THE VILLAGE ACADEMY
145 Lewis Point Road
St. Augustine, FL 32086
OFFICE: 904.797.5909
FAX: 904.797.2804

ENROLLMENT FORM

RECORD OF CHILD ACCEPTED

Child's Name: _____
Last First Middle Alias

Birth Date: _____ Sex: _____ Enrollment Date: _____

Mother's Name: _____ Mother's SSN: _____

Father's Name: _____ Father's SSN: _____

Family e-mail address: _____

Mother	*Home Address*	*Zip*	*Home Phone*	*Cell Phone*
	Employer Address	*Zip*	*Employer Name*	*Work Phone*
Father	*Home Address*	*Zip*	*Home Phone*	*Cell Phone*
	Employer Address	*Zip*	*Employer Name*	*Work Phone*

(Please mark an "X" by address where Child lives)

Child's Physician: _____ Address: _____ Phone: _____

May the Village Academy call another physician if unable to contact the above? Yes _____ No _____

I learned about Village Academy North through: ☐ Friend ☐ Work ☐ Web Site ☐ Ad ☐ Other

				Legal Custody *Yes*	*No*
Person permitted to remove child:	Mother	*Yes* ☐	*No* ☐	☐	☐
	Father	*Yes* ☐	*No* ☐	☐	☐
	Guardian	*Yes* ☐	*No* ☐	☐	☐

Persons to be contacted in case of illness, accident, or emergency and authorized to remove Child from the facility. If none, indicate "None".

Name	Address	Phone	Relationship
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Primary Hours of Care required: From: _____ To: _____ (Note: Maximum of 10 Hours Daily)

Special Instructions regarding eating habits, toileting, allergies, or areas of concern: _____

_____

_____

Section 10M-12.008(2) F.A.C. requires that parents receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER. The parent's or legal guardian's signature verifies receipt of the child care brochure. Please complete the following:

I, _____ have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER.
Name of Parent or Legal Guardian
I have also received the Parent Policies and the school's disciplinary procedures.

Signature of Parent or Legal Guardian: _____ Date: _____

Parents please note: Section 65C0-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

OFFICE USE ONLY	Assigned Class: _____ Start Date: _____ Funding: Y / N