



Sheyes of Miami Learning Centers

Sheyes #1
6043 NW 6th C
Miami, Florida 33127
PH: 305-758-7167

Sheyes #3
4801 NW 7th Ave
Miami, Florida 33127
PH: 305-754-4087

Sheyes #4
3038 N.W 48TH Terrace
Miami, Florida 33142
PH: 305-634-6268

www.sheyeslearningcenters.org

Enrollment Form

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

Primary Hours of Care: **From** _____ **To** _____

Days of the Week in Care: **M** **T** **W** **Th** **F** **Sa** **Su**

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

I hereby grant permission for Sheyes of Miami Learning Center staff to contact the following medical personnel to obtain emergency medical care if warranted.

Pediatrician's Name: _____ Phone: () _____

Address: _____

Hospital Preference: _____

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

Media Release Options:

Sheyes of Miami Learning Center may use photo and video media of my child for the following purposes.

- For security purposes. Yes No
- To Display in the center. Yes No
- To Display in the center's scrapbook. Yes No
- To Display on the Company's website. Yes No
- To Display on the Company's Social Media Pages. Yes No

Note: It is the parent's responsibility to update this form in the event that they no longer wish to authorize one or more of the above uses. This form will remain in effect during the term of my child's enrollment.

Meals Service Option:

The following will provide meals for my child: Parent Center

Food Related Activities Options:

My child may participate in the following food related actives (Using MSC's Smart School Snacks guidelines).

- Classroom Activities: Food related classroom activities. Yes No
- Parent Sponsored Activities: Birthdays, etc. Yes No
- Outside Activities: Fieldtrips, Fun Days, etc. Yes No

Program Options:

My child will enrolled in the following programs:

Before-Care After-Care Pre-School Summer Camp VPK Head Start School Readiness

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: **M** **T** **W** **Th** **F** **Sa** **Su**

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Emergency Contacts & Authorized Pickup Persons:

Child will be released only to the custodial parent or legal guardian and the persons listed below. Students will not be released to any person not listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) ____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) ____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) ____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) ____

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

Is the family private pay or assigned through an agency? Private Payer State Subsidized County Subsidized

Preferred payment method. Cash Cashier's Check Money Order Tuition Express

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Required Documentation:

Parents are also required to bring the following original documentation: (The center will make copies)

- Sheyes of Miami Learning Center Parent's Handbook Signature Page
- DCF Free and Reduced Meal Form (If Applicable)
- Infant Feeding Form (If Applicable)
- Valid Parent ID
- Current Student Physical
- Current Student Immunization Records

Parent / Guardian Attestation and Signature

Sections 7.1 and 7.2, of the 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 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), or

Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, 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 7.3, C.3, requires that parents are provided food and nutrition policies used by the childcare facility.

Section 7.3, C.4, requires that parents are provided with information detailing the causes, symptoms, and transmission of the influenza virus during the months of August and September.

Section 7.3, C.5, requires that parents are provided with information regarding the potential for distracted adults to fail to drop off a child at the facility and instead leave them in the adult's vehicle upon arrival at the adult's destination during the months of April and September.

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

Section 1002.71, F.S., states a private prekindergarten provider or public school may not require payment of a fee or charge for services provided for a child enrolled in VPK during a period reported for funding purposes; or require a child to enroll for, or require the payment of any fee or charge for, supplemental services as a condition of admitting a child for enrollment in the VPK program.

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 and agree to notify the facility of my child's absence by a designated time as set by the childcare facility.

Signature of Director

Date Signed

BOTH PARENTS MUST SIGN OR PARENT/GAURDIAN WITH SOLE CUSTODY OF THE CHILD:

Signature of Parent / Guardian

Date Signed

Signature of Parent / Guardian

Date Signed

Thank You!