



HORIZONS UNLIMITED PRESCHOOL
1122 WEST ORANGE AVENUE
TALLAHASSEE, FLORIDA 32310
(850) 576-6943
(850) 576-7976

ENROLLMENT APPLICATION

Enrollment Date: _____ Class: _____

Child's Name: _____
LAST FIRST MIDDLE

Address: _____
(City, State, Zip Code)

Telephone Number: _____

Child's Age: _____ Date of Birth: _____

Is Child: Diabetic? Yes ___ No ___ Epileptic? Yes ___ No ___

Allergic? Yes ___ No ___ (if yes, please list specific foods and/or materials)

Does child have any physical defects? Yes ___ No ___

If yes, please specify _____

Child's Physician: _____

Address: _____

Phone Number: _____

MOTHER/GUARDIAN'S NAME: _____

Address: _____ Hm. Number: _____

Employer: _____ Wk/Cell Numbers: _____

FATHER/GUARDIAN'S NAME: _____

Address: _____ Hm. Number: _____

Employer: _____ Wk/Cell Numbers: _____

In Case of Emergency If Parents/Guardians Are Not Available:

Name: _____

Address: _____ Phone Number: _____

Name: _____

Address: _____ Phone Number: _____

Name: _____

Address: _____ Phone Number: _____



PERSONS AUTHORIZED TO TAKE CHILD FROM HORIZONS UNLIMITED PRESCHOOL

By affixing my signature hereto I hereby authorize H.U.P. to release my child to the care and custody of the following persons, and agreed to hold H.U.P. harmless for any liability if my child is released to the care and custody of the following persons:

1. NAME: _____
ADDRESS: _____ PHONE: _____

2. NAME: _____
ADDRESS: _____ PHONE: _____

3. NAME: _____
ADDRESS: _____ PHONE: _____

MEDICAL PERMISSION:

In the event H.U.P. is unable to reach a parent, and in the event H.U.P. determines that a child requires medical attention, by affixing my signature hereto, I consent and authorize H.U.P., all necessary medical service, including hospitalization, emergency room services, etc.

PERMISSION FOR PARTICIPATION:

By affixing my signature hereto, I authorize and give permission for my child to take part in all school activities both on and off the school premises, including field trips and sports, and agree to release and hold harmless H.U.P. from any liability to me or my child which may arise as a result of my child participating in school activities both on and off the school premises or in school and /or recreational activities.

STATEMENT OF COOPERATION:

In making application for my child, it is my desire to have him/her complete the school year. It is also my understanding that the policy for the school is to make **NO REFUNDS OF REGISTRATION AND/OR TUITION FEES AND NO REFUNDS WHEN MY CHILD IS ABSENT DUE TO ILLNESS, VACATION, HOLIDAYS OR ANY NON-PREAPPROVED REASON. TWO WEEKS NOTICE IS REQUIRED UPON REMOVING YOUR CHILD FROM THE DAYCARE. IF NOTIFICATION IS NOT GIVEN, TWO WEEKS TUITION FEES WILL BE ADDED TO YOUR ACCOUNT.**

SIGNATURE: _____
PARENT OR GUARDIAN'S SIGNATURE



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ENROLLMENT FORM *(supplement)*

Chapter 402.3125, F.S. requires that parents must receive a copy of the Child Care Facility Brochure. **KNOW YOUR CHILD'S DAY CARE CENTER.** The parents or legal guardian(s) signature verifies receipt of the child care brochure. Please complete the following:

I, _____
Parent or Guardian

Have received a copy of the Child Care Facility Brochure; ***KNOW YOUR CHILD'S DAY CARE CENTER.***

Signature of Parent or Legal Guardian

Name of Child

Date: _____

Section 10M-12.013 requires that parents are notified in writing of the disciplinary practices used by the child care facility. The parent's or legal guardian's signature verifies the parent or guardian have been notified in writing of the disciplinary practices of the child care facility. Please complete the following:

I, _____
Parent or Guardian

have received in writing the disciplinary practices used by the child care facility.

Signature of Parent or Legal Guardian

Name of Child

Date: _____

Note: Unfamiliar adults must be introduced by the parents by phone, and ID is required to transport any child from the facility.

****Please sign the attendance sheet daily with a complete signature.****



PLEASE SUBMIT A COPY
OF YOUR DRIVER'S
LICENSE AND SOCIAL
SECURITY NUMBER TO
BE PLACED IN OUR
FILES.

(Mgmt. Will Be Gladly To Make A Copy Here.)



Horizons Unlimited Preschool Open Door / Access Policy

I, _____, the parent/ guardian of _____

Parent/ Guardian

Child's Name

Confirm that I understand that I have access to my child both in person and by phone during the normal business hours or when my child is in care. I also understand that with proper notice of no less than 24 hours, I have access to conversations with the Director and/or Teacher of my child.

Signature: _____

Date: _____



DISCIPLINE PLAN

RULES

- Follow directions of supervising adults
- No fighting, spitting, kicking, or biting
- Walk quietly in classrooms and hallway
- No name calling or cursing
- Stay in assigned areas
- Do not destroy school or personal property
- No throwing of objects

ACTIONS TO BE TO BE TAKEN IF RULES ARE VIOLATED

First offense	child is made aware of the rules that were broken and given verbal counseling/warning.
Second offense	child is placed in designated time out area.
Third Offense	contacting parent/guardian regarding child's behavior

ACTIONS TO BE TO BE TAKEN IF RULES ARE NOT VIOLATED

- Reports of praise to parents
- Stickers (visual rewards)
- Special Video
- Friday Treats
- Notes of praise to parents

Children will not be subject to discipline that is severe, humiliating, or frightening. We will not allow discipline to be associated with food, rest or toileting. Spanking or any other form of physical punishment is prohibited.

Please review these rules with your child every chance that you can and explain what they mean. If we work together, your child will gain early respect for discipline. If there is no discipline, there will be little learning. PLEASE LET US WORK TOGETHER.