



## CHILD CARE FACILITY ENROLLMENT APPLICATION

### CHILD INFORMATION

Child's Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

### FAMILY INFORMATION

Parent/Guardian #1

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Parent/Guardian #2

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

### ENROLLMENT DETAILS

Requested Start Date: \_\_\_\_\_

Schedule (Check all that apply):

Full Day    Half Day AM    Half Day PM    VPK

Monday    Tuesday    Wednesday    Thursday    Friday

Drop-Off Time: \_\_\_\_\_ Pick-Up Time: \_\_\_\_\_

### **MEDICAL INFORMATION**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Allergies (food, medication, etc.): \_\_\_\_\_

Special Needs, Conditions, or Medications: \_\_\_\_\_

Has child been diagnosed with any chronic illness?    Yes    No

If yes, explain: \_\_\_\_\_

### **EMERGENCY CONTACTS & PICK-UP AUTHORIZATION**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **FAITH-BASED EDUCATION CONSENT**

The International School of First Orlando incorporates daily Bible stories, prayer, Christian music, and Scripture memory into its curriculum.

I give permission for my child to participate in all Christian-based learning activities.

### **MEDIA CONSENT**

I give permission for my child to be photographed or video-recorded for classroom use, school newsletters, and promotional materials.

I do NOT give permission.

### **PARENT/GUARDIAN CERTIFICATION**

I certify that the information above is true and complete to the best of my knowledge. I agree to notify the school of any changes and to abide by all policies set forth by The International School of First Orlando.

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