



# New Horizons

Discovery Centers

## Student Enrollment Form

-PLEASE PRINT-

Child's Name: \_\_\_\_\_ NickName: \_\_\_\_\_

Current Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Start date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone Mom: \_\_\_\_\_ Cell Mom: \_\_\_\_\_

Work Phone Dad: \_\_\_\_\_ Cell Phone Dad: \_\_\_\_\_ Other Ph: \_\_\_\_\_

Prior Caregiver/Childcare Center: \_\_\_\_\_

Reason for leaving or change of Caregiver / Center: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Driver's License (Required): \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Driver's License (Required): \_\_\_\_\_

Guardian/Other: \_\_\_\_\_ Contact Ph: \_\_\_\_\_

Who should we call first in case of Emergency (Non-Life Threatening):

Mom \_\_\_ Dad \_\_\_ Grandparent \_\_\_ Other (Name): \_\_\_\_\_ Ph: \_\_\_\_\_

Who has Custody of child?: Mom \_\_\_ Dad \_\_\_ Both \_\_\_ Guardian/Other \_\_\_

Are there any other children living with you in the same household? Yes \_\_\_ No \_\_\_

If yes, please list below:

Name

Age

School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list below the names of other persons authorized to pick-up your child. Only parents or legal guardians are authorized to designate pick-up persons below. Child will not be permitted to leave with anyone else unless written permission is given by parent(s) or legal guardian(s).

The person(s) listed below are authorized to pick-up my child in the event Mom, Dad or authorized guardian are unreachable: (Id's will be required/checked)

<u>Name</u>	<u>Ph#1</u>	<u>Ph#2</u>	<u>Relation to child</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any allergies, special medical or dietary needs, physical limitations, or any other helpful information about your child:

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I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care:

Child's Doctor: \_\_\_\_\_ Ph# \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Ph# \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Ph# \_\_\_\_\_

*Note: In the event of serious or life-threatening injury to child the staff of this facility reserves the right to automatically dial 911 and request medical aid.*

### **STATEMENT OF INSURANCE COVERAGE**

In order to better serve you and your family we would like you to take a moment to acquaint yourself with our Accident Insurance Coverage:

Insurance has been secured to cover the cost of injuries incurred by your child that result from our negligence while attending our facility. Please discuss the situation with management to protect your privacy. Our insurance does not cover diagnosis for "peace of mind", but rather to cover accidents where proper healing could not take place without a doctor's help. Our insurance does cover incidents resulting from malfunctioning equipment, inadequate supervision under DCF rules and activities held at our facility. New Horizons Discovery Centers is the secondary carrier and covers only in the event you do not have medical coverage. We strive to provide a safe working and learning environment every day. Accident prevention is a number one priority and the safety and health of your child is our main concern.

By your signature below you acknowledge that you have read and understand our insurance statement;

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

## **STATEMENT OF DISCIPLINARY PRACTICES**

New Horizons Discovery Centers programs are designed to meet the varying needs of children from 18 months to five years old. School and class rules are intended to make your child's first school experience a pleasant and productive one. Two basic concepts are taught; the respect for the well being of others and respect for property. Children are taught these rules by example and by instruction. Children are rewarded with praises and positive actions. Inappropriate behavior is re-directed and gently, but firmly, corrected verbally. Persistent disobedience may result in removal from the group for a few minutes. These practices have been found to be effective with most children 18 months and older. Parents are informed of progress through frequent informal conferences. Please be aware that intentional or deliberate damage to our facility, to him or herself or to other children will be the responsibility of the parent/guardian. Persistent disruptive behavior, disobedience, foul language or inappropriate behavior may result in permanent removal from the Center.

The Florida Department of Children and Families requires that a current School Physical Examination Form (blue form) and a current Immunization Record Form (yellow form) be on file at the childcare facility within 30 days of enrollment.

By signing below you verify that you have read the Statement of Insurance Coverage and the Statement of Disciplinary Practices and that all information on this enrollment form is complete and accurate:

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **PERMISSION FOR FIELD TRIPS / OUTSIDE ACTIVITIES**

I give permission for my child to participate in field trip activities which usually involve travel by foot or bicycle around the neighborhood surrounding the facility and for other outside activities within the grounds of the facility. (No motor vehicle travel involved)

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **PAYMENT AGREEMENT**

By enrolling your child with New Horizons Discovery Centers you agree to pay for your tuition on a weekly basis in advance. **A full week's tuition is due every week whether your child attends or not until you officially disenroll your child by giving the required two weeks notice.** You agree that if payment is not made by Wednesday morning, your child WILL NOT be admitted Wednesday. You also agree that if you fail to bring your balance current, you are responsible for any and all collection costs we may incur to collect the debt including collection agency fees and court costs and fees and, if a check was dishonored by your bank, all state fees charged by the State's Attorney's Office. You also agree that withdrawing your child(ren) without giving a minimum of two weeks notice will incur an additional one week of tuition billed to your account.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_