



**ENROLLMENT FORM**  
Sts. Peter & Paul Early Learning Center  
5300 Old Howell Branch Road  
Winter Park, FL 32792  
(407) 677-6191

**Student Information:**

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

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: from \_\_\_\_\_ to \_\_\_\_\_

**Family Information:**

Child Lives With: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

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

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

**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: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

**Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

**Other:**

Helpful Information about Child:

---

---

---

**Miscellaneous:**

In order to provide an accurate faith-based description of our student population, please answer the following:

Please indicate if you are Catholic or Non-Catholic: Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_

If you are Catholic, are you a registered member of Sts. Peter and Paul Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a member of a different parish in the Diocese of Orlando, please provide the name of the parish:

---

- 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)
- 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.

*Sts. Peter and Paul Early Learning Center Discipline Policies:*

*We ensure that age appropriate, constructive disciplinary practices are used for children in our care. Children shall not be subjected to discipline which is severe, humiliating, or frightening. Discipline shall not be associated with food, rest or toileting. Spanking or any other form of physical punishment is prohibited.*

- In accordance with the 2009 legislative session, I have received the Influenza Virus Brochure.
- I have received a copy of the Sts. Peter and Paul Early Learning Center Parent Handbook.
- I give Sts. Peter and Paul Early Learning Center Permission to publish my child’s picture for the purpose of publication on their website or for the purpose of advertising. I understand that I will receive no compensation, should any photograph of my child be used.
  - I understand my child’s picture and this photo release form will be maintained at Sts. Peter and Paul Early Learning Center. I understand that I may change my mind at any time by contacting Sts. Peter and Paul Early Learning Center in writing.
  - I understand that Sts. Peter and Paul Early Learning Center has full authority as to which pictures they choose to place on their website or in their advertisements.

Your signature below indicates that you have read and received the above items and that the information on this Enrollment Form is complete and accurate.

---

Signature of Parent/Guardian

---

Date