



Persimmon Early Learning Academy K-5th
Application for Admission 2025 – 2026 School Year

Date: _____

Child's Name: _____

Date of Birth: _____ Age as of Sept. 1, 2025: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Employer: _____

Work Address: _____

Work Phone: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Employer: _____

Work Address: _____

Work Phone: _____

Names and ages of siblings and pets:

Medical Information:

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

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Allergies and/or food restrictions:

Emergency 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 #
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Name	Address	Work #	Home #
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Name	Address	Work #	Home #
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Child's previous school(s):

Has your child ever been referred for assessments or services through FDLRS, UF MDTP, CARD, Early Steps, or any other agency? If so, please tell us where they were referred, the reason for the referral, and the outcome.

Does your child now or have they ever had an IEP, a Student Plan, a 504, or received any accommodations while in school? Please list below and include a copy with this application.

Is your child currently receiving or have they ever received services or therapy for speech/ language, occupational therapy, physical therapy, behavioral therapy, sensory processing disorder, feeding therapy, or any other special needs? If yes, please describe therapy and frequency of services below.

What do you consider your child's greatest strength?

What are your goals for your child's time with us at Persimmon?

Please share any other helpful information about your child below.

Parent's Signature

Date