

421 S Goldenrod Rd Orlando, FL 32822
 Phone:407-381-4888 Fax:407-384-0095

CHILDREN ARE ENROLLED WITHOUT REGARD TO RACE, COLOR, RELIGION
 NATIONAL ORIGIN, DISABILITY OR OTHER PROTECTED STATUS PURSUANT TO LAW.

CHILD CARE APPLICATION FOR ENROLLMENT

1. Student Information:

Enrollment Date: _____ Date of Birth: _____ Sex: F M

Full Name: _____
Last First Middle

Child's Address: _____
Street City Zip code

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: M T W TH F

Private Pay/Agency: 4C VPK Teen Parent Program Private Pay EHS

2. Family Information:

Mother's Name:	Father's Name:
Address:	Address:
Cell Phone: Carrier:	Cell Phone: Carrier:
Employer:	Employer:
Address:	Address:
Work Phone:	Work Phone:
Email:	Email:
Key Code:	Key Code:

Child Lives with: _____

Custody: Mother Father Both Other: _____

3: 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:
Doctor:	Address:	Phone:
Doctor:	Address:	Phone:
Hospital Preference:		
List Allergies, special medical or dietary needs, or other areas of concern:		

4. 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	Work #	Home #

5. Helpful Information about child/Additional Information:

Rule 65C-22.006 (2), F.A.C and Section 65C-20.011(1), F.A.C., require a current physical examination (DH 3040) and immunization record (DH680 or DH681) within 30 days of enrollment.

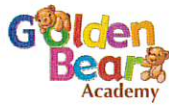
Section 402.3125 (5), F.S. requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY" and the childcare facility's food and nutrition policies that includes language on food safety and food allergens.

Section 65C-22.006(4)(c)2., F.A.C. requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility. Parent Handbook and Influenza Virus Brochure.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate and you are giving the consent to our child care personnel to have access to your child's record.

Signature of Parent/Guardian

Date



Emergency Release Form

I hereby grant permission for Golden Bear Academy to take whatever step may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician (listed below)
3. Attempt to contact the parent through any of the person's listed in the emergency information.
4. If we cannot contact the parent of the child's physician, we will do any of all of the following:
 - a. Call another physician or paramedics.
 - b. Call an ambulance
 - c. Have the child taken to a hospital or emergency facility in the company of a staff member
5. Any expenses incurred under the above will be borne by the child's family
6. The center will not be responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

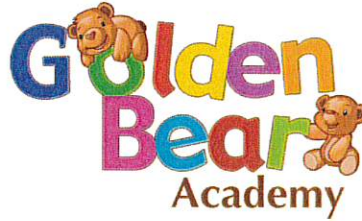
Person to contact in the event that we cannot reach the parents or guardians:		
Name	Phone	Relation to child

Physician (s) to contact in the event of an emergency:	
Name	Phone

Parent Name (Print)

Parent Signature

Date



Dear Parents:

Here at Golden Bear Academy, we observe many holidays and birthday's by having classroom parties and parents. During these events we may ask you to donate store brought foods for the consumption of the children, parents and staff to participate.

We ask that parents bring only healthy snacks if donating food to the center.

Please sign below if you wish for your child to participate in these events.

____ YES my child _____ is allowed to consume foods from outside Golden Bear Academy.

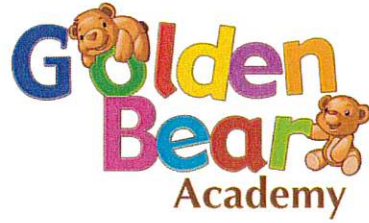
____ NO I do not wish for my child _____ to participate in class events where there is "outside" food involved.

If yes, please list any food allergies your child may have

Parent Signature

Thank you,

GBA Staff



Media/Photograph/Video Release Form

I, _____ parent of guardian of _____ grant permission to Golden Bear Academy to use photographs and/or video taken of me of my child for use in promotional and education materials such as brochures, newsletters, advertisements and magazines, and to use such photographs/video in electronic version of the same publications or on the Golden Bear Academy web site or other forms of media, electronic or otherwise, without notifying me. I authorize the use of and reproduction by the Golden Bear Academy of any and all photographs and/or video tapes taken of my child, without compensation to me/my child. All these photographs/video recordings shall be the property, solely and completely, of the Golden Bear Academy Inc. I waive any right to inspect or approve the finished photographs/ video tapes, and the soundtrack, script or printed matter that may be use of the Golden Bear Academy Inc. I waive any right to inspect or approve the finished photographs/video tapes, and the soundtrack, script or printed matter that may be used in conjunction with them.

I have read this release before signing below, and fully understand the contents, meaning, and impact of this release.

Name: _____

Signature: _____

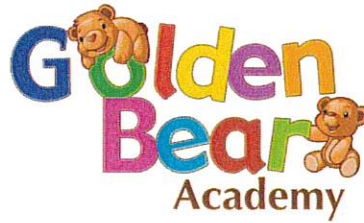
Date: _____

Address: _____

421 S. Goldenrod Rd, Orlando Fl 32822

e-mail: info@goldenbearacademy.co /website: www.goldenbearacademy.co

Tel.407-381-4888 Fax:407-384-0095



I/We _____, parent/guardian of:
_____ have received, read, understood and agree to all the terms
and conditions that apply to Golden Bear Academy Parent Handbook.

I/We _____ authorize Golden Bear Academy
to exchange confidential information with their Staff for Emergency and Safety purposes and
with different Agencies for educational purposes.

Print Name: _____ Signature _____ Date _____

Print Name: _____ Signature _____ Date _____