



ecopia

DAY SCHOOL

ENROLLMENT APPLICATION PACKET

Please provide the completed application forms attached along with the following items to request enrollment in Ecopia Day School.

Current School Entry Physical Exam form 3040 and Immunization Record form 680

Copy of Child's Birth Certificate

Copies of the Parent/Guardian Photo IDs

Individual Care Plan (for Infants and Toddlers)

Registration and Tuition Payment

\$	Registration Fee
\$	Supply Fee
\$	Cot Sheet Fee
\$	Deposit for Pre-Enrollment
\$	1st month's Tuition
\$	Total



REGISTRATION APPLICATION pg. 1

----- Initial Registration

----- Re-Registration

Application Date ----- Desired Start Date -----

Schedule

-----Extended Day (6:30-6:00) -----Full Day (8:45-2:45) -----Part Time (8:45-12:45) -----3 Days (T W TH)

----- VPK Only ----- VPK Wrap

ED FD

Child's Full Name

Preferred Name

Date of Birth ----- Gender -----

Address -----

Street

City

Zip Code

Home Phone -----

Parent/Guardian Name

Relationship

Cell Phone ----- Email -----

Place of Employment/Profession -----

Work Phone ----- Email -----

Parent/Guardian Name

Relationship

Cell Phone ----- Email -----

Place of Employment/Profession -----

Work Phone ----- Email -----

Persons Authorized to Remove the Child from Care (OTHER THAN PARENTS/GUARDIANS)

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Emergency Contacts (OTHER THAN PARENTS/GUARDIANS)

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Medical Information		
Does your child have any allergies or medical conditions?	YES	NO
If YES, please explain		

Child's Primary Physician	Phone Number	

Child's Dentist	Phone Number	

Preferred Medical Facility/Hospital	Phone Number	

Authorization for Emergency Medical Treatment

If my child, _____, should become ill or injured at Ecopia Day School, I understand that the staff will (1) contact me immediately and (2) contact the person(s) I have designated as emergency contacts if I cannot be reached. 911 will always be called in an emergency.

Should the staff of Ecopia Day School not be able to reach me or the emergency contacts that I have designated, they are authorized to contact my child's physician and or arrange for immediate medical treatment (call 911).

The physician and or the medical personnel/facility are authorized to administer emergency medical treatment to ensure the health and safety of my child.

I will accept responsibility for payment of all medical services rendered.

Parent/Guardian Signature Relationship Date



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Alternative Nutrition Plan Agreement

Ecopia Day School provides a nutritious snack in the morning and in the afternoon. Parents must provide lunch and all foods/formula for infants and toddlers who are not ready for table foods. Parents may also provide breakfast for their child if they arrive at the center before 8:00 am.

Lunches and other meals provided by the parents should provide a well balanced diet for children as recommended by the USDA. A well balanced meal should include a source of protein, juice, water or milk for a drink and nutritional foods such as fruits and vegetables.

Please indicate any special dietary requirements:

Mark "P" for parent provides or "C" for center provides

-----P----- Breakfast	----- AM Snack	-----P----- Noon Meal	----- PM Snack	-----P----- Formula/Milk	-----P----- Baby Food
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I understand and approve of the Alternative Nutrition Plan. I agree to provide meals/snacks to meet my child's nutrition and dietary needs.

Parent/Guardian Signature Date

Sleeping and Napping Agreement

I understand that my child, while in the care of Ecopia Day School, will be napping in a crib (infants) or on a cot if they take naps during the day. He/she will be supervised at all times. I understand that I am responsible for purchasing cot sheets for my child and laundering them as needed.

Parents of children ages 3-5 year olds have the option of allowing their child to nap or not. If they do not nap, they will be engaging in individual learning activities during quiet time. Please indicate below if you choose for your child to nap.

----- Yes, I want my child to take a nap daily.

----- No, I choose for my child to not nap daily.

Parent/Guardian Signature Date



REGISTRATION APPLICATION pg. 4

Consents: Please initial each item to acknowledge that you agree and give consent for your child. Then sign at the bottom.

initial	
	I consent to the enrollment of my child in this facility and acknowledge that I have read the <u>Family Handbook</u> and been advised of the policies and procedures regarding the program and services provided at Ecopia Day School, including the Center's <u>Disciplinary Practices, Health and Safety Practices and Payment of Tuition and Fees</u> . I agree to ensure that our family abides by and supports all the policies and procedure of Ecopia Day School and understand that failure to comply with any policy or procedure may result in termination of services.
	I give consent for my child to participate in extra curricular activities brought in from our community (ie: special events, seminars, shows) to the Center under proper supervision.
	I certify that I have received a copy of the <u>Know Your Child Care Facility/FCCH Brochure</u> and the informational pamphlet on the <u>Influenza (Flu) Virus</u> as required by Hillsborough County Ordinance.
	I have provided information on my child's special needs (ie: Medical Information, Allergies, Disabilities) as may be necessary to assist the Center in properly caring for my child in case of emergency. I understand that I am responsible for maintaining up to date immunization and physical exam records on file at the Center.
	I give permission for my child to participate in food related activities and special occasions where food is consumed.
	I give permission with exceptions to the following foods: -----
	I have received the <u>Fee Schedule</u> and <u>Tuition and Fee Payment Policies</u> and agree to pay all tuition and fees due at registration on or before the first of each month to maintain my child's enrollment in the program. I understand that I will pay the full month's tuition for months that include closings for holidays, teacher planning/conference days and school breaks. I understand that Tuition Rates and Fees are subject to change without notice.
	I understand that I must provide the school with a <u>30-day advance written notice</u> if I decide to withdraw my child. I agree to pay all tuition charges accrued until the end of the 30-day period whether my child is attending the program or not. I understand that Incidental Fees, Cot Sheet Fee and Registration Fees are non-refundable.
	I certify that all the information in the Registration Application is complete and accurate. I understand that it my responsibility to update this form in the event that my decision for permission changes and that my consents will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature_____ Date_____

Media Release

As the parent/guardian of a child at Ecopia Day School, I agree to the following:

- I understand that my child, whose name is written below, may be photographed or recorded at Ecopia Day School during school hours, field trips or activities.
- I understand that these photographs or recordings may be used in promoting child care services, either in print or on the web, including but is not limited to: Facebook, Twitter, Instagram, Google, Ecopia Day School's website, or printed materials with my consent as listed below.

Parent/Guardian Name _____

Child's Name _____

I give permission for my child's photographs or recordings to be displayed on Facebook, Twitter, Instagram, Google, Ecopia Day School's website, newsletter or other media. When names are added, only first names will be used.

_____ Yes, I confirm that I have read and understand the above, and agree to have my child's photos or recordings displayed on media.

_____ No, I do not want my child's photos and recordings displayed on media.

Parent/Guardian Signature _____ Date _____

Ecopia Day School uses an electronic communication system called "Kaymbu". I understand that I may receive text messages and emails about how my child is doing during the day, their daily reports and any activities s/he participated in that may include photos or recording through the Kaymbu system.

_____ Yes, I want to participate in Kaymbu communications with emails to this address:

_____ and text messages to this phone number _____

Also include communication to _____ with emails to this address:

_____ and text messages to this phone number _____

_____ Yes, it is OK to include my child in group photos that will only be sent to classmate's families.

_____ No, please do not send information about my child through text or email.

Parent/Guardian Signature _____ Date _____

- I understand that it is my responsibility to update this form in the event that I want or add my authorization for the release of photographs or recordings.
- I agree that this form will remain in effect during my child's enrollment.
- I understand that there will be no payment for my child's participation.

Parent/Guardian Signature _____ Date _____



Credit Card Authorization

Child(ren) Names

Credit Card Type
(circle one)

Visa

Mastercard

Discover

Name as it appears on the Card

Card Number

Expiration Date

Security Code

Billing Address and Zip Code

Street Address

City

Zip Code

I authorize Ecopia Day School to charge my credit card for the purpose of collecting tuition and other fee payments when due. I understand that my card will be automatically charged on the first of the month unless I make alternate payment arrangements prior to that date.

I agree to provide the school with a 30-day advance written notice if I decide to withdraw. I authorize Ecopia Day School to charge my credit card for all tuition charges accrued until the end of the 30-day period whether my child is attending the program or not.

initial

Monthly Auto-Charge

----- Check here if you want tuition and fees automatically charged to your card at the beginning of each month. I prefer to have my card charged monthly for tuition and fees due

Card Holder's Signature

Date
