Registration Form
School Year 2020-21

SCHOOL: Excellence Learning Academy Prep School GRADE: _____

The following items MUST be present at time of registration:
At least one (1) of the following proofs of residency MUST be present at time of registration: ___ Current Driver's License ___ Currency Utility Bill ___ Lease Agreement ___ Deed of Ownership ___ Automobile Registration ___ Auto Insurance Card ___ Tax Statement ___ Public Assistance Document
Original Birth Certificate of student MUST be present at time of registration ___ Received Birth Certificate Number:_____ Birth Place:_____
Immunizations needed prior to registering: ___ Diptheria/Tetanus ____ Polio ____ Heptatis B ___ Measles, Mumps, Rubella ___ Varicella ___ Nurse/Initial

All Kindergarten students must be 5 and all First Grade students must be 6 on or before August 31.		
STUDENT'S LEGAL NAME (Last, First, Middle, Suffix):		**Birthdate:** (Month/Day/Year) / /
Ethnicity: __ Hispanic/Latino (Any Race) __ American Indian or Alaskan Native __ Asian __ Black or African American __ Native Hawaiian or Other Pacific Islander __ White (not Hispanic)		
911 STREET ADDRESS: _____		**SEX** (Circle One): Male Female
MAILING ADDRESS (ONLY if DIFFERENT from the 911 Street Address): _____		**Township/Borough:** **Country**
FATHER'S NAME (Last , First, Middle):	**Birthdate:**	**Living With Child?** Y N **Responsible for Child?** Y N
ADDRESS (ONLY if living in a different household than student)		**Home Phone:** **Cell Phone:**
Occupation:	Employer:	**Work Phone:**
MOTHER'S NAME (Last, First, Middle):	**Birthdate:**	**Living With Child?** Y N **Responsible for Child?** Y N
ADDRESS (ONLY if living in a different household than student)		**Home Phone:** **Cell Phone:**
Occupation:	**Employer:**	**Work Phone:**
LEGAL GUARDIAN'S NAME (Last, First, Midddle):	**Relationship:**	**Living With Child?** Y N **Responsible for Child?** Y N

ADDRESS (ONLY if living in a different household than student)		**Home Phone:** **Cell Phone:**
Occupation:	**Employer:**	**Work Phone:**

BROTHERS (Legal Name):	**BIRHDATE:**	**SISTERS** (Legal Name):	**BIRTHDATE:**
1. _____	__/__/__	1. _____	__/__/__
2. _____	__/__/__	2. _____	__/__/__
3. _____	__/__/__	3. _____	__/__/__

STUDENT LIVES WITH: ____ Both Parents at same address ____ Both Parents at different address
___ Mother Only ____ Father Only _____ Legal Guardian ____ Foster Parent ____ Group Home

WHO HAS LEGAL CUSTODY OF THE STUDENT? (Custody/guardianship papers must be presented at time of registration) If custodian is not parent, an ELHPS District Resident and Right to Free School Privileges Affidavi must be submitted. If the student lives in a foster or group home, a verification letter from the placing agency or group home must be submitted.

Is there a court order dictating rights? ___ Yes ___ No
Who has physical custody? _____ Both Parent _____ Father only _____ Mother only
_____ Other (indicate name and relationship)_____
Who has educational right? _____ Both Parent _____ Father only _____ Mother only
_____ Other (indicate name and relationship) _____
Who has visitation right? _____ Both Parent _____ Father only _____ Mother only
_____ Other (indicate name and relationship) _____

LAST SCHOOL, GRADE, AND DISTRICT ATTENDED:
School:
_____
Grade:
_____
District:
_____
SCHOOL YEAR ENTERED 9TH GRADE_____
(SENIOR HIGH SCHOOL STUDENT ONLY)

HAS THE STUDENT PREVIOUSLY ATTENDED
Madison County School District
____ YES _____ NO

If YES, when; _____

Building: _____

INDIVIDUALIZED EDUCATION PLAN (I.E.P.)

Does your student have an I.E.P.? _____ YES _____ NO
Check below for services included in your student's I.E.P.

___ Learning Support ____ Emotional Support ____ Physical Therapy ___ Hearing Impairment Services
___ Speech/Language Support ___ Life Skills Support ____ Occupational Therapy ___ Visual Impairment Support
___ Gifted Support ___ Other Services _____
___ Early Intervention Program ___ Special Transportation_____

PERTINENT INFORMATION ABOUT THE STUDENT YOU FEEL THE TEACHER SHOULD KNOW:
_____
_____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Florida Department of Health
Child Care Food Program

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment _____

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

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Supper Eve Snack

****

Family Information:

Parent 1 Name: _____ Parent 2 Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____/Cell: _____ Work Phone: _____/Cell: _____

Child Lives With: Parent 1 _____ Parent 2 _____ Both Parents _____ 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:

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	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#

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.

1st year:

_____ _____

Signature of Parent/Guardian Date

Subsequent years:

_____ _____

Signature of Parent/Guardian Updated Date

_____ _____

Signature of Parent/Guardian Updated Date

_____ _____

Signature of Parent/Guardian Updated Date

_____ _____

Signature of Parent/Guardian Updated Date

Florida Department of Health
Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:
Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

☐ **Check here and sign/date below if your child does not receive meals while in care**

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Tuesday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Wednesday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Thursday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Friday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Saturday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Sunday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐

☐ **Check here and sign/date below if your child has no regularly scheduled hours of care**

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____

Excellence Learning Academy
Permission to photograph

I, _____, give permission for_____to
(parent or guardian name) (child care provider)

Photograph my child_____, for the following purposes:

Type of use	Grant Permission	Decline permission
Display in personal scrapbook		
Give photos possibly containing your child to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on child care's website		
Post photos on child care's Facebook page		
Give video to current parents		
Youtube promotional video		

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility's website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

_____ _____
(parent or guardian signature) (date)

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: _____ **Center Name & Address:** _____

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: |___|___|___|___|___|___|___|___|___|___| ***or*** TANF Case Number: |___|___|___|___|___|___|___|___|___|___|

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: $	**How often received? (check only one):** ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. **For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually).** For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work ($ Amount / How often?)	Public Assistance/Child Support/Alimony ($ Amount / How often?)	Pensions/Retirement/All Other Income ($ Amount / How often?)
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ **Last four digits of Social Security Number (SSN) of adult household member:** |___|___|___|___| If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ **Daytime phone #:** (_____) _____ – _____
Street Address, City, State, Zip Code

Signature of adult household member: _____ **Printed name:** _____ **Date signed:** _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. **Ethnicity (check one):** |___| Hispanic or Latino |___| Not Hispanic or Latino

Race (check one or more): |___| American Indian or Alaskan Native |___| Asian |___| Black or African American |___| Native Hawaiian or Other Pacific Islander |___| White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child **Total Household Size:** _____ **Total Household Income:** $_____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy **How Often Income is Received (Frequency):** ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

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

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____