

Baby House
3502 Easter Stanley Road
Tallahassee, Florida 32308

Preschool
3519 Easter Stanley Court
Tallahassee, Florida 32308



www.thelearningpavilion.org
P: (850) 921-KIDS(5437)
F: (850) 921-4734

TLP Administrator Use Only	
Application Received:	_____ Date
Registration Fee Received:	_____ Date
Proposed Date of Enrollment:	_____ Date
Actual Date of Enrollment:	_____ Date
Orientation Scheduled:	_____ Date
Actual Date of Orientation:	_____ Date

APPLICATION FOR ENROLLMENT

Student Information

Name: _____
Last First Middle Nickname

Date of Birth: _____ Gender: Male / Female

Address: _____
Address City State Zip Code

Primary Hours of Care: From: _____ to _____

Days Care is Provided: Monday Tuesday Wednesday Thursday Friday

Meals typically Served While in Care: Breakfast Lunch PM Snack

Family Information

Child mainly lives with: Mother / Father / Guardian

Mother/Guardian: _____

Father/Guardian: _____

Address: _____
Street Address (including apartment number)

Address: _____
Street Address (including apartment number)

City State Zip Code

City State Zip Code

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Work Phone: _____

Work Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Medical Information

I hereby grant permission for The Learning Pavilion staff to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Health Insurance Carrier: _____ Policy/Member ID: _____

Hospital Preference: Tallahassee Memorial Healthcare Capital Regional Medical Center

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

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 Learning Pavilion in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Relationship	Home Phone	Cell Phone	Work Phone
------	--------------	------------	------------	------------

Name	Relationship	Home Phone	Cell Phone	Work Phone
------	--------------	------------	------------	------------

Name	Relationship	Home Phone	Cell Phone	Work Phone
------	--------------	------------	------------	------------

Name	Relationship	Home Phone	Cell Phone	Work Phone
------	--------------	------------	------------	------------

Helpful Information About My Child:

It is helpful during a transition to a new child care center, when staff know a little bit about your child's previous experiences.

Previous Child Care Experiences: _____

Relevant Medical/Psychological History: _____

Relevant Social History: _____

Required by the Department of Children & Families

While registering my child for care at The Learning Pavilion, staff reviewed the following flyers/brochures or policies in writing and verbally.

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and Immunization record (Form 680 or 681) before the first day of enrollment.

Section 402.3125(5), F.S., requires that parent/guardians receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24) and the H1N1 Influenza Virus Brochure (CF/PI 175-70).

Section 65C-22.006(3)(c), F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility. The Discipline Policy for Learning Pavilion is in the Parent Handbook.

By signing below, you indicate that you have read and understand the above items and the Parent Handbook and been given the opportunity to ask questions and get clarification on all policies and procedures and that all information on this enrollment form is complete and accurate.

Signature of Mother/Legal Guardian: _____ Date: _____

Signature of Father/Legal Guardian: _____ Date: _____