

State of Florida  
Department of Children and Families  
Child Care Application For Enrollment at EduCare Academy

Student Information:

Date of Birth: \_\_\_\_\_ Sex: Male/Female Enrollment Date: \_\_\_\_\_

Child Full Name (First, Middle & Last): \_\_\_\_\_

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

Primary Hours: \_\_\_\_\_ am - \_\_\_\_\_ pm

Days of Care (please circle): Monday Tuesday Wednesday Thursday Friday

Child Lives with (please circle): Mother Father Both Grandparent Guardian/Foster

Custody Restrictions: Yes or No

Please explain if yes: \_\_\_\_\_

Guardian Information:

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

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

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

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

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

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

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

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

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

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

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

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

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: \_\_\_\_\_

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

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

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

Non-Guardian Contacts:

Name	Relationship	Work #	Cell#

Name	Relationship	Work #	Cell#

Helpful Information About Child:

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- 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 602.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility” (FL/PI 175-28).  
Section 65C-20.11(2)(C)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, “Selecting A Family Day Care Home Provider” (CF/PI 175-28).
- 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, **or**  
Section 65C-20.010(6)(c), F.A.C., requires that a written copy of the family day care provider’s discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

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Signature of Parent/Guardian

Date

## **Discipline & Expulsion Policy**

As all children are unique and individual, our program includes a 30-day probationary period for all new enrollees. If the design of our program does not meet the behavioral needs of a child, the withdrawal of the child from our program will be requested. At EduCare, the use of physical, severe, frightening or humiliating punishment is NEVER practiced or permitted. At EduCare, we do not withhold food, toileting, outdoor activities or resting. Behavior that is disruptive, dangerous, or damaging to the child, classmates, staff, or the premises shall be handled with positive & constructive methods of discipline. Redirection of the troubled child is used in a first attempt at solving conflicts. The "time out" method of discipline is used as a last resort. This allows the child to assess the type of behavior he/she displayed. Children are permitted to rejoin group activities after a reasonable amount of time. One minute for each year of age is the practice at EduCare. It is at the discretion of the Director & Owner that we will expel a child at any given time, under any circumstances, if a child continues to be unreceptive to all effects involving inappropriate behavior towards other enrolled children or staff here at EduCare.

**Child's Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parents Name (Print):** \_\_\_\_\_

**Parents Name (Signature):** \_\_\_\_\_



# Food Related Activities

I give permission for my child \_\_\_\_\_ to participate in food related activities; Holiday/Birthday Parties.

Please check one of the following:

\_\_\_\_\_ My child **DOES NOT** have a food allergy or dietary restriction

\_\_\_\_\_ My child **DOES** have a food allergy or dietary restriction. He or she may participate in activities, but may **NOT EAT or HANDLE** the following items (please list below):

\_\_\_\_\_

\_\_\_\_\_ My child **DOES** have a food allergy or dietary restriction. He or she may **NOT PARTICIPATE** in activities.

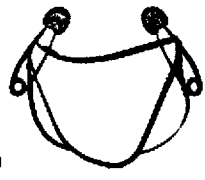
\_\_\_\_\_

Signature

\_\_\_\_\_



# Diaper Creams



I give permission for my child \_\_\_\_\_ to receive non-medicated diaper creams for diaper rash when needed.

A&D/Butt Paste/Desitin/Burt's Bees/Vaseline

\_\_\_\_\_

Signature

\_\_\_\_\_

## ITEMS NEEDED FOR EACH CLASSROOM

(Please bring in ALL items listed for the class your child is in. Make sure First/Last name is on everything.)

**INFANTS:** 2 Fitted Crib Sheets/Blanker / 3 Whole sets of clothes/Bibs/Burp Rags/Pacifier (be sure they have caps labeled/Family photo.

**ONES:** fitted crib sheet/Blanket/2 whole sets of clothes/Diapers/Wipes/Family Photo.

**TWOS:** fitted crib sheet/Blanket/2 whole sets of clothes/Diapers or Pull-ups & Wipes. Family Photo.

**THREES:** fitted crib sheet/Blanket/2 whole sets of clothes/Family Photo.

**FOURS/VPK:** fitted crib sheet/Blanket/2 Whole sets of clothes/Family Photo.

**\*\*Sheets& Blankets must be taken home EVERY Friday for cleaning and returned to school on Monday mornings. Thank you.**



# Florida Department of Health

## Child Care Food Program

### Child Participation Form

Name of Child: \_\_\_\_\_ Name of Facility: EduCare Academy

Dear Parent:  
 Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input checked="" type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack <input checked="" type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

**OR**

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: \_\_\_\_\_ Center Name & Address: EduCare Academy, 10220 W Terry St., Bonita Springs, FL 34135  
 Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (239) 992-3404

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?**  
 If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.  
 FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_  
**STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

**A. Children's Income** – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Total children's income: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

**B. Adult Household Members and Income** – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (children and adults): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: \_\_\_\_\_ If no SSN, write "none."  
**STEP 4: Contact information and adult signature**

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Daytime phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Street Address, City, State, Zip Code

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

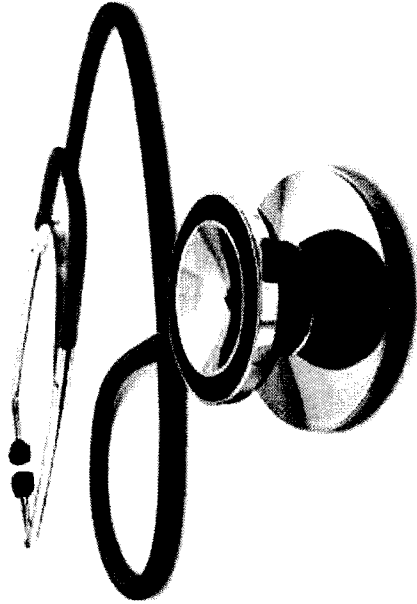
**OPTIONAL: Child's ethnic and racial identities** We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  
**FOR CONTRACTOR USE ONLY:**

Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child  Non-needly  Free  Reduced-Price  Non-needly  Non-needly  
 Total Household Income: \$ \_\_\_\_\_ Total Household Size: \_\_\_\_\_  
 How Often Income is Received (Frequency):  Weekly  Biweekly  Twice a Month  Monthly  Annually  
 NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needly Status:  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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## What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



## How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

**"The Flu"**  
**A Guide**  
**for Parents**

CF/PI 175-70, June 2009

*This brochure was created by the Department of Children and Families in consultation with the Department of Health.*

**INFLUENZA VIRUS**





During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

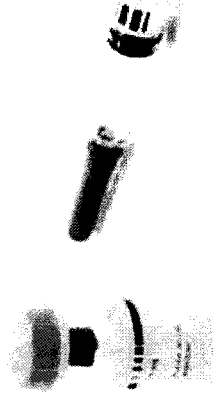


## What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



## What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



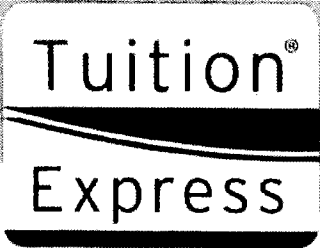
## When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

## How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>



Automated Payment Processing  
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD**

I (we) hereby authorize (business name) EduCare Academy to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

**COMPLETE ONE SECTION ONLY**

**SECTION A (Credit Card)**

Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

**SECTION B (Bank Account)**

Your Name		Phone #	
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature	Date		

**For Official Use Only**

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
Deposit slips not accepted		Dollars
1234567890	1800338	0226

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←← PLEASE INITIAL THE FOLLOWING PAGES AND RETURN TO  
CENTER WITH APPLICATION →→

## PARENT RESPONSIBILITIES

### FINANCIAL RESPONSIBILITIES IF MISSING SCHOOL:

1 – If your child misses school due to being sick for a day or a week; you are still responsible for paying for half of the week.

2 – If you decide to take a vacation, Educare allows each child one week vacation annually at no tuition fee. Your child must be enrolled for a year.

3 – Tuition is due via our auto-withdrawal system, Tuition Express.

Payments are processed Wednesday mornings by 9 am. You may use a checking, savings, credit card, or debit card account. This information is to be filled out on the Electronic Funds Transfer Authorization Form. Any declined/returned transactions are subject to a \$10 fee for credit/debit accounts and \$30 fee for checking/saving accounts. If payments are unable to be resubmitted the same week an additional \$20 late payment fee will be added to your balance.

Initials: \_\_\_\_\_

### DROP OFF POLICY:

It is EduCare's policy that children are dropped off at the center **NO LATER than 9 am**. Children will NOT be permitted to class after 9 am unless staff has been notified regarding late arrival and it has been approved.

Initials: \_\_\_\_\_

### LATE PICK-UP:

We are open from 6:00am to 6:00pm Monday through Friday. If your child or children are picked-up after 6:00pm there is a minimum charge of \$20 for the first 15 minutes and \$1 for each minute after *PER CHILD*. Late fee *MUST BE* paid at time of pick-up.

Initials: \_\_\_\_\_

**VACATION POLICY:**

You are allowed 1 full week vacation (full week with child not in attendance) at no charge after your child has been enrolled for a year. If you plan on using this time for vacation please understand that we DO NOT “split” the week.

Initials: \_\_\_\_\_

**HOLIDAY POLICY:**

Parents will be responsible to pay the entire week even if we are closed on a holiday. There will be NO reduction in the tuition and cannot be used as vacation. We might close earlier on the day prior to a holiday; we will notify you if we decide to do so.

Initials: \_\_\_\_\_

**WITHDRAWAL POLICY:**

You may withdraw your child at any time, however there is a 2 week written notice that is required should you choose to stop enrollment.

Initials: \_\_\_\_\_

**AUTHORIZATION FOR PICK-UP:**

For your child’s safety he/she will only be released to the person’s names listed on the registration form. If you choose to include any other person(s) to pick up your child they must bring proper I.D. (Driver License or Photo ID)

Initials: \_\_\_\_\_

**ADDRESS & PHONE NUMBER CHANGE:**

Should an emergency arise we will need to contact someone immediately.

It is important that we are notified when there is a change in address or phone numbers for anyone that is on the child's pick-up list.

- HOME ADDRESS & PHONE NUMBER
- WORK OR SCHOOL ADDRESSES AND NUMBERS
- CELL PHONES

Initials: \_\_\_\_\_

*EduCare Academy*  
10220 W. Terry ST  
Bonita Springs, FL 34135  
Phone: (239) 992-9424  
Fax: (239) 992-8574  
License # C20LE0062



*EduCare Learning Center*  
3028 Caring Way  
Port Charlotte, FL 33952  
Phone: (941) 624-3382  
Fax: (941) 624-6351  
License # C20CH6741

## Discipline Policy

Communication between staff members and parents is of paramount importance. We will always work with the parent to help correct behavior that is inappropriate through clear and consistent rules and expectations. As a private school, we reserve the right to have a child removed should positive progress of inappropriate behavior not be shown within a reasonable period of time and/or the safety of the other children continues to be affected. We use the following positive techniques to guide the children's behavior throughout the day:

Redirection – Guiding children to new activities when they are arguing over a toy or directing them to another activity when they are engaged in socially unacceptable behavior.

Positive Encouragement of a Child's Appropriate Behavior – Techniques that are verbal and/or non-verbal such as facial expressions, nodding, and positive language.

Conflict Resolution – By describing the situation to encourage children's evaluation of the problem, discussing the possible solutions, and talk about their feelings.

Time out is used only after Redirections, Positive Encouragement and Conflict Resolution have been attempted. It is only used to help a child regain control of his/her own behavior.

We encourage you to ask the staff daily about your child. Conferences with the class teacher can be made separately if desired by appointment.

I have read and understand the discipline policy set forth in the enrollment package.

---

Signature

Date

*EduCare Academy*  
10220 W. Terry ST  
Bonita Springs, FL 34135  
Phone: (239) 992-9424  
Fax: (239) 992-8574  
License # C20LE0062



*EduCare Learning Center*  
3028 Caring Way  
Port Charlotte, FL 33952  
Phone: (941) 624-3382  
Fax: (941) 624-6351  
License # C20CH6741

## Release Form

I accept responsibility for notifying the school of any changes of home or business/work addresses or telephone number(s). In the event of serious illness or accident to my child and I cannot be immediately contacted, I give my permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention. I also assume responsibility for payments of the same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain at school, I request that one of the persons listed on the registration form be contacted to care for my child until I can be reached.

I also hereby release *EduCare Academy/Learning Center* and the *EduCare Fee Based Program* and all persons connected from any blame and/or responsibility in case of accidents or injuries incurred during the operation of *EduCare Academy/Learning Center*.

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**Signature of Parent/Guardian**

**Date**

**NOTE** all forms must be filled out and signed before participant will be allowed in the *EduCare Academy/Learning Center* Program.

*EduCare Academy*  
10220 W. Terry ST  
Bonita Springs, FL 34135  
Phone: (239) 992-9424  
Fax: (239) 992-8574  
License # C20LE0062



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## Social Media Release Form

I, \_\_\_\_\_, do hereby grant permission for EduCare Academy to post my child's photos or other item, hereinafter referred to as "Materials", on their EduCare Academy Bonita Facebook account or any other future social media site.

I hereby release you, your employees, and directors from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringements of my right of publicity, defamation and other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use of the "Materials" or any rights therein for EduCare Academy newsletters or publications.

Circle or Indicate one (1) of the following clearly:

**YES**            I agree to the above statements, and hereby grant permission.

**NO**             I would **NOT** like my child's photo released, but I have read and understand the form.

---

Parent/Guardian Printed Name

Date

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Parent/Guardian Signature

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child's inclusion in the Materials will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you chose to have a court of law affirm this Agreement.

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Child's Name



*EduCare Academy*  
10220 W. Terry ST  
Bonita Springs, FL 34135  
Phone: (239) 992-9424  
Fax: (239) 992-8574  
License # C20LE0062



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Fax: (941) 624-6351  
License # C20CH6741

## Consent for Release of Photographs

I hereby give my consent to *EduCare Academy/Learning Center*, or its designee, to photograph my children (listed below) or me and to use the resulting photographs in publications, promotional videos, press releases, news stories, and other *EduCare Academy/Learning Center* sponsored events for an indefinite period of time.

Name(s) of Child(ren):

Name

Date of Birth

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I understand that I will receive no financial reimbursement, payment, or compensation of any type from *EduCare Academy/Learning Center* for the use of my child(ren)'s or my photograph(s) for these purposes.

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

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

Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*EduCare Academy*  
10220 W. Terry ST  
Bonita Springs, FL 34135  
Phone: (239) 992-9424  
Fax: (239) 992-8574  
License # C20LE0062



*EduCare Learning Center*  
3028 Caring Way  
Port Charlotte, FL 33952  
Phone: (941) 624-3382  
Fax: (941) 624-6351  
License # C20CH6741

## Check List

Enrollment Check List for the \_\_\_\_\_ School Year

Child's Name: \_\_\_\_\_

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

- Registration Fee/Tuition
- DCF Enrollment Form
- Know Your Childcare Facility
- Parent Handbook Acknowledgement
- Physical (Yellow Form)
- Immunization (Blue Form)
- USDA (Food Form)
- Copy of Parent/Guardian Photo ID's
- Optional – VPK Certificate