete this form and return it to the Center.

☐

I give permission for my child to participate in swimming and pool activities while attending Hamma & Bampa's TLC Rec Center.

☐

I **do not** give permission for my child to participate in swimming and pool activities while attending Hamma & Bampa's TLC Rec Center.

I understand there will be a licensed Life Guard on duty at all times.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

My child's swimming ability is designated as: (check one)

☐

Beginner

☐

Advance

☐

Advance Beginner

☐

Swim Team

☐

Intermediate

☐

Lifeguard