

Office Use Only

Start date: _____



PO Box 10075 5900 Hwy 17 South
 Fleming Island, FL 32003
 Phone: 904-385-0656
 DCF License #: C04CL0149

Please Circle

2's: MWF; T/TH; 5-Day 3's: MWF; T/TH; 5-Day VPK Only VPK BB

Special Requests _____

Child Care Application for Enrollment
2025-2026

Student Information:

Full Name: _____
 LAST FIRST MI NICKNAME

Mailing Address: _____
 STREET CITY ZIP

DOB: _____ Gender: _____

Mother's Name _____ Father's Name _____

Mom's Cell: _____ Dad's Cell: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

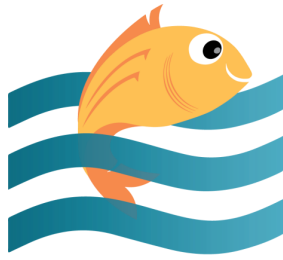
Email: _____ Email: _____

Student Medical Information: I hereby grant permission for River Preschool Staff to contact the following medical personnel to obtain medical care if warranted.

Medical Doctor: _____ Phone: _____

Hospital Preference: _____

ALLERGIES/MEDICAL CONDITION(S): _____



PO Box 10075 5900 Hwy 17 South
Fleming Island, FL 32003
Phone: 904-385-0656
DCF License #: C04CL0149

Additional 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.

1. Name: _____ Relation to child: _____
Address: _____
Best Contact Numbers: _____

2. Name: _____ Relation to child: _____
Address: _____
Best Contact Numbers: _____

3. Name: _____ Relation to child: _____
Address: _____
Best Contact Numbers: _____

4. Name: _____ Relation to child: _____
Address: _____
Best Contact Numbers: _____

Please send a note if anyone other than the parent/guardian will be picking up.

Check all items that apply to your child below. Please be as accurate as possible as this helps us when creating class rosters.

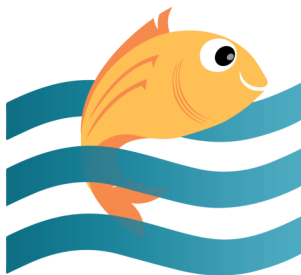
Identified or Possible Delays: Communication Gross/Fine Motor Behavior

Current or Past Therapies: Speech Physical Occupational Play/ABA

Has your child ever been dismissed from a program? No Yes

Please detail below any checked items or pertinent information about your child that you believe the teacher and staff should be aware of.

****We try to accommodate each child the best as we can, however if your children begins our program and requires more support than we can offer we'll help guide you through the Early Steps/Child Find process.**



PO Box 10075 5900 Hwy 17 South
Fleming Island, FL 32003
Phone: 904-385-0656
DCF License #: C04CL0149

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.F., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

Section 65C-22.006(3) (c)2., F.A.C., require that parents are notified in writing of the disciplinary practices used by the child care facility (included in the Parent/Student Handbook given at Orientation).

River Preschool Registration Packet for 2025-2026.

Your signature below indicates that you have received the above items, the enrollment form is complete and accurate, and that you agree to the information provided in the registration packet. I hereby grant permission for the River Preschool staff to have access to my child's records.

Signature of Parent/Guardian

Date