Bloom Academy Re-Enrollment Form

Are you interested in information regarding Government Subsidized Funding? **Yes** ☐ **No** ☐

Today's Date: _____ **Date of Enrollment:** _____ or **Check Here if Re-Enrolling** ☐

Child(ren) Information

Child's Full Name: _____ **D.O.B.** _____ /_____ / _____ **Sex:** _____

Allergies, Medical or Dietary Needs, or Other Areas of Concern: _____

_____

Days of Week in Care: M T W TH F **Typical Hours of Care Needed**: **From** _____ **to** _____

2nd Child's Full Name: _____ **D.O.B.** _____ /_____ / _____ **Sex:** _____

Allergies, Medical or Dietary Needs, or Other Areas of Concern: _____

_____

Days of Week in Care: M T W TH F **Typical Hours of Care Needed**: **From** _____ **to** _____

3rd Child's Full Name: _____ **D.O.B.** _____ /_____ / _____ **Sex:** _____

Allergies, Medical or Dietary Needs, or Other Areas of Concern: _____

_____

Days of Week in Care: M T W TH F **Typical Hours of Care Needed**: **From** _____ **to** _____

Child(ren) Live With: _____

Family Information

Primary Contact: _____

Relationship to Child(ren): _____

Address: _____

_____

Cell Phone: _____

Cell Phone Provider: _____

Employer: _____

Work Phone: _____

Email Address: _____

Authorized to Pick Up? Yes No

Secondary Contact: _____

Relationship to Child(ren): _____

Address (If Different): _____

_____

Cell Phone: _____

Cell Phone Provider: _____

Employer: _____

Work Phone: _____

Email Address: _____

Authorized to Pick Up? Yes No

Additional Emergency Contacts (not you!)

Child(ren) 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 the case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Emergency Contact

Name: _____ **Relationship to Child(ren):** _____

Cell Phone: _____ **Work Phone:** _____

Emergency Contact

Name: _____ **Relationship to Child(ren):** _____

Cell Phone: _____ **Work Phone:** _____

Emergency Contact

Name_____ **Relationship to Child(ren):** _____

Cell 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:** _____

Doctor: _____
Address: _____ **Phone:** _____

Dentist: _____
Address: _____ **Phone:** _____

Hospital Preference: _____

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable): _____
_____
_____
_____

DCF Required Disclosures

DCF Required Information

• Sections 7.1 and 7.2, of the DCF Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

• Section 7.3, of the DCF Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24),

• Section 7.3, C.3 of the DCF Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.

• Section 2.8, of the DCF Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility,

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

_____

Parent/Guardian Signature **Date**

_____

Parent/Guardian Signature **Date**

Permissions Page

Topical Ointment: Your child's skin is so precious and sensitive. We pride ourselves on protecting our little Bloom's skin by using all natural diapers, wipes, cream, ointment and sunscreen. Please apply sunscreen in the morning before arriving at school and we will re-apply sunscreen in the afternoon. By initialing in the space provided you give Bloom permission to apply ointment, creams, lotion, sunscreen, insect repellant, etc.

Initial: _____

Permission for Food Related Activities & Special Occasions: I give permission for my child to participate in food related activities and special occasions wherein food is consumed.

Initial _____

Existing Forms on File

Please note that the following contracts, waivers and agreements remain in effect throughout the duration of your child's enrollment, unless otherwise updated and communicated in writing.

- Permissions Page
- Enrollment Contract
- Drop Off Time Acknowledgement
- Video Surveillance Acknowledgement
- Parent Code of Conduct
- Liability Release/Medical-Emergency Treatment and Transportation
- Risk and Waiver of Liability related to COVID-19
- ACH/Credit Card Account Information and Authorization

By signing the final enrollment acceptance and agreement below, you are in agreement with these documents on file. If you would like to update any of these documents or information, you may do so by contacting your site director and completing new forms.

Babysitting Policy

In the event that I arrange with a Bloom Academy employee to babysit or transport my child outside of the employee's work hours, the sitter enters such an agreement as a private citizen and not as a Bloom employee. Bloom is not responsible for its employees outside of their working hours and will not be liable for their acts or omissions outside of their Bloom employment. In addition, I understand that should I remove my child from the care of Bloom and employ the services of a Bloom employee, I will be responsible to Bloom for a training/education reimbursement fee of $2000 per staff member.

By signing the final enrollment acceptance and agreement below you accept the babysitting policy.

Final Enrollment Acceptance and Agreement

Your signature below indicates that you have read, understand and agree to the terms, conditions and permissions granted or declined throughout this enrollment agreement and that the information on these forms are complete and accurate.

Parent/Guardian Signature **Date**

Parent/Guardian Signature **Date**

Write the name of the eldest child at Bloom next to Child's Name

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: _____ **Center Name & Address:** Bloom Academy East Town 329 Allen Street, Punta Gorda, FL 33950

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (941) 639-7901

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
		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 5.

FAP/SNAP Case Number: |___||___||___||___||___||___||___||___||___||___| ***or*** TANF Case Number: |___||___||___||___||___||___||___||___||___||___|

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

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.

Children's income – Total: $_____	**How often received? (check only one):** ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

STEP 4: 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)

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

Total Household Members (Add STEP 1 & 4): _____ **Last four digits of Social Security Number (SSN) of adult household member:** |___||___||___||___| If no SSN, write "none."

STEP 5: 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 **Total Household Size:** _____ **Total Household Income:** $_____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy **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-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____

Office Use Only

Transition Date: _____ **Classroom:** _____

Schedule: FT / MWF / TTH / VPK Only / VPK Extended Day / School Age

Notes:_____

_____

_____

Immunization Expiration Date: _____ **Date Added to Tracker:** _____

Physical Due Date:_____ **Date Added to Tracker:** _____

Allergies

_____

Allergy List Updated ____ **Printed** ____ **Provided to Kitchen and Classroom** ____

ProCare

Checked for Updated Contacts: _____

Billing

Billing Verified: Registration Fee ____ Weekly ____ Monthly ____

VPK Student

VPK Voucher Complete: _____ **Add Voucher to VPK Portal:** _____

Add to FAST: _____ **Short Form in Binder** _____

SR Student

Verify SR in Portal: _____ **Add to SR Fee Spreadsheet:** _____

Provide Parent Breakdown (Signed): _____

File Completed By: _____ Date: _____