



ENROLLMENT APPLICATION

LS Academy

5800 Hansel Ave, Orlando, FL. 32809

Phone: (407) 420-0838 Fax: (407) 420-0839

Student Information:

Full _____ **Name:** _____
Last First Middle Nickname

Date of Birth: _____ **Sex:** _____ **Date of m Enrollment:** _____
(MM/DD/YYYY) (MM/DD/YYYY)

Child's Physical Address: _____

Family Information:

Mother's Name: _____ **Father's Name:** _____

Address: _____ **Address:** _____

Home Phone: _____ **Home Phone:** _____

Employer: _____ **Employer:** _____

Address: _____ **Address:** _____

Work Phone: _____ **Work Phone:** _____

Academic Information: Last school attended.

Previous school name **Address** **Grade**

Transportation Information:

Preferred mode of transportation: ☐ Walk home ☐ Bike rider ☐ Bus Rider ☐ Parent Pickup

- Parents, please contact the **school office and your child's teacher** immediately if there is a change in your child's mode of transportation.

Emergency Contacts: Child will be released only to the custodial parent or legal guardian and the people 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 more reasons, the custodial parent or legal guardian cannot be reached. **Please mark authorization for pickup.**

1. _____ ☐
Yes No ☐
Name Phone number ☐
2. _____ ☐ Yes
No ☐
Name Phone number
3. _____ ☐ Yes ☐
No
Name Phone number
4. _____ ☐ Yes
No
Name Phone number

Medical Information: In the event of a serious accident or illness and I cannot be reached, I hereby authorized LS Academy staff to contact the following medical personnel to obtain emergency medical care if warranted. In case of an emergency, I understand that LS Academy will access 911 emergency medical system immediately. I expedite care I give my permission to LS ACADEMY personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other people listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment and transport.

Doctor: _____ **Phone number:** _____

Address: _____

Insurance: _____ **Policy #:** _____ **Group:** _____

Medicine currently taking: _____

I certify that the information provided in this application is complete and accurate, I read the **LS ACADEMY Health Services matters**, and I understand that false statements within this application may result in delayed entry or withdrawal of admission.

Parent/Guardian Signature

Date **Medicine Policy** (Please sign your initials at the end)

- Little Steps Academy staff are not authorized to administer medication to children; ***If your child needs any medication you need to come to school and administer the medicine.*** _____

Permission to photograph and video

- I give permission to Little Steps Academy to use any photographs and / or videos of mi child that they may have in their possession. I understand any photographs and / or videos will NOT be sold for any reason, and it will be used for marketing and educational purposes only. _____

Permission to participate in Celebrations

- I authorize my child to participate in any celebration of the school or any birthday of their classmates and allow them to consume all types of food that has been brought to the school or that the school may buy. _____

Nutrition Policy

- In LSA parents must provide lunch and snacks for their students (microwaves are available). We encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided. Discourage the provision of highly processed snack foods high in fat, salt and sugar and low in essential nutrients in children's lunchboxes. We encourage the follow in My plate chart. _____

Disciplinary Procedure

- **We believe in positive reinforcement for children:**
 - Praise and reward for well done work.
- **If a child becomes unruly:**
 - Child will be directed to the classroom "safe place" where they can take a moment to calm down, relax and then rejoin the group or miss a special activity or miss allotted playtime. Discuss behavior with teacher or director and/or call for a parent conference.
- **Section 402.305 (12), F.S, includes standards that prohibit children from being subjected to discipline, which is severe, humiliating, frightening, or associated with food, rest or toileting. There will be no corporal punishment (spanking) by any teacher or employee at any time.** _____
- **Authorization of release**

- I _____ parent / legal guardian of _____ authorize LS Academy to release my child's file to any administration staff and in case of emergency to all first responder's personnel and Department of children and families.

Verification of Receipt

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 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 entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- 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 childcare facility.

I _____ parent/guardian of _____ hereby acknowledge that I have read and agree to follow the Rules and Regulations as outlined in my Parent Handbook. I have reviewed and discussed these Rules and Regulations in an orientation with the Director and fully understand what is expected from the center, my child and myself. I further acknowledge that I have received a copy of the parent handbook for my own reference and may ask questions at any time.

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 grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date



Allergy / Medical Information Sheet

Student Name:

Type of allergy: Check all that apply, and list specifics.

☐ Medication: _____

☐ Food: _____

☐ Insect Bites/Stings: _____

Symptoms of allergy: Check all that apply

☐ Hives

☐ Swelling of eyes

☐ Difficulty breathing / Swallowing

☐ Other _____

Medical Conditions: Check all that apply

☐ Asthma

☐ Diabetes

☐ Other _____

I attest that these statements are true to my knowledge.

Parent Signature: _____ Date:

Parent Phone Number: _____