

OFFICE USE ONLY: Date Received by administration:

Mt. Calvary Academy

"Where Learning Is A Pleasure"

700 Bellevue Avenue * Daytona Beach, FL 32114 * 386.255.8654

Pre-School Admission

*****PLEASE PRINT ON ENTIRE FORM*****

Child's Name: _____
FIRST MIDDLE LAST

Child's Birthdate: _____ Parent/Guardian (1) SSN: _____

Home Address: _____ City & Zip Code: _____

Parent/Guardian (1)

Name: _____ Home/Cell Number: _____ Work Number: _____

Parent/Guardian (2)

Name: _____ Home/Cell Number: _____ Work Number: _____

Alternate Emergency Contact:

Name: _____ Home/Cell Number: _____ Work Number: _____

*****Student Pick-Up Permission*****

Name	Relationship	Best Phone Number

I give my authorization for the persons listed above to remove my child from Mt. Calvary Academy.

Date: _____ Signature: _____ (Parent/Guardian)

*****Policies Agreement*****

I have received, read and/or understand, and agree to follow all policies & procedures of Mt. Calvary Academy in the manner prescribed. I have received a copy of the disciplinary practices used by Mt. Calvary Academy.

Date: _____ Signature: _____ (Parent/Guardian)

Mission Statement

"With staff, family and community working together, all students will develop to a high level of achievement in order to become well-adjusted, happy and productive citizens with a knowledge and respect for God and man."

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*****STUDENT HISTORY*****

Child's Name: _____

PERSONAL HISTORY:

1. Birth Type (circle one): Normal Premature
2. Birth complications: _____
3. Age child began talking: _____ Does child speak in words? _____ Sentences? _____
4. Does child know another language? _____ If yes, which language? _____
5. Does child use any special words to describe his/her needs? _____
6. Has your child previously attended a day care/school before? Yes ___ No ___

HEALTH HISTORY:

7. What arrangements will be made for child care during illness? _____
8. Has your child had measles? _____ Mumps? _____ Chicken Pox? _____ Other? _____
9. List any serious illness or hospitalization _____
10. List any medications given regularly _____
11. List any foods that your child cannot eat _____
12. List ALL FOOD allergies _____

TOILET HABITS:

13. Can your child be relied upon to indicate his/her bathroom wishes? Yes ___ No ___
14. Does your child have frequent toilet accidents? Yes ___ No ___
15. How does your child react to toilet accidents? _____

SLEEPING HABITS:

16. What time does your child go to bed? _____ What time does your child wake up? _____
17. What is your child's mood when he/she wakes up? _____
18. Does your child often need a nap? Yes ___ No ___ If yes, explain: _____
19. Does your child have his/her private room? Yes ___ No ___

*****REQUIRED ENROLLMENT DOCUMENTS*****

The documents listed below must be submitted at time of enrollment:

- ✓ **Child Care Food Program Application/Child Participation Form**
- ✓ **Food Related Activities Form**
- ✓ **Current Immunization Record**
- ✓ **Current Physical Examination Record**
- ✓ **Signed Influenza Document**
- ✓ **Completed Application**
- ✓ **"Know Your Child Care Facility Form"**

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*****FIELD TRIP PERMISSION *****

I hereby give my permission for my child to go on any field trip sponsored by Mt. Calvary Academy. I understand that this is a one-time permission slip for all field trips taken by motor vehicle or by walking. I further understand that I will be made aware of, in advance, of all field trips and field trip fees. I understand that additional Field Trip Permission Forms may be required if necessary.

Date: _____ Signature: _____ (Parent/Guardian)

*****CONSENT FOR TREATMENT *****

I hereby authorize and permit Mt. Calvary Academy to allow medical treatment and care, as well as related transportation, determined to be necessary, in the opinion of the staff of Mt. Calvary Academy, for the welfare of my child while my child is in the care of Mt. Calvary Academy and I am not reasonably available by telephone to give consent. I hereby relieve Mt. Calvary Academy of all medical, legal, or financial liability.

Date: _____ Signature: _____ (Parent/Guardian)

Phone Number: _____

Name & Contact Number of Child's Physician: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____

Pertinent Information (Blood Type, Drug Allergies, etc.): _____

THIS FORM MUST BE NOTARIZED.

- 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 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or** Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)(2), F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or** Section 65C-20.010(6)(c), F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Printed Name

Date

Signature

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