

Parkview Prep Academy, Inc
Parkview Pre-K, LLC

107 A Miracle Avenue, Avon Park, FL 33825
Ph. (863) 453-TOTS (8687) Fax (863) 453-7454
Website: parkviewprep.com
License #236995

Registration Packet & Requirements

To guarantee your child's registration at Parkview, the following must be completed:

- ___ Complete and sign Enrollment Application (Page 1-3).
- ___ Read and sign the *Parent Contract for Services* (pg 4-5),
Photo/Video Permission (Page 6),
The Nutrition Plan Agreement (Page 7).
 - ___ Pay annual \$100 registration fee.
- ___ Pay Applicable Annual Curriculum Fees. Please see below:
 - \$25 2-4 yr old (not in pre-k)
 - \$75 Pre K (4-5 yr olds)
 - \$150 Kindergarten
 - \$275 1st - 5th Grade
 - \$325 6th - 8th Grade
 - \$375 9th - 12th Grade
- ___ Copy of child's Physical - Must be within one year of enrollment date
- ___ Copy of child's Shot Records - This form must be current & signed by the doctor.
 - ___ Copy of Birth Certificate
 - ___ Read *Know Your Child Care Center Attachment*
 - ___ Read *Parent Handbook* online.

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Student Information:

Full Name: _____
Last First Middle Nickname

Address: _____
Street City, State, Zip

Date of Birth: _____ **Gender** (Circle One): Male or Female **Date of Enrollment:** _____

Age/Grade Level (Circle One): 1yr 2yr 3yr 4yr PreK
K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Days Attending (preschool only): M T W Th F **Early Drop-Off** (7 - 7:30am): Yes or No

Time Attending: 8:00 - 12:00 8:00 - 2:30 8:00 - 3:30 8:00 - 4:30
(K-12th grade students are required to stay until the end of the school day
which varies according to grade level.)

Previous School Attended: _____

Scholarship: Mckay _____ OR StepUp4Students _____ OR Self-Pay _____

Family Information:

Mother's Name: _____
Last First Middle

Address: _____
Street City State Zip

Cell Phone: _____ **Work Phone:** _____

E-mail Address: _____ **Home Phone:** _____

Mother's Employment: _____
Location Address

Father's Name: _____
Last First Middle

Address: _____
Street City State Zip

Cell Phone: _____ **Work Phone:** _____

Email Address: _____ **Home Phone:** _____

Father's Employment: _____
Location Address

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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, and if the custodial parent or legal guardian cannot be reached.

Name: _____ **Driver's License # :** _____

Relationship to Child: _____ **Cell Phone:** _____

Home Phone: _____ **Work Phone:** _____

Name: _____ **Driver's License # :** _____

Relationship to Child: _____ **Cell Phone:** _____

Home Phone: _____ **Work Phone:** _____

Name: _____ **Driver's License # :** _____

Relationship to Child: _____ **Cell Phone:** _____

Home Phone: _____ **Work Phone:** _____

Name: _____ **Driver's License # :** _____

Relationship to Child: _____ **Cell Phone:** _____

Home Phone: _____ **Work Phone:** _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if needed.

Pediatrician's Name: _____ **Phone #:** _____

Address: _____
Street **City, State, Zip**

Dentist's Name: _____ **Phone #:** _____

Address: _____
Street **City, State, Zip**

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

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Section 65C-22.006(2), F.A.C. requires a current physical examination (Form 3040) and Immunization Record (Form 680 and 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”. This is part of our registration packet.

Section 65C-22.006(4)(c)2, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility. This information is found in the parent handbook.

By signing below, you verify that you have received the above information and read the parent handbook, and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

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Parent Contract for Services

This is a contract between _____ and Parkview Pre-K, LLC / Parkview Prep
Name of Parent / Guardian

Academy, Inc. for the childcare of _____.
Child's Name

Fees:

The parent/guardian(s) agree to pay a(n):

- Weekly fee of \$ _____ for a (full-time / part-time) student. This fee is for the hours of _____ to _____ on the following days (circle all that apply): Mon Tues Wed Th Fri

All payments are due on Friday for the upcoming week and must be paid whether the student is present or absent.

- An annual registration fee of \$100 is due on or before the first day the child attends school or before the last day of school to ensure placement for the upcoming school year.
- Annual curriculum fees (as listed below) are due on or before the first day the child attends school or before the last day of school to ensure placement for the upcoming school year.

\$25 2-4 yr old (not in pre-k)
\$75 Pre K (4-5 yr olds)
\$150 Kindergarten
\$275 1st - 5th Grade
\$325 6th - 8th Grade
\$375 9th - 12th Grade

- ** A \$10.00 discount per week is provided for families with siblings attending our school.
- ** A \$10.00 discount per week is provided for families living in Parkview Estates.
- ** A \$35.00 service charge will be assessed for each returned check.
- ** Parkview Pre-K, LLC/Parkview Prep Academy Inc. reserves the right to periodically evaluate and adjust any and/or all fees as necessary to provide quality childcare and/or education.
- ** Parkview Pre-K, LLC/Parkview Prep Academy Inc. reserves the right to terminate services / enrollment at any time the directors deem it necessary. Notice will be provided with regard to termination of services.

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Photo / Video Permission

I give the staff of Parkview Pre-K, LLC / Parkview Prep Academy, Inc permission to take photos of, and video my child to be used in child care programs, publications, and display areas. I also understand that my child will be under video surveillance while in the Parkview Pre-K, LLC / Parkview Prep Academy, Inc facilities.

Child's Name: _____ Date: _____

Parent/Guardian Signature: _____

Discipline Policy

I fully understand and agree to the discipline policies of Parkview Pre-K, LLC / Parkview Prep Academy, Inc.

Child's Name: _____ Date: _____

Parent/Guardian Signature: _____

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Alternate Nutrition Plan Agreement

Name of Child _____

Indicate Special Dietary Requirements:

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

P = Parent Provides C = Center Provides

Breakfast: N/A AM Snack = C Noon Meal = P PM Snack = C Formula = P
Dinner / Evening Snack = N/A

Parent's Signature

Date

I agree to provide the parent with a suggested meal pattern and menus and discuss any problems which develop in the use of the Alternate Nutrition Plan.

Signature of Owner/Operator

Date