**start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daydreams Child Development Center**

**Registration Form**

**204 S. Central Ave.**

**Apopka, FL 32703**

**407-814-0444**

**Registration Fee: $85 for one child $110 for family**

**Material Fees:**

**Students who attend 2 days - $40.00**

**Students who attend 3 days - $50.00**

**Students who attend 5 days - $70.00**

**Child’s Name and Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Infants – Full Time and Extended Preschool**

**Mon.-Fri. 5 days 7-6pm $195.00 wkly**

**Mon.-Fri. 5 days 8-3pm $175.00 wkly**

**1 Year Olds – Full Time and Part Time**

**Mon.-Fri. 5 days 7-6pm $182.00 wkly**

**Mon.-Fri. 5 days 8-3pm $166.00 wkly**

**Mon. Wed. Fri. 3 days 7-6pm $163.00 wkly**

**Mon. Wed. Fri. 3 days 8-3pm $125.00 wkly**

**Tues. & Thurs. 2 days 7-6pm $141.00 wkly**

**Tues. & Thurs. 2 days 8-3pm $93.00 wkly**

**Mon. – Fri. 5 days 9-1pm $347.00 monthly**

**Mon. Wed. Fri. 3 days 9-1pm $277.00 monthly**

**Tues. & Thurs. 2 days 9-1pm $223.00 monthly**

**2 Year Olds – Full Time and Part Time**

**Mon.-Fri. 5 days 7-6pm $163.00 wkly**

**Mon.-Fri. 5 days 8-3pm $155.00 wkly**

**Mon. Wed. Fri. 3 days 7-6pm $147.00 wkly**

**Mon. Wed. Fri. 3 days 8-3pm $115.00 wkly**

**Tues. & Thurs. 2 days 7-6pm $131.00 wkly**

**Tues. & Thurs. 2 days 8-3pm $82.00 wkly**

**Mon. – Fri. 5 days 9-1pm $347.00 monthly**

**Mon. Wed. Fri. 3 days 9-1pm $277.00 monthly**

**Tues. & Thurs. 2 days 9-1pm $223.00 monthly**

**3 Year Olds – Full and Part Time**

**Mon.-Fri. 5 days 7-6pm $158.00 wkly**

**Mon.-Fri. 5 days 8-3pm $149.00 wkly**

**Mon. Wed. Fri. 3 days 7-6pm $141.00 wkly**

**Mon. Wed. Fri 3 days 8-3pm $115.00 wkly**

**Tues. & Thurs. 2 days 7-6pm $120.00 wkly**

**Tues. & Thurs. 2 days 8-3pm $82.00 wkly**

**Mon.-Fri. 5 days 9-1:30pm $347.00 monthly**

**Mon. Wed. Fri. 3 days 9-1:30pm $277.00 monthly**

**Tues. & Thurs. 2days 9-1:30pm $223.00 monthly**

**4/5 Year Olds Pre-K 5 Days Only**

**Mon.-Fri. 7-6pm $154.00 wkly**

**Mon.-Fri. 8-3pm $147.00 wkly**

**Mon.-Fri. 9-1:30pm $347.00 monthly**

**4/5 Year Olds VPK – 5 Days Only**

**Mon. – Fri. 7-6 pm $120.00 wkly**

**Mon. – Fri. 8-3 pm $105.00 wkly**

**Mon. – Fri. 9-1:30pm $150.00 monthly**

**Daydreams Child Development Center**

**204 S. Central Ave.**

**Apopka, Fl 32703**

**407-814-0444**

Student Information

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male\_\_\_ Female\_\_\_

Birth date:\_\_\_/\_\_\_/\_\_\_

Height:\_\_\_\_\_ Weight:\_\_\_\_\_

Hair Color:\_\_\_\_\_\_\_\_\_ Eye Color:\_\_\_\_\_\_\_\_\_\_

Ethnicity: Afro-American\_\_ Caucasian\_\_ Hispanic\_\_ Native American\_\_ Pacific Islander\_\_ Multiracial\_\_ Other\_\_

Distinguishing Marks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language Spoken at Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Custodial Parent Information:**

Student resides with: Both Parents\_\_ Mother\_\_ Father\_\_

Father’s last name:\_\_\_\_\_\_\_\_\_\_\_

Father’s first name:\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: \_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_

Mother’s Last Name:\_\_\_\_\_\_\_\_\_\_\_

Mother’s First Name:\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: \_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_

Doctor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone:\_\_\_\_\_\_\_\_

Medical Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy#\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone#\_\_\_\_\_\_\_\_\_\_\_

Dentist’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_

Dentist’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Problems:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye Glasses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Information**

Persons authorized to care for and/or pick up child in the event parent cannot be reached. The child will be released only to the custodial parent or legal guardian and the persons listed below:

Name Phone# Relationship to Child

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

**Emergency Medical Authorization**

In case of an accident or serious illness, I request the school 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 exam, anesthetic, or medical/hospital care to be rendered to said child under the general supervision and on the advice of 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 contents. I acknowledge that I am responsible for all reasonable charges in connection with the care and treatment rendered during this period.

Physician’s Name:\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier and Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent or Guardian Signature / Date

**Authorization to Photograph For Publicity Purposes**

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

Parent or Guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_**I do not give my permission for my child to be photographed.

**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/Asst. 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 Daydreams Child Development Center’s discipline plan.

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

Parent or Guardian Signature / Date