



# Bloom Enrollment Form

Today's Date \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

**Student Information** Child Full Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Sex \_\_\_\_\_

Allergies, medical or dietary needs, or other areas of concern \_\_\_\_\_

2<sup>nd</sup> Child Full Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Sex \_\_\_\_\_

Allergies, medical or dietary needs, or other areas of concern \_\_\_\_\_

3<sup>rd</sup> Child Full Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Sex \_\_\_\_\_

Allergies, medical or dietary needs, or other areas of concern \_\_\_\_\_

Child(ren) Live With \_\_\_\_\_ Typical Hours of Care \_\_\_\_\_ to \_\_\_\_\_

**Days of Week in Care** M  T  W  Th  F  **Meals at School** Br  Lunch  PM Snack

## Family Information

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Four Digit Pin Number \_\_\_\_\_ D.O.B. \_\_\_\_\_

**CUSTODY** Mother      Father      Both      Other

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Four Digit Pin Number \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Contacts** Child(ren) will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and re authorized to remove the child from the facility in the case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

**Permissions Page**

**Art & Activity Disclaimer:** Bloom would like you to understand that part of every class' daily routine involves eating, art work and outside playtime. During these time we encourage the children to explore and be independent. This in turns means that they get messy. Please plan for this and dress your child in play clothes with the understanding that they will and should get messy. You should be able to tell how much fun they had by what they look like at the end of a school day☺ Initial \_\_\_\_\_

**LifeCubby Permissions:** I understand that my child(ren) is enrolled in a group child care setting. Teachers and caregivers are responsible for the documentation of the day and communications for the benefit of everyone (parents, children, admin, and oversight agencies). I accept and approve the following: Photos & Videos, Documentation of Daily Activities and Care Events, Documentation that is Sensitive or Confidential, Use of Visible Classroom Computer or Tablet Screens for the Staff. By initialing in the following space, I understand and agree to the terms listed above and/or for the use of LifeCubby for my child(ren) at Bloom Academy. Initial \_\_\_\_\_

**Permission to Video & Photograph:** Bloom Academy loves to take pictures and share them with families that attend or follow our school on our social media pages. Children's names will NEVER be displayed on social media, but first names may appear in the weekly email or onsite displays. Please grant or decline permissions below.

- Facebook, Twitter, YouTube:** Grant Permission  Decline Permission
- On-Site Display at Bloom:** Grant Permission  Decline Permission
- Bloom Website:** Grant Permission  Decline Permission
- Government Agency Display:** Grant Permission  Decline Permission
- Bloom Advertising Materials:** Grant Permission  Decline Permission

**Assessment & Screening:** The first five years of life are very important to your child because this time sets the stage for success in school and later in life. During infancy and early childhood, many experiences should be gained and numerous skills learned. It is important to ensure that each child's development is progressing during this period; to support this we are offering screenings of your child's development using age appropriate assessments multiple times each school year. The screening results will be made available to you through LifeCubby or in paper form and you may request a meeting with your child's teacher or director for further discussion. Your permission is needed for the screening to be conducted with your child(ren). Please grant permission by initialing in the designated space. Initial \_\_\_\_\_

**Topical Ointment:** Your child's skin is so precious and sensitive. We pride ourselves on protecting our little Bloom's skin by using all natural diapers, wipes, cream, ointment and sunscreen. Please apply sunscreen in the morning before arriving at school and we will re-apply sunscreen in the afternoon. By initialing in the space provided you give Bloom permission to apply ointment, creams, lotion, sunscreen, insect repellent, etc. Initial \_\_\_\_\_

**Permission for Food Related Activities & Special Occasions:** I give permission for my child to participate in food related activities and special occasions wherein food is consumed.

Decline Initial \_\_\_\_\_ Approve Initial \_\_\_\_\_

**Enrollment Contract:** It is my/our desire to have my/our child/children enrolled in the child care program at **Bloom Academy**. I/we have read and reviewed a copy of the **Bloom Academy Parent handbook** (available at [www.bloompuntagorda.com](http://www.bloompuntagorda.com)). I/we have read, understand and agree to abide by the policies contained therein. I/we also understand that my/our child is being accepted on a two week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the child care surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled. I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the child care program.

I/we also agree to give a minimum of two weeks written notice (ten full child care days) of my/our intent to withdraw my/our child/children from the child care program. If a two week notice is not given, I/we agree to make full tuition payment for the final two weeks.

Please **initial** next to each item. We want to be sure you **understand and agree** to these policies.

\_\_\_\_\_ I/we understand that I/we must provide completed & updated physical/immunization forms to the child care center.

\_\_\_\_\_ I/we understand the child care tuition is \$ \_\_\_\_\_ per week and will be adjusted as my child/children progress to the next classroom and the registration fee is due annually.

\_\_\_\_\_ I/we understand tuition payment is due Monday. Late fees are \$25.00 per tuition payment.

\_\_\_\_\_ I/we understand that our child must be dropped off by 9:00am daily. Even with prior arrangements children will not be accepted after 10:30am.

\_\_\_\_\_ I/we understand that my child must be symptom/fever (100.5 or higher) free for a 24 hour period prior to returning to school or present a doctor's note allowing their return.

\_\_\_\_\_ I/we understand the late pickup fee is \$1.00 per minute.

\_\_\_\_\_ I/we understand that a technology fee of \$5 will be charged on the first Monday of each month.

\_\_\_\_\_ I/we are contracting for year round arrangements, unless participating in the before & after care or summer camp program for school age children.

\_\_\_\_\_ I/we understand the behavior/disciplinary policy and I/we have read and shared the childcare rules with my/our child/children. I have also received guidance that the "Know Your Child Care Facility" brochure has been made available to me at [www.bloompuntagorda.com](http://www.bloompuntagorda.com).

\_\_\_\_\_ I/we understand the returned check policy.

\_\_\_\_\_ I/we understand that if I/we are contracting for child care for the calendar year and tuition is due 52 weeks per year, **regardless of attendance**. School age children enrolled in before and/or after care are responsible for tuition when public school is in session. Summer camp children are responsible for tuition when camp is in session.

\_\_\_\_\_ I/we agree to pay the last two weeks tuition upon giving a two week enrollment termination notice.

\_\_\_\_\_ I/we have read, understand and agree to the accident /injury and financial responsibility statement.

\_\_\_\_\_ I/we understand that account balances will be debited from your approved account every Monday and statements can be requested as needed.

**RAPID TUITION REQUIREMENT**

I authorize Bloom Academy to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings for the purpose of collecting childcare related payments. I authorize Bloom Academy PG to use the third party sender, Rapid Tuition, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

**IF YOUR ACCOUNT INFORMATION IS ALREADY ACTIVE AT BLOOM JUST CHECK HERE** (skip account info. area)

STARTING JULY 13, 2016, Bloom academy will no longer accept paper checks. Cash payments can be made prior to tuition due date and will be applied to the account balance prior to debiting.

Account Holder's Name \_\_\_\_\_ Bank/Credit Union Name \_\_\_\_\_  
Bank Account Type \_\_\_\_\_ Checking  Savings   
Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

*Your signature below indicated that you have read, understand and agree to the terms, conditions and permissions granted or declined throughout this 4 page enrollment agreement and that the information on these forms are complete and accurate.*

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Click here to acknowledge that you have signed and initialed this document via electronic signatures/initials

Approved and Accepted by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS ENROLLMENT PAPERWORK.  
WELCOME TO THE BLOOM FAMILY!**



The fun begins now!

**FLORIDA DEPARTMENT OF HEALTH  
CHILD CARE FOOD PROGRAM  
FREE AND REDUCED-PRICE MEAL APPLICATION**

This document is  
required for ALL children  
regardless of income.

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to Bloom Academy. If you need assistance filling out this form, call this number: 941.655.6150 PG 624.6400 DC

**PART 1 – INFORMATION ON CHILD:**

**NAME AND ADDRESS OF CCC/OSHCC:**

Child's Name: \_\_\_\_\_  
 Last Name First Name Date of Birth  
 BloomPG 425 W Helen Ave 33950  
 Bloom DC 1291 Capricorn Blvd 33983

**PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS:** Complete this part and Part 4.

Food Assistance Program Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

**PART 3 – ALL OTHER HOUSEHOLDS:** If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS		INCOME AMOUNT & FREQUENCY				
		List pay frequency (i.e., annually, monthly, twice a month, biweekly, or weekly) after each amount.				
List the Names of <u>Everyone</u> in Your Household (include child listed in Part 1 above)	Check Box if Foster Child	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (including personal use income of a foster child)	Check Box if Person has NO INCOME
Last Name, First Name	<input type="checkbox"/>	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	<input type="checkbox"/>
1. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

**PART 4 – SIGNATURE AND SSN:** An adult household member must sign the application before it can be approved.

\_\_\_\_\_  
 Signature of Adult Household Member Date Signed Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_  
 Street Address, City, State, Zip Code Work Phone # \_\_\_\_\_

Last Four Digits of Social Security Number \_\_\_\_\_ Write NONE if you don't have a Social Security Number

**PENALTIES FOR MISREPRESENTATION:** I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

**PART 5 (Optional) - RACIAL IDENTITY OF CHILD**  
 American Indian or Alaskan Native       Asian       Black or African American  
 Native Hawaiian or other Pacific Islander       White       Hispanic or Latino  
 Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules.

**For Contractor Use Only:**  
 Food Assistance Program/TANF household      Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_  
 Foster Child      Income Frequency: Weekly / Biweekly / Twice a Month / Monthly / Annual (circle one)

**Note: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12**

Eligibility Determination:  Free     Reduced     Non-needy  
 Reason for Non-needy Status:  Income too High     Incomplete Application     Other (Reason) \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_

The following 2 pages are only required for children 1 & under.



### Infant/Toddler Information Form

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

1. **Circle One:** Breast Milk Only    Formula Only \_\_\_\_\_    Breast/Formula \_\_\_\_\_
2. How often is your child given a bottle? \_\_\_\_\_
3. Do you feed on demand or stick strictly to a schedule? \_\_\_\_\_
4. What temperature do you prefer the bottles to be served? \_\_\_\_\_
5. Has your child started eating baby food? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

6. Does your child eat puffs or any other solid foods?

\_\_\_\_\_

\_\_\_\_\_

7. Does your child have any known allergies? \_\_\_\_\_
8. How does your child sleep? \_\_\_\_\_
9. Do you rock your child to sleep? \_\_\_\_\_
10. Describe your child's typical sleep, wake, eat cycle with time frames.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Are there any indicators of hunger, tiredness, etc. that may help your child's teacher best accommodate your child?

\_\_\_\_\_

\_\_\_\_\_

12. Bloom strives for 100% parent satisfaction and comfort. Is there anything that you would like to add that you feel is important for your child's caregivers to know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Child Care Food Program Infant Feeding Form

<b>Child care facility: Please fill in facility name and formulas offered before distributing to parents.</b>	
Child Care Facility Name:	Bloom Academy
*Formulas offered at this facility: Milk based:	Earth's Best
Soy based:	Earth's Best

**This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby.** The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture appropriate vegetables and fruits
- ~ A variety of texture appropriate meat and meat alternates
- ~ Bread or crackers
- ~ 100 percent fruit juice

Please be aware this child care facility:

- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.
- ~ Can feed solid foods to infants younger than 4 months of age only when a medical statement is provided.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ Can offer 100 percent fruit juice from a cup – not a bottle.

### Parents please complete the following:

Baby's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check  this box  if your baby is breastfed and you plan to provide breastmilk.

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 4 months and older, according to the CCFP requirements.

\*I prefer to supply my own formula (write in name of formula): \_\_\_\_\_

**This facility has not requested or required me to provide infant formula or food.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_