

## Enrollment Application

Date of Enrollment: \_\_\_\_\_

Class: \_\_\_\_\_

### Student Information

\_\_\_\_\_

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

Street	City	State & Zip Code
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Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

Primary hours of care from \_\_\_\_\_ to \_\_\_\_\_

### Family Information

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

### Custody

Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

If other, child lives with \_\_\_\_\_

Solid Rock Christian School  
Enrollment Application  
Preschool (3-5Years) and Extended Day

**Contacts**

If for any reason you or your spouse/partner are unable to pick-up your child, please call and let us know who will be picking up your child and make sure that the person you authorize to pick up your child knows to bring a valid driver's license or State Identification Card to prove their identity. If they do not have proof of identity, they will not be allowed to remove your child from school.

I authorize the following people to remove my child from school:

Name	Address	Work/Cell #	Home #
Name	Address	Work/Cell #	Home #
Name	Address	Work/Cell #	Home #
Name	Address	Work/Cell #	Home #

\_\_\_\_\_ (initial)

**Emergency Medical Treatment**

In the event that your child is seriously injured, or becomes ill while at preschool, we will make every effort to notify you immediately. If we are unable to contact you, we will make every effort to contact the persons you have authorized to make medical decisions for your child. In the event that we are unable to reach you or the individuals you have authorized to make medical decisions, we will call 911 and allow the paramedics to make medical decisions for your child including whether to transport your child to the hospital or not. **All medical bills, including ambulance fees, become the sole responsibility of the parents or legal guardians.**

\_\_\_\_\_ (initial)

The following persons are authorized to make medical decisions for my child:

Name	Address	Work/Cell #	Home #
Name	Address	Work/Cell #	Home #
Name	Address	Work/Cell #	Home #
Name	Address	Work/Cell #	Home #



# Solid Rock Christian School

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### Preschool (3-5Years) and Extended Day

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 65C-22.006(4)(C)2., F.A.C. requires that parents are notified in writing of disciplinary practices used by the childcare facility.

By signing below, I verify that I have received a copy of the Solid Rock Christian Preschool Parent Handbook which contains the disciplinary practices of the facility, and I affirm that all information on this enrollment form is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date

Please list all allergies, special medical or dietary needs, and any other areas of concern for your child:

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**Any other helpful hints about your child:**

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## **Parent Statement of Agreement**

### **Financial Policy**

**Tuition is due Monday morning.** If your tuition payment has not been received by Tuesday evening and you do not make payment arrangements with the preschool administrator, your child will not be allowed to return to school until payment in full is received.

Because the expenses of providing a high quality education for your child are fixed and averaged out over the full year, there will be no adjustments made for holidays, Christmas break, spring break, vacations or absences. **Parents are responsible for full tuition whether their child attends school or not.**

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Parents Signature

### **Late Pick Up**

Parents who have not picked up their child before the preschool closes will be charged a late fee of **\$10 every ten minutes or portion thereof.**

If a child has not been picked up within 30 minutes after the preschool closes, and all efforts to contact their parents have been exhausted, we will have no alternative but to contact the Sheriff's Department and surrender the child into their custody.

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Parents Signature

### **Termination Policy**

Should Solid Rock Christian Preschool cease to operate, Solid Rock agrees to give parents a minimum of 2 weeks written notice before its closing.

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Parents Signature

**Solid Rock Christian School**  
Enrollment Application  
Preschool (3-5Years) and Extended Day

## **Handbook**

We have received a copy of the Solid Rock Christian Preschool Parent Handbook and have read the requirements of Solid Rock Christian Preschool contained therein. We do hereby agree to abide by the policies, and financial responsibilities set forth. Our child and we agree to abide by all the standards, policies, and procedures, established by Solid Rock Christian Child Care.

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Parents Signature

## **Medication**

Prior to Solid Rock Christian Preschool dispensing any medication, the following conditions must be satisfied.

Non-prescription medications, oral or topical, to be dispensed by the preschool:

1. Letter of authorization from the child's doctor stating medication, dosage and administration details.
2. Provided by the parent or legal guardian
3. Be contained in the original container
4. Accompanied by a written parental authorization form
5. Accompanied by a medications form that lists in detail the correct name of the medication, the exact dosage to be dispensed, and the dates and time the medication is to be dispensed

Prescription medications, oral or topical, to be dispensed by the preschool:

1. Provided by the parent or legal guardian
2. Be contained in the original container from the pharmacy and list the following on the label:
  - a. The doctor's name and contact information
  - b. The pharmacy name and contact information
  - c. The child's name
  - d. The name of the medication
  - e. Complete instructions for dispensing the medication
3. Accompanied by a written parental authorization form
4. Accompanied by a medications form that lists in detail the correct name of the medication, the exact dosage to be dispensed, and the dates and time the medication is to be dispensed

Solid Rock Christian School  
Enrollment Application  
Preschool (3-5Years) and Extended Day

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Parents Signature

## Discipline

Solid Rock Christian Preschool uses discipline practices that are age appropriate and constructive. Children are not disciplined in any way that is severe, humiliating or frightening. Corporal punishment of any kind, deprivation of food, drinks, rest and toileting are strictly prohibited.

Instead, Solid Rock uses age appropriate positive reinforcement and time out sessions (1 minute of time out for each year of age) to correct negative behavior. However, from time to time we have encountered situations where positive reinforcement, “time-outs”, and frequent communication between the child’s parents and teacher have not had the desired affect in modifying the child’s behavior. In such cases, a parent conference will be scheduled in which disciplinary action will be taken up to and including permanently removing the student from the program.

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Parents Signature

Solid Rock Christian School  
Enrollment Application  
Preschool (3-5Years) and Extended Day

**Photo Release**

I \_\_\_\_\_, hereby certify that I am the legal parent or guardian of \_\_\_\_\_ and I authorize and give permission to Solid Rock Christian Preschool to photograph my child or take video images of my child while they are in the care of childcare personnel. Such images may be posted in the classrooms or other appropriate places within the center, used in center presentations or promotional materials, or distributed to staff or clients. I understand that I may terminate this permission at any time in the future.

State of Florida county of Lake.

Affirmed and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
Notary Signature

Personally known to me \_\_\_\_\_ or produced identification \_\_\_\_\_

Type of identification produced \_\_\_\_\_

Solid Rock Christian School  
Enrollment Application  
Preschool (3-5Years) and Extended Day

**Authorization for Emergency Medical Care**

In order to meet all legal requirements, I hereby authorize the Director of Solid Rock Christian Preschool or the person she appoints, to give my consent for all necessary emergency medical treatment my child may require while in said individuals custody. In the event of serious illness or accident, and I cannot be immediately contacted, I give permission for my child to be transported by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. In addition, I affirm that I will assume sole responsibility for all medical bills, including ambulance fees, which are incurred.

**Authorization to Transport**

In the event of an emergency that requires the school to vacate the premises and I and/or my contacts are unreachable, I hereby authorize the Director of Solid Rock Christian Preschool or the person she appoints, to transport my child to a safe environment until I can be reached.

State of Florida county of Lake.

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
Notary Signature

Personally known to me \_\_\_\_\_ or produced identification \_\_\_\_\_

Solid Rock Christian School – Patricia “Rachel” Jones, Children’s Director  
P.O. Drawer 236 – 21951 US Highway 441 - Mount Dora, Florida 32756-0236  
Phone: (352) 735-5777 Fax: (352) 735-1084  
Website: [www.SolidRockFLA.com](http://www.SolidRockFLA.com) E-mail: [rjones@solidrockfla.com](mailto:rjones@solidrockfla.com)

Type of identification produced \_\_\_\_\_

## **Ages and Stages Screenings**

The preschool teachers at Solid Rock perform the Ages and Stages Developmental Screenings for children ages 4 months – 5 years. Your child’s teacher will perform this screening every 6 months through their 5th birthday. The screening checks your child’s developmental progress in the following areas:

- Communication
- Gross Motor
- Fine Motor
- Problem Solving
- Personal and social

Once the screening is complete, you may arrange a conference with Mrs. Jones to review the results.

This screening has proved to be an invaluable asset in the early diagnosis of developmental delays. Early diagnosis gives us the opportunity to intervene on the preschool level and, if possible, correct the problem before the child reaches the elementary school level. In order for your child to participate in this screening, you must fill out and return this letter authorizing Solid Rock Christian Preschool to administer the Ages and Stages Developmental Screening Test.

\_\_\_ Yes, I would like my child \_\_\_\_\_ screened by the Ages and Stages Developmental Screening Tool.

\_\_\_ No, I would not like my child \_\_\_\_\_ to be screened by the Ages and Stages Developmental Screening Tool.

\_\_\_\_\_  
Parents Signature