



# Piper's Place Authorizations

1. I authorize Piper's Place Discovery Museum LLC to approve medical attention for my child in the event of an emergency during the time that my child is in attendance at Piper's Place Discovery Museum, Discovery Preschoolers or Afterschool Care

Parent/Guardian

Siganture \_\_\_\_\_

2. My child may be photographed and the photos used for school newsletters, general publication, parent communication, displayed at our facility, and/or for publicity including on our school website

Parent/Guardian

Siganture \_\_\_\_\_

3. My child is allowed to consume store bought or home prepared food brought in by staff or families to include but not limited to the following occasions: birthday parties, celebrations, cooking project, daily snacks.

Parent/Guardian

Siganture \_\_\_\_\_

4. I have been supplied a copy of the flu (influenza Virus) brochure, published by the department of childrens and families.

Parent/Guardian

Siganture \_\_\_\_\_



# Piper's Place Authorizations

5. I have been supplied a copy of the child care facility brochure, know your child care center, published by the department of Children and families.

Parent/Guardian Signature \_\_\_\_\_

Childs Name \_\_\_\_\_ Date \_\_\_\_\_

6. I have received read and understand the information explained in the Piper's Place Discovery Museum Discovery Preschoolers and /or after school care Handbook, which includes our Parent Policies & Disciplinary Procedures. Section 65C-22.006 (3) © 2. F.A.C.

Parent/Guardian  
Signature \_\_\_\_\_

My signature below indicates that all registration forms I have completed, signed and provided information holds trues.

Parents please note: DCF section 65C0-22.006(2), F.A.C. requires a current physical examination (form 3040) and immunization record (form 680 or 681) to remain at your childs facility while enrolled in the program.

Parent/Guardian  
Signature \_\_\_\_\_

Childs Name \_\_\_\_\_

Parent/guardian name & Signature \_\_\_\_\_

Date \_\_\_\_\_



# Piper's Place General Release & Hold Harmless Agreement

That I/we

\_\_\_\_\_, first  
party as the parents and natural guardians for

\_\_\_\_\_  
a minor child, for the sole consideration of enrolling the minor child at Piper's Place Discovery Museum LLC, discovery preschoolers program, afterschool care, by these presents, for themselves and their minor child, his/hers heirs, executors, administrators and assigns, do hereby remise, release, and forever discharge, Piper's Place LLC, the second party, its successors and assigns, of and from any and all claims, demands, damages, costs, expenses, actions and causes of action, arising from participation in such program, including bodily and personal injury, and loss and damage to property.

It is further understood and agreed that the first party does hereby hold harmless Piper's Place Discovery Museum LLC, its successors and assigns, for any medical costs or expenses incurred for any treatment of any such injuries, and the first party agrees to be solely responsible to pay or reimburse for any such medical charges or expenses incurred including transportation expenses.

This release contains the entire agreement between the First party as a parent(s) and natural / named/appointed/approved legal guardians of

\_\_\_\_\_  
and Piper's Place Discovery Museum LLC. The terms of this release are contractual and not mere recital.

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Witness

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Parent/guardian name & Signature & date



# Piper's Place Sick Policies

We believe that it is important that we work together to minimize the spread of germs. You may be called to pick up your child if he/she develops any of the symptoms below:

1. severe coughing
2. difficult or rapid breathing
3. stiff neck
4. vomiting and/or diarrhea
5. Temperature of 100F or higher in connection with sign of illness\*
6. Eyes that are irritated and discharging\*
7. exposed open skin lesions
8. Green discharge from the noses that last more than 2 days
9. Usually dark urine and or gray or white stool
10. Yellowish skin or eyes
11. any other unusual signs or symptoms of illness

\*These items require your child to be symptom free for 24 hours before returning to school.

If it is determined that your child has a contagious disease, please notify us immediately so that we can inform our parent community.

Our family and school communities health, welfare and safety, is the utmost of concerns.

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Childs Name

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Parent/guardian name & Signature & date



# General Information/Emergency Contact

- 1) Child Name:
- 2) Child Age and DOB and grade if currently in school:
- 3) Child Address:
- 4) Parent Guardian name, relationship, address, email and phone number.
  - a)
  - b)
  - c)
- 5) Emergency contact name, relationship, address, email and phone number. Please note primary contact and billing.
  - a)
  - b)
  - c)
- 3) Does your child have any medical condition/diagnosis:
- 4) Does your child have any allergies
- 5) Authorized pickup parties:
  - a)
  - b)
  - c)



## Evacuation Consent Form

I give Piper Discovery Museum permission to evacuate

(Child's Name) \_\_\_\_\_

to the Synovus Bank Parking lot located at 463719 SR-200 in time of an emergency. All parents will be immediately notified by phone and by social media.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Emergency Contacts (3)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Clear**State of Florida  
Department of Children and Families

Use "Tab" key to move to next field.

**CHILD CARE APPLICATION FOR ENROLLMENT****Student Information:**Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_

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

Press spacebar once to check a box; press spacebar once to uncheck a checked box.

**Family Information:**

Child's Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

(including area code)(including area code)Custody:  Mother  Father  Both  Other (specify): \_\_\_\_\_**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 Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:



Emergency Care Plan Instructions (if applicable):

**Emergency Contacts:** Child 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 case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

(including area code)

Name	Address	Work Phone	Home Phone

### **Helpful Information About Child:**

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- 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 entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], **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 entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- 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, **or**
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date