



WISH UPON A STAR

5305 Babcock Street * PALM BAY, FL 32905
PHONE: (321) 726-1580 * FAX: (321) 726-6595

STUDENT INFORMATION		
CHILD'S NAME (LAST, FIRST):	DATE OF BIRTH:	
CHILD'S PHYSICAL ADDRESS:		
SEX:	DATE OF ENROLLMENT:	HOURS OF CARE:
DAYS OF THE WEEK IN CARE (CHECK ALL THAT APPLY): M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>		
MEALS SERVED WHILE IN CARE (CHECK ALL THE APPLY): BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> PM SNACK <input type="checkbox"/>		
PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL OR DIETARY NEEDS, OR ANY OTHER AREAS OF CONCERN:		
CUSTODY:	CHILD LIVES WITH:	

MOTHER'S INFORMATION (OR PRIMARY GUARDIAN)		
MOTHER'S NAME:	LAST FOUR OF SSN#	PHONE NUMBER:
DRIVERS LICENSE NUMBER:	COPY ON FILE: <input type="checkbox"/>	
ADDRESS:		
EMPLOYER:	EMPLOYEE PHONE NUMBER:	
EMPLOYER ADDRESS:	TYPICAL WORK HOURS:	
MOTHER'S EMAIL:		
MOTHER AUTHORIZED TO PICK UP CHILD FROM W.U.A.S? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF NO, A COURT ORDER <u>MUST</u> BE ON FILE)		

FATHER'S INFORMATION (OR PRIMARY GUARDIAN)		
FATHER'S NAME:	LAST FOUR OF SSN#	PHONE NUMBER:
DRIVERS LICENSE NUMBER:	COPY ON FILE: <input type="checkbox"/>	
ADDRESS:		
EMPLOYER:	EMPLOYEE PHONE NUMBER:	
EMPLOYER ADDRESS:	TYPICAL WORK HOURS:	
MOTHER'S EMAIL:		
FATHER AUTHORIZED TO PICK UP CHILD FROM W.U.A.S? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF NO, A COURT ORDER <u>MUST</u> BE ON FILE)		

WHEN CHILDREN ARRIVE AT THE CENTER, IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO ACCOMPANY THE CHILD INTO THE BUILDING, SIGN THEM IN AT THE FRONT DESK, AND ESCORT THEM SAFELY TO THEIR ASSIGNED TEACHER. THE PARENT/GUARDIAN IS ACCOUNTABLE FOR NOTIFYING THE ADMINISTRATION OF ANY CHANGES IN ADDRESS, TELPHONE NUMBERS, AUTHORIZED EMERGENCY CONTACTS, OR TRANSPORTATON NEEDS.

WE STRICTLY ENFORCE THAT ALL CHANGES REGARDING THE PARENTS OR GUARDIAN OF A CHILD MUST BE ACCOMPANIED BY A COURT ORDER. PARENT INITIAL: _____

MEDICAL INFORMATION

I HEREBY GIVE MY CONSENT AND AUTHORIZE **WISH UPON A STAR** TO PERFORM FIRST AID AND/OR SEEK EMERGENCY TREATMENT FOR MY CHILD. I GIVE PERMISSION FOR THE STAFF OF THIS FACILITY TO CONTACT THE FOLLOWING MEDICAL PERSONNEL TO OBTAIN MEDICAL INFORMATION OR IN THE EVENT OF AN EMERGENCY, I AUTHORIZE **ANY** PHYSICIAN TO PROVIDE NECESSARY MEDICAL TREATMENT TO MY CHILD AND TO TRANSPORT MY CHILD BY AMBULANCE IF THE SITUATION WARRANTS IT.

CHILD'S PHYSICIAN:

ADDRESS:

PHONE:

DENTIST:

ADDRESS:

PHONE:

HOSPITAL PREFERENCE:

I WILL TAKE FULL RESPONSIBILITY FOR PAYMENT OF ALL MEDICAL SERVICES RENDERED DUE TO AN EMERGENCY SITUATION. PARENT INITIAL: _____

EMERGENCY CONTACTS/ AUTHORIZED PICK-UP

CHILD WILL BE RELEASED ONLY TO THE CUSTODIAL PARENT/GUARDIAN AND THE PERSONS LISTED BELOW. THE FOLLOWING PEOPLE MAY ALSO BE CONTACTED AND ARE AUTHORIZED TO REMOVE THE CHILD FROM THE FACILITY IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY.

NAME: _____ **RELATIONSHIP TO CHILD:** _____

ADDRESS: _____ **PHONE:** _____

NAME: _____ **RELATIONSHIP TO CHILD:** _____

ADDRESS: _____ **PHONE:** _____

NAME: _____ **RELATIONSHIP TO CHILD:** _____

ADDRESS: _____ **PHONE:** _____

NAME: _____ **RELATIONSHIP TO CHILD:** _____

ADDRESS: _____ **PHONE:** _____

NAME: _____ **RELATIONSHIP TO CHILD:** _____

ADDRESS: _____ **PHONE:** _____

NAME: _____ **RELATIONSHIP TO CHILD:** _____

ADDRESS: _____ **PHONE:** _____

Section 65C-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.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure "Know Your Child Care Facility" (CF/PI 175-24), or

Section 65C-22.006(3) (c) 2, F.A.C, requires that parents are notified in writing of the disciplinary practices used by the child care facility.

YOUR SIGNATURE BELOW INDICATES YOU HAVE RECEIVED OUR PARENT HANDBOOK (DISCIPLINE POLICY) AND A COPY OF THE "KNOW YOUR CHILD CARE FACILITY" BROCHURE. ALL INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PHOTOGRAPHY AUTHORIZATION:

WISH UPON A STAR WILL OCCASIONALLY TAKE PHOTOGRAPHS AND/OR VIDEOS THROUGHOUT OUR FACILITY DURING SPECIAL EVENTS, ENGAGING ACTIVITIES, AND FOR GENERAL CLASSROOM USE. THESE PHOTOGRAPHS MAY BE DISPLAYED AROUND THE SCHOOL, IN THE CLASSROOM, IN NEWSLETTERS OR ON OUR WEBSITE.

PHOTOGRAPHY PERMISSION IS GRANTED

PHOTOGRAPHY PERMISSION IS DENIED
PLEASE DO NOT TAKE OR DISPLAY MY CHILD'S PHOTO

PARENT/GUARDIAN SIGNATURE:

DATE:

TRANSPORTATION AGREEMENT

IF YOUR CHILD REQUIRES A CAR SEAT OR BOOSTER, IT MUST BE PROVIDED BY THE PARENT/GUARDIAN

I AUTHORIZE WISH UPON A STAR TO TRANSPORT MY CHILD:

PERMISSION GRANTED ON FIELD TRIPS

PERMISSION GRANTED TO AND/OR FROM SCHOOL

SCHOOL NAME : _____

PERMISSION DENIED
PLEASE DO NOT TRANSPORT MY CHILD

PARENT/GUARDIAN SIGNATURE:

DATE:

ALTERNATE NUTRITION PLAN AGREEMENT

ALL SPECIAL DIETARY REQUIREMENTS MUST BE GIVEN IN WRITING FROM A PHYSICIAN. WISH UPON A STAR WILL SUPPLY AN ALTERNATE MEAL AND/OR SNACK TO MEET YOUR CHILD'S NUTRITIONAL DIETARY NEED ONCE A PHYSICIAN NOTE IS PROVIDED. IN THE EVENT YOUR CHILD HAS AN AVERSION TO A MEAL AND/OR SNACK WISH UPON A STAR SUPPLIES, THE PARENT/GUARDIAN MAY PROVIDE A SUBSTITUTE FROM HOME.

PLEASE UNDERSTAND, WITHOUT A PHYSICIAN'S NOTE, WISH UPON A STAR IS REQUIRED BY THE FOOD PROGRAM TO PROVIDE ALL CHILDREN WITH EACH COMPONENT OF OUR MENU (INCLUDING MILK).

ALLERGY/DIETARY NEEDS:

PHYSICIAN NOTE ON FILE

PARENT/GUARDIAN SIGNATURE:

DATE:

WISH UPON A STAR POLICIES AND PROCEDURE ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE WISH UPON A STAR **PARENT HANDBOOK, DISCIPLINE POLICY, AND “KNOW YOUR CHILD CARE FACILITY” BROCHURE**. I AGREE TO COMPLY WITH ALL WRITTEN POLICIES AND PROCEDURES OF WISH UPON A STAR AND WILL FULFULL MY RESPONSIBILITIES AS A PARENT/GUARDIAN. I UNDERSTAND THAT FAILURE TO COMPLY MAY RESULT IN DISMISSAL OF MY CHILD.

PARENT INITIAL: _____

I AGREE TO SUPPLY WISH UPON A STAR WITH THE MATERIALS NEEDED TO PROVIDE MY CHILD WITH ADEQUATE CARE. THIS INCLUDE DIAPERS, WIPES, DIAPER RASH CREAM AND EXTRA CLOTHES. I UNDERSTAND IF I FAIL TO SUPPLY THESE ITEMS AS NECESSARY, WISH UPON A STAR WILL PURCHASE THEM ON MY CHILD’S BEHALF AND ADD THE COST TO MY ACCOUNT.

PARENT INITIAL: _____

I HAVE READ AND AGREE TO WISH UPON A STAR’S FEE POLICY. THIS INCLUDES A NON-REFUNDABLE ANNUAL REGISTRATION FEE OF \$50 PER FAMILY AND A LATE FEE OF \$15 IF WEEKLY TUITION PAYMENT IS NOT RECEIVED BY **TUESDAY** OF THE WEEK. IF YOU DECIDE TO WITHDRAW YOUR CHILD FROM WISH UPON A STAR, PLEASE PROVIDE THE ADMINISTRATION WITH A TWO WEEK NOTICE OF INTENT OR A TWO WEEK PAYMENT WILL BE DUE AT THE TIME OF WITHDRAW.

PARENT INITIAL: _____

CLASSROOM PROMOTIONS ARE ESSENTIAL TO ENSURE EACH CHILD REACHES THEIR MAXIMUM POTENTIAL BOTH ACADEMICALLY AND PHYSICALLY. THROUGHOUT THE YEAR, CAREFUL CONSIDERATION IS MADE BETWEEN OUR TEACHERS, ADMINISTRATION AND PARENTS WHEN DETERMINING PROMOTIONS BASED NOT ONLY ON YOUR CHILD’S AGE, BUT ALSO DEVELOPMENT. TUITION ADJUSTMENTS WILL BE DETERMINED BY BOTH YOUR CHILD’S AGE AND ASSIGNED CLASSROOM.

PARENT INITIAL: _____

ALL INFORMATION ON THIS APPLICATION IS COMPLETE AND ACCURATE.

PARENT/GUARDIAN SIGNATURE:

DATE:



WELCOME TO OUR WISH UPON A STAR FAMILY!

