



Key West Preschool Co-Op Summer Camp Registration Packet

Please review all the documents carefully and sign any forms that require a signature. Once completed, return them to the KWPC front office.

Additionally, you must submit the following required documentation: a copy of your child's birth certificate, their current immunization record, and a school physical form completed by their pediatrician. Note that all pediatric forms must be issued in the state of Florida and must be current (not expired).

If you have any questions, please contact the office.

O'brieka Allen, Director
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State of Florida Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: Date of Enrollment:
Full Name:
Child's Physical Address:

- Week 1: June 8 - June 12
Week 2: June 15 - June 19
Week 3: June 22 - June 26
Week 4: June 29 - July 3
Week 5: July 6 - July 10
Week 6: July 13 - July 17
Week 7: July 20 - July 24

If not enrolling for the full summer, weeks chosen must be consecutive (back-to-back) and cannot be split or spaced out (for example, you may not select Week 1 and Week 3 only).

Family Information: Child Lives With:
Parent's Name: Parent's Name:
Address: Address:
Home Phone: Home Phone:
Employer: Employer:
Email: Email:
Work Phone: Cell: Work Phone: Cell:
Custody: Mother Father Both Other

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:
Doctor: Address: Phone:
Dentist: Address: Phone:

Hospital Preference:

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

Emergency Care Plan instructions (if applicable):

Emergency Contacts:

The 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:

Name: Address: Contact Number:

Name: Address: Contact Number:

Name: _____ Address: _____ Contact Number: _____

Name: _____ Address: _____ Contact Number: _____

CF-FSP 5219, Child Care Application for Enrollment, October 2017, 65C-22.001(7)(f). F.A.C.
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Helpful Information About Child: _____

- 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, "Know Your Child Care Facility" (CF/PI 175-24), **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, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- 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.

Parent/Guardian Signature Date

**KEY WEST PRESCHOOL COOPERATIVE
EMERGENCY MEDICAL/DENTAL CONSENT FORM**

This form grants temporary authority to Key West Preschool Cooperative to provide and arrange for the care of a minor in the event of an emergency where the minor is not accompanied by either parents or legal guardians. In the event of an emergency, it is understood that Key West Preschool Cooperative will use all reasonable efforts to notify me (or the emergency contact/s listed below), where practical, prior to initiating medical or dental treatment for any such injury or illness. Should no party be available, I hereby give permission to any such physician or other medical personnel to provide such medical and/or dental treatment such individual deems medically necessary. I understand and agree that I am responsible for all medical and/or dental care/treatment expenses incurred to treat my child's injuries.

Child's Information

Full Legal Name: _____

Permanent Address: _____

Date of Birth: _____ Assigned Sex (circle one): female / male

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Information for Medical Treatment

Child's Physician Name: _____

Address: _____ Phone: _____

Child's Dentist Name: _____

Address: _____ Phone: _____

Allergies: _____

Daily medications taken: _____

Note any other significant medical information: _____

Emergency Contact(s) (This should also be listed on the pick-up permission form)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned child. I grant my authorization and consent for Key West Preschool Cooperative to administer general first aid treatment for any minor injuries or illnesses experienced by the child. If the injury or illness is life-threatening or in need of emergency treatment, I authorize Key West Preschool Cooperative to summon any and all professional emergency personnel to attend, transport, and treat my child and to issue consent for any diagnostics, treatment and/or care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state of Florida until myself or other guardian/representative is present. I agree to assume financial responsibility for all care expenses. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of Key West Preschool Cooperative in the exercise of Key West Preschool Cooperative's best judgment upon the advice of any such medical or emergency personnel.

Parent/Legal Guardian Signature _____ Date _____

**KEY WEST PRESCHOOL CO-OP
PICTURE/VIDEO/AUDIO CONSENT**

Key West Preschool Co-Op is a childcare facility that cares for and educates young children. To ensure the safety and security of all children, staff, parents, and visitors and the security of our childcare facility, KWPC is equipped with a digital video surveillance system. Security cameras are installed in all classrooms and the outdoor play area. The facility may also conduct video surveillance of any portion of its premises at any time, with the only exception being private restroom areas and changing pads.

The video/security cameras will be positioned in appropriate places within and around our childcare facility and used to help promote the safety and security of people and property. The video is also used to stream live images of the children to parents and other authorized users of the webcam system so that authorized users may view their child(ren) 's daily activities, which would otherwise be missed. This camera footage is recorded and saved for 48 hours, then deleted.

In addition, KWPC parents, staff, and administration may periodically video, audio tape (via web-based cameras and other electronic devices), and/or photograph children as part of their day-to-day activities, parties, assessments, etc. Therefore, a video, audio, or photo release for a child attending KWPC is a condition of enrollment.

SECURITY CAMERA ACCESS AGREEMENT AND CONSENT

I give my permission to record video audio, and take photographs of my child for the purposes of instruction and for the purposes of program support on social media. I understand and consent to my child's observation to those granted access as authorized users on our security cameras. If I am granted access to the webcam system, I agree not to provide my sign-on identification (ID) or password to anyone else, including other family members. I waive the privacy rights afforded to my child under federal or state law to the extent of the security camera access while my child is enrolled at Key West Preschool Cooperative, Inc. (KWPC). I understand that other families with children in the KWPC may observe my child through the security camera access. I agree not to record any images I receive from the KWPC security camera access. I understand the policy, and it has been reviewed by KWPC staff.

Child's Name: _____

Parent/ Legal Guardian Name: _____

Parent Signature: _____ Date: _____

IMAGE RELEASE FOR MARKETING PURPOSES

Key West Preschool Co-Op would like permission to photograph, video, and/or audio record your child while attending the preschool, preschool activities/events, and field trips. These photos, videos, and/or audio recordings will be used for marketing purposes only. They will be used on the official Key West Preschool Cooperative website and social media (Facebook & Instagram) pages, local newsprint publications (press releases), and various advertisements and flyers produced by the Key West Preschool Co-Op. Your child will not be identified by name in photos published on the web, social media, print publications, or television. Personal information about your child is never posted, nor is information indicating the physical location of your child at any given time other than general participation information about an activity or event. Key West Preschool Co-Op is not responsible for social media photos or online photos posted, shared, or tagged by a third party. You also understand that no compensation will be given at any time for the use of your child's photo.

Child's Name: _____

Parent/ Legal Guardian Name: _____

Parent Signature: _____ Date: _____

**KEY WEST PRESCHOOL COOPERATIVE
PERMISSION FOR FOOD-RELATED ACTIVITIES & SPECIAL OCCASION FOOD CONSUMPTION**

Per **65C-22.005(1)(c)2., F.A.C.**, licensed childcare facilities must obtain written permission from parents or guardians for a child to participate in food-related activities. These activities may include classroom cooking projects, gardening, school celebrations, and birthdays.

I, _____, **(Parent/Guardian Name)**, **give / decline** (circle one) permission for my child, _____, **(Child's Name)**, to participate in food-related activities and special events where food is consumed.

Please indicate your child's dietary status by selecting one option:

- My child does not have** food allergies or dietary restrictions and **MAY** participate in food-related activities.
- My child does not have** food allergies or dietary restrictions but **MAY NOT** participate in food-related activities.
- My child has** food allergies or dietary restrictions and **MAY** participate in activities but **MAY NOT** eat or handle the following items:

- My child has** food allergies or dietary restrictions and **MAY NOT** participate in food-related activities.

I understand that it is my responsibility to update this form if my decision changes. This consent will remain in effect for the duration of my child's enrollment.

Parent/Legal Guardian Signature: _____ **Date:** _____