

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 repellent, 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 _____

Field Trip Walking Permission: I/We give permission for _____ to walk to the Founder's Square Bandshell with Bloom Academy throughout the school year. Bloom Academy will communicate all field trip dates and times prior to being implemented.

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

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: _____