

Education Station & Preschool

2021-2022

**Enrollment Packet for Children
2-Years and Older**



What to Bring From Home

We're so excited for your child to start school at ES&P. Here's a checklist to make sure you remember the essential items.

Please make sure all of your child's belongings are labeled with first and last names.

Links to all required forms can be found on our Parent Portal at

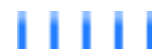
<http://www.educationstationandpreschool.com/pp>

Things to bring from home:

- Completed Enrollment Form
- Completed Infant/Toddler or Child Information Sheet
- Signed ES&P Policy Acknowledgment and Agreement Form
- Tuition Express Enrollment Form*
*Credit card payments are subject to a 3% fee.
- Current Immunization Record
Your pediatrician provides Form 680.*
*Your Doctor's office can often fax this form.
- Current Physical Form
Your pediatrician provides Form DH 3040 and you complete the back*
*Your Doctor's office can often fax this form.
- Two Changes of Clothes, Including Underwear & Socks*
*Children who are actively potty training should bring more outfits and an extra pair of shoes.
- Diapers/Pull-ups*
*Please only bring pull-ups with detachable sides.
- Diaper Cream*
*Please turn in all creams to the office and complete a medicine form.
- Wipes
- Toothbrush
- Fluoride-Free Toothpaste
- DEET-Free, Non-Aerosol Insect Repellent
- Fitted Crib Sheet & Blanket for Naps (and a small pillow or a sleepy-time toy, if desired)*
*We provide pack-n-play sheets for infants. All nap time accessories must fit in the child's cubby.
- Infant Specific Items (Bottles, Breast Milk/Formula, Pacifier, etc.)*
*Please send silicone or cloth sleeves for glass bottles for safety. Swaddles must be zip-up and arms-out.
- Cubby Box*
*Storage bins should not be larger than 11X11X11. ES&P also sells these bins for \$10 each.

If you have any other questions or concerns, please feel free to email

office@educationstationandpreschool.com.



Education Station & Preschool

Enrollment Form

Student Information

Full Name: _____ Date of Birth: _____ Sex: _____

Last _____ First _____ Middle _____ Nickname _____
Typical Hours in Care: From _____ To _____ Days of the Week in Care: M ___ T ___ W ___ Th ___ F ___

Family Information

Parent 1 Name: _____ Parent 2 Name: _____
Address: _____ Address: _____
Primary Phone: _____ Primary Phone: _____
Work Phone: _____ Other: _____ Work Phone: _____ Other: _____
Email: _____ Email: _____
Employer: _____ Employer: _____
Child Lives With: Both ___ Parent 1 ___ Parent 2 ___ Shared Custody ___ Other: _____

Emergency Contacts

If for some reason the custodial parents or legal guardians cannot be reached, the people listed below will serve as emergency contacts and are authorized to remove the child from the facility in case of illness, accident, or emergency. A complete physical address is required and anyone listed must be able to reach ES&P within one hour of contact.

Primary Emergency Contact	Secondary Emergency Contact
Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Primary Phone: _____ Other: _____	Primary Phone: _____ Other: _____

Medical Information

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

Doctor: _____ Address: _____ Phone: _____
Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____ Note: Children transported to N. Fla will most likely be transferred to Shands.

Other Pertinent Medical Information: (developmental delays, febrile seizures, etc.) _____

Specific Allergy Information

List any allergies your child has or may have, describe the reaction that occurs if exposed to the allergen, and list the appropriate course of action to take should your child have a reaction (e.g. apply cortisone cream).

Allergy: _____	Reaction: _____	Action to Take: _____
Allergy: _____	Reaction: _____	Action to Take: _____
Allergy: _____	Reaction: _____	Action to Take: _____



Infant Feeding Information

Describe your infant's feedings. If your infant is exclusively breast-fed, please list a formula brand in case of emergency only.

Bottle Brand: _____ Bottle Washing Preference: School Wash ___ or Home Wash ___

Source: Breast Milk ___ Formula ___ Both ___ Formula Brand: _____ Past Reactions to Formula: _____

Diet Information

Initial by each food category that your child is able to have, or note any exceptions.

Fruits: _____ Vegetables: _____ Grains: _____ Legumes: _____

Poultry: _____ Fish: _____ Pork: _____ Red Meat: _____

Eggs: _____ Dairy: _____ Honey: _____ Seeds: _____

Diaper and Potty Training Information

Check all that apply.

Diaper Information: Cloth ___ (School Wash ___ or Home Wash ___) Disposable ___ Past Reactions to Diapers ___

Potty Training Information: Sits on Toilet ___ Urinates in Toilet ___ BMs in Toilet ___ Asks to Go ___

Dresses Self ___ Wears Underwear over Diaper ___ Wears Diapers at Nap Only ___ Wears Underwear ___

Billing Information

Select a billing frequency and preferred payment type.

Billing Frequency: WEEKLY BIWEEKLY A BIWEEKLY B MONTHLY

Tuition Express Payment Type: CHECKING/SAVINGS CREDIT CARD

Required Signatures

Initial by each statement and sign below.

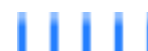
_____ I acknowledge that I have access to the ES&P School Handbook and that I will adhere to and agree to the terms of the statements and policies described in the ES&P School Handbook as of the date below.

_____ I reviewed and I agree to the terms of Education Station & Preschool's enrollment, tuition and payment, supervision and safety, health and wellness, potty training, food and nutrition, and communication policies.

_____ I reviewed and I agree to the terms of and received a copy of Education Station & Preschool's discipline and expulsion policy. (F.S. 402.305(12)(b))

Parent/Caregiver Signature

Date



OFFICE USE ONLY

ProCare Entry Completion Date: _____

Enrollment Date: _____

Input by: _____

Withdrawal Date: _____



Child Information

Welcome to Education Station & Preschool! We like to gather information about your child and family to provide each child with the most individualized care possible in a group setting. This information will help teachers build a positive relationship with your child and make connections between home and school. Complete this form at least once a year to ensure the most current information is on file.

Basic Information

Child's Name: _____ Today's Date: _____

Nicknames: _____ Current Age: _____

Behavioral Characteristics

General Temperament:	Happy	Content	Quiet	Fussy	Colicky
Activity Level:	Extremely Active	Active	Moderate	Low	Sedentary
Adaptability:	Very Adaptable	Moderately Adaptable		Slightly	Rigid Rigid
Reactions to New People:	Approaching	Observant	Cautious	Distant	
Reactions to New Places:	Approaching	Observant	Cautious	Distant	
Reactions to New Foods:	Approaching	Observant	Cautious	Distant	
Reactions to New Stimuli:	Approaching	Observant	Cautious	Distant	

Favorite Activities: _____

Favorite Books: _____

Favorite Games: _____

Favorite Toys: _____

Other Favorite Things: _____

Modes of Misbehavior: _____

Discipline Strategies Used at Home: _____

Reaction to Discipline: _____

Particular Fears: _____

Schedules, Habits, & Routines

Wake-up Time: _____ Nap Time(s): _____ Bedtime: _____

Breakfast Time: _____ Lunch Time: _____ Dinner Time: _____

Feeding Schedules & Preferences (including allergies or foods to avoid): _____

Special Routines (bedtime, sleep time objects, etc.): _____



Family Priorities for Learning and Development

Family Structure

Child's Living Arrangement: _____

Caregiver(s): _____ Relationship: _____

Caregiver(s): _____ Relationship: _____

Caregiver(s): _____ Relationship: _____

Caregiver(s): _____ Relationship: _____

Caregiver(s): _____ Relationship: _____

Other Family: _____ Relationship: _____

Other Family: _____ Relationship: _____

Other Family: _____ Relationship: _____

Other Family: _____ Relationship: _____

Pets in the Home: _____

Playmates/Friends: _____

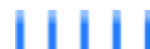
Languages & Culture Languages Used in the Home: _____

Cultural/Ethnic Heritage: _____

Special Cultural/Ethnic Holidays Celebrated: _____

Additional Information

Other Useful Information: _____



Education Station & Preschool Policy Acknowledgement

Please initial by each line. Then, print your child's name, your name, sign, and date below. Finally, please submit this page to the front office. The signatures on this page help us maintain DCF compliance.

_____ I acknowledge that I always have access to the [ES&P School Handbook](#) on the [ES&P Parent Portal](#) found at www.educationstationandpreschool.com/pp and that I read and understand it.

_____ I agree to the terms of the statements and policies described and in the [ES&P School Handbook](#).

_____ I will adhere to all of the policies described in the [ES&P School Handbook](#) as of the date below.

_____ I reviewed and agree to the terms of Education Station & Preschool's enrollment, tuition and payment, supervision and safety, health and wellness, potty training, food and nutrition, and communication policies in the [ES&P School Handbook](#).

_____ I reviewed, agree to the terms of, and received a copy of Education Station & Preschool's discipline and expulsion policy and know it is in the [ES&P School Handbook](#). (F.S. 402.305(12)(b))

_____ I authorize the staff at Education Station & Preschool to apply a DEET-free insect repellent and traditional first-aid remedies (e.g., peroxide, cortisone cream, antibacterial ointment, adhesive bandages) to my child.

_____ I permit my child to eat food prepared outside of Education Station & Preschool for special occasions.

_____ I reviewed the "[Know Your Child Care Facility](#)" brochure (CF/PI 175-24, 03/2014).

_____ I reviewed the "[Influenza Virus, Guide to Parents](#)" brochure (F.S. 402.305(9)(b), CF/PI 175-70, 06/2009).

_____ I reviewed the "[Distracted Adult](#)" flyer (F.S. 402.305(9)(c), 07/2018).

_____ I understand volunteers must complete a "[Volunteer Acknowledgment](#)" (CFFSP 5217, 07/2012).

DCF requires us to collect signatures verifying receipt of this information at least twice per year in September and April. You will complete this upon initial enrollment and again during those months.

Parent's Printed Name: _____

Child's Name: _____

Parent's Signature: _____

Date: _____

--- Complete the signature section below only during the month of April. ---

Parent's Signature: _____

Date Reviewed: _____

Education Station & Preschool

Additional Pick-up Persons

Student Information

Full Name: _____ Date of Birth: _____ Sex: _____

Last First Middle Nickname

Authorized Pick-up Persons

Please list any additional people who you authorize to pick up your child in addition to the emergency contacts listed on your child's enrollment form. A complete physical address is required for anyone listed; however, these contacts may be within any distance of ES&P.

Full Name: _____ Relationship: _____ Address: _____ City, State, ZIP: _____ Primary Phone: _____ Other: _____

Full Name: _____ Relationship: _____ Address: _____ City, State, ZIP: _____ Primary Phone: _____ Other: _____

Full Name: _____ Relationship: _____ Address: _____ City, State, ZIP: _____ Primary Phone: _____ Other: _____

Full Name: _____ Relationship: _____ Address: _____ City, State, ZIP: _____ Primary Phone: _____ Other: _____

Full Name: _____ Relationship: _____ Address: _____ City, State, ZIP: _____ Primary Phone: _____ Other: _____

Full Name: _____ Relationship: _____ Address: _____ City, State, ZIP: _____ Primary Phone: _____ Other: _____

Full Name: _____ Relationship: _____ Address: _____ City, State, ZIP: _____ Primary Phone: _____ Other: _____

Full Name: _____ Relationship: _____ Address: _____ City, State, ZIP: _____ Primary Phone: _____ Other: _____

I authorize any of the persons listed above to pick up my child from Education Station & Preschool, LLC.

Parent/Caregiver Signature Date



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature



A service of

