Start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daydreams Child Development Center

Registration form

204 S. Central Ave.

Apopka, FL 32703

407-814-0444

Registration fee: $75.00 for one child $110.00 for family

Curriculum fees:

Students who attend 2 days – $40.00

Students who attend 3 days – $50.00

Students who attend 5 days- $ 70.00

Childs name and birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infants – full time and extended preschool**  **4/5 year olds Pre-K 5 days only**

Mon. - Fri. 5 days 7-6pm $205.00 weekly Mon. – Fri 7-6pm $165.00 weekly

Mon. - Fri. 5 days 8-3pm $190.00 weekly Mon. – Fri 8-3pm $155.00 weekly

Mon. – Fri 9-1:30pm $360.00 monthly

**1 year olds – full time and part time**

Mon. - Fri. 5 days 7-6pm $190.00 weekly 4/5 year olds VPK – 5 days only

Mon. - Fri. 5 days 8-3pm $175.00 weekly Mon. – Fri 7-6pm $140.00 weekly

Mon. Wed. Fri. 3 days 7-6pm $170.00 weekly Mon. – Fri 8-3pm $125.00 weekly

Mon. Wed. Fri. 3 days 8-3pm $150.00 weekly Mon. – Fri 9-1:30pm $175.00 monthly

Tues. & Thurs. 2 days 7-6pm $147.00 weekly

Tues. & Thurs. 2 days 8-3pm $105.00 weekly

Mon. - Fri. 5 days 9-1pm $380.00 monthly

Mon. Wed. Fri. 3 days 9-1pm $295.00 monthly

Tues. & Thurs. 2 days 9-1pm $245.00 monthly

**2 year olds – full time and part time**

Mon. - Fri. 5 days 7-6pm $173.00 weekly

Mon. - Fri. 5 days 8-3pm $163.00 weekly

Mon. Wed. Fri. 3 days 7-6pm $155.00 weekly

Mon. Wed. Fri. 3 days 8-3pm $140.00 weekly

Tues. & Thurs. 2 days 7-6pm $138.00 weekly

Tues. & Thurs. 2 days 8-3pm $98.00 weekly

Mon. - Fri. 5 days 9-1pm $370.00 monthly

Mon. Wed. Fri. 3 days 9-1pm $287.00 monthly

Tues. & Thurs. 2 days 9-1pm $240.00 monthly

**3 year olds- full and part time**

Mon. - Fri. 5 days 7-6pm $168.00 weekly

Mon. - Fri. 5 days 8-3pm $155.00 weekly

Mon. Wed. Fri. 3 days 7-6pm $150.00 weekly

Mon. Wed. Fri. 3 days 8-3pm $135.00 weekly

Tues. & Thurs. 2 days 7-6pm $128.00 weekly

Tues. & Thurs. 2 days 8-3pm $95.00 weekly

Mon. - Fri. 5 days 9-1pm $365.00 monthly

Mon. Wed. Fri. 3 days 9-1pm $282.00 monthly

Tues. & Thurs. 2 days 9-1pm $235.00 monthly



Daydreams child care development Center

**Registration form**

**Student information**

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_ Male \_\_ Female Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ estimated weight\_\_\_\_\_

Hair color: \_\_\_\_\_\_\_\_\_\_\_\_\_ eye color: \_\_\_\_\_\_\_\_\_\_\_\_\_ language spoken: \_\_\_\_\_\_\_\_\_\_\_

Distinguishing marks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.S #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Ethnicity: \_\_\_ Afro-American \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Native American

\_\_\_ Pacific Islander \_\_\_ Multi-racial \_\_\_ other- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Custodial parent information**

Student resides with: \_\_\_\_\_ both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ other

\_\_\_\_\_ Legal guardian -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fathers** last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to pick up child? Yes / No

Business#: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Other contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mothers** last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to pick up child? Yes / No

Business#: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Other contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_Separated \_\_\_\_\_ other

Primary contact: \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_other-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-custodial parent/ step parent information (if applicable)**

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to pick up child? Yes / No

Business#: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Other contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Responsibility**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person responsible for payment of tuition

**Medical information**

Blood type: \_\_\_\_\_\_\_\_\_\_\_\_\_ preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ doctors #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Medical insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Dentists name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Allergies / health concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye glasses: yes / no contact lens: yes / no

**Emergency contact information** (need to add more names, please use back)

Persons authorized to care for child in the event parent cannot be reached:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

**Emergency medical authorization**

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to arrange for emergency care (medical, surgical or dental) and treatment necessary to preserve the health of my child. I hereby authorize and consent to any x-ray, anesthetic, or medical/hospital care to be rendered to my child under the general supervision, and on the advice or a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision. I have read this statement and I certify that I understand its content. I acknowledge that I am responsible for all reasonable charges in connection with the care and treatment rendered during this period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian date

**Authorization to photograph for publicity purposes**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed by school personnel, volunteers, or visitors. I understand the photographs may be used for publicity purposes for the school, on the Daydreams website, or in publications that refer to our school.

\_\_\_\_\_\_\_\_\_\_\_\_\_ I do not give permission for my child’s picture to be used

Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization to share contact information**

I give permission for Daydreams Child Development Center to share address and phone information with other parents at the school who may be arranging for parties or gatherings for their children.

\_\_\_\_\_\_\_\_ I do not give permission for my contact information to be shared

Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Handbook and brochure (know your childcare facility) statement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the above documents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian date

**\*\*influenza “the flu guide for parents” brochure**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand “The Flu” guide.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian date

**Permission for miscellaneous items**

I give my permission for diaper rash ointment, sunscreen, insect repellant, or Neosporin to be applied to my child when needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian date

**Student information**

Name of siblings currently please check if please check if being

Enrolled or being registered. Student is registered as a new

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attending Daydreams student\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Daydreams student discipline policy**

Our discipline policy will always focus on the positive. We will always encourage appropriate behavior through the use of verbal praise, adult modeling, reminders and encouragement. It is our intent to avoid embarrassing, humiliating or frightening your child for inappropriate behaviors. At no time will your child be disciplined by the use of physical punishment. Removal of food privileges, lack of rest or denial of toilet access will never be used to discipline your child. When necessary the following will be used.

* The child will be offered an opportunity to move to a safe spot to take a break from the group.
* If inappropriate behaviors persist, the child will be asked to go to the office and speak with the director/ assistant director.
* Parents will be notified of reoccurring behavior difficulties or severe misbehaviors. We will work together to develop a plan to support the child at school.
* If the disciplinary problem becomes too severe and our cooperative plan is ineffective, we reserve the right to ask that the child be withdrawn from the school.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the discipline policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian date

Thank you for choosing Daydreams Child Development Center and for entrusting your precious child to us. The staff at Daydreams pledges to serve you and your child in the most professional, attentive and pleasant manner possible. We strive for excellence and make the commitment to better serve you.

**Daydreams Child Development Center**

**Registration form checklist**

**Office use only**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student registration form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Handbook statement & brochure “know your child care center”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency authorization form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immunization record

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical / health examination

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student discipline policy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorization of photograph

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorization to share contact information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_federal USDA guidelines for proper nutrition

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Influenza “the flu” guide for parent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s account and family data activated in school leader

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment information

Registration fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_cash \_\_\_\_\_\_\_\_\_check \_\_\_\_\_ card

Supply fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_cash \_\_\_\_\_\_\_\_\_check \_\_\_\_\_ card

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_