



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.

Witness

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. sever 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 noes 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.

Childs Name

Parent/guardian name & Signature & date



Schools Out? Kid's Club is In!



Piper's Place Discovery Museum LLC 463711 SR 200 Ste. 1

School Bus Permission Slip

I give my child _____
permission to ride the Piper's Place Discovery Museum LLC transportation to and
from Yulee Primary and Yulee Elementary and Wildlight Elementary and FCA
schools for the school year. The vehicle can be licensed and operated by any staff
of Piper's Place Discovery Museum LLC.

Days Riding:

Mondays:

Tuesdays:

Wednesdays:

Thursdays:

Fridays:

if days change the parent will notify the school.

Parent Signature: _____

Print

Name: _____

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)



Schools Out? Kid's Club is In!



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:

Go Back To Page 1

- 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 familyday carehomebrochure 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