

Siblings names & ages _____

Any known allergies _____

Does your child have an existing condition of which we should be aware? _____

In case of emergency we will attempt to contact the parents first, are there any additional emergency contacts available: _____

I hereby give my consent to have my child treated by a physician for medical, surgical or dental care in case of an emergency. I understand every effort will be made to contact the parents before such action is taken. All costs incurred will be the responsibility of the parents.

Tuition is due on the 1st of the month payable by check or cash. After the 5th day of the month there will be a \$20 late fee. There will be a \$20 fee on returned checks.

There is a one time non-refundable registration fee due of \$50 to reserve your child's space for the school year (no reg. fee for VPK). Please make checks pay-able to: Rock Springs Academy or RSA

I have read and understand the Parent Handbook including discipline policy and "know your child care facility" brochure and agree to abide by its policies and procedures. Unless checked I give my consent for my child's photographs to be used for promotional purposes (ie.our facebook page & instagram)

- Section 65C-22.006(2), FAC, requires a current physical examination (form 3040) and immunization record (form 680 or 681) within 30 days of enrollment. Please be aware that not all children are up to date on their immunizations but current records are still required.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know your child care facility"
- Section 65C-22.006(3)(c)2., FAC, requires that parents are notified in writing of the disciplinary practices used by the facility.
- Employees at RSA have access to children's files.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Parent signature _____

Date _____