







2024-2025  
Family Enrollment Application

-  The Completed Enrollment Application must be submitted at least 7 days prior to your child's start date or current contract end date.
-  New enrollments are not reserved until the registration fee is paid. As we DO NOT charge any fees associated with Voluntary Pre-Kindergarten ONLY enrollments, the registration fee will be refunded for VPK only students on the first day of participation in the VPK program.
-  Our Parent Handbook, and the DCF Know Your Childcare Facility brochure and all other reference documents on our website at <http://mysproutacademyoflearning.com>

Welcome to Sprout & We look forward to working with your family very soon!

-  This enrollment packet is for ACCEPTED families only. Please email us for more information [office@mysproutacademy.com](mailto:office@mysproutacademy.com)





Today's Date \_\_\_\_\_  
Date of Enrollment \_\_\_\_\_  
or check here if re-enrolling. ☐

## Enrollment Application

### Student Information:

Child's Full Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Sex \_\_\_\_\_

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

☐ 7:00am - 4:30pm ☐ 7:30am - 5:00pm ☐ 8:00am - 5:30pm ☐ 8:15am - 5:45pm ☐ VPK 9-12 ☐ VPK 8-3 ☐ School Age

Days of week in care: M T W TH F

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

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

☐ 7:00am - 4:30pm ☐ 7:30am - 5:00pm ☐ 8:00am - 5:30pm ☐ 8:15am - 5:45pm ☐ VPK 9-12 ☐ VPK 8-3 ☐ School Age

Days of week in care: M T W TH F

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

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

☐ 7:00am - 4:30pm ☐ 7:30am - 5:00pm ☐ 8:00am - 5:30pm ☐ 8:15am - 5:45pm ☐ VPK 9-12 ☐ VPK 8-3 ☐ School Age

Days of week in care: M T W TH F

Circle all that apply: Meals at School: Br Lunch PM Snack

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## Family Information

CUSTODY Mother Father Both Other \_\_\_\_\_

Primary Contact \_\_\_\_\_ Secondary Contact \_\_\_\_\_

Relation to Child \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Address \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Authorized Pick Up Person Yes No

Authorized Pick Up Person Yes No

## Additional Emergency Contacts

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 are 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 \_\_\_\_\_ Address \_\_\_\_\_

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

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

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

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## Medical Information

I hereby grant permission for the staff of Sprout Academy of Learning to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Emergency Care Plan instructions regarding **all allergies** listed above: including symptoms, medication, and notification in the event of an actual emergency:

Symptoms: \_\_\_\_\_

Usual Medications: \_\_\_\_\_

Notify who in the event of an emergency: \_\_\_\_\_

Any other medical information necessary for Sprout to know to provide the best care for your child: \_\_\_\_\_

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## Permissions

**Art & Activity Disclaimer:** Sprout Academy of Learning would like you to understand that part of every class's daily routine involves eating, artwork and outside playtime. During these times we encourage the children to explore and be independent. This in turn 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 \_\_\_\_\_

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**Child Care App Permissions:** I understand that my child(ren) is enrolled in a group childcare 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 the use of the childcare app for my child(ren) at Sprout Academy of Learning. Initial \_\_\_\_\_

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**Permission to Video & Photograph:** Sprout Academy of Learning 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 weekly email or onsite displays. Please circle to grant or decline permissions below.

Facebook, Twitter, YouTube:	Grant Permission	Decline Permission	
On-Site Display at Sprout:	Grant Permission	Decline Permission	
Sprout Website:	Grant Permission	Decline Permission	Initial _____
Government Agency Display:	Grant Permission	Decline Permission	
Sprout Advertising Materials:	Grant Permission	Decline Permission	

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**Assessment & Screening:** The first five years of life are especially 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 the childcare app 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 \_\_\_\_\_

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**Topical Ointment:** Your child's skin is so precious and sensitive. We pride ourselves on protecting our little Sprout'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 Sprout permission to apply ointment, creams, lotion, sunscreen, insect repellent, etc. Initial \_\_\_\_\_

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**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. Initial \_\_\_\_\_

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**Absence Reporting Procedure:** DCF requires that absences be reported to the childcare center by 9:00 am on the day of non-attendance or prior. Absences can be reported by text to your center's director, or call in prior to 9am, or on your child's communication app. If the absence is not reported, per DCF regulations, we are required to call all contacts on the pickup list until the safety of the child has been confirmed. Initial \_\_\_\_\_



CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: \_\_\_\_\_ Center Name & Address: Sprout Academy of Learning, 1291 Capricorn Blvd, Punta Gorda, FL 33983

Primary Hours of Care: From: 7 To: 545 Days of the Week in Care: M T W T H F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

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 #: ( ) ( ) ( ) - \_\_\_\_\_

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.

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 ☐ Non-neediness Total Household Income: \$ \_\_\_\_\_

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-neediness 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-neediness Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# SPROUT ACADEMY ENROLLMENT CONTRACT

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Child(ren) Name(s): \_\_\_\_\_

It is my/our desire to have my/our child/children named above enrolled in the childcare program at Sprout Academy of Learning. I/we have received a copy of the Sprout Academy of Learning Parent handbook **(located digitally on our webpage [www.mysproutacademy.com](http://www.mysproutacademy.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 childcare 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 childcare program.

I/we also agree to give a minimum of two weeks written notice (ten full childcare days) of my/our intent to withdraw my/our child/children from the childcare program. If two weeks' 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 it is required in the state of Florida to have a current immunization and physical on file for my child. It is my responsibility to ensure that the immunization is maintained at Sprout (not expired) and that a valid physical within 24 months of administration is maintained at Sprout. These documents must be on the approved Florida forms and are required in order to permit attendance. (in accordance with section 7.1 and 7.2 of the Child Care Facility Handbook) **(DCF required statement)**

\_\_\_\_\_ I/we understand the biting policy and the process for coping with a chronic biting phase. This policy can be found in the Sprout Academy Parent Handbook.

\_\_\_\_\_ I/we understand the childcare tuition is based on my child's age on Sept. 1st according to the current tuition schedule and will be adjusted as my child/children progress to the next classroom.

\_\_\_\_\_ I/we understand the registration fee is due annually.

\_\_\_\_\_ I/we understand tuition is due and processed on Sunday each week prior to attendance on Monday. If tuition is not paid in full, a late fee of \$25/day will be charged, and the child will not be permitted to return until the balance is paid in full. Tuition credit will not be given due to non-attendance required for unpaid balance. Enrollment will only be reserved for the remainder of the current week.

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

\_\_\_\_\_ I/we understand the illness policy and that my child must be symptom/fever free without medication for a 24-hour period prior to returning to school or present a doctor's note allowing their return. The full illness policy can be found in the Sprout Academy Parent Handbook.

\_\_\_\_\_ I/we understand the late pickup fee is \$1.00 per minute per child for pick up after 5:45 pm and is automatically billed to our Sprout account.

\_\_\_\_\_ I/we understand that the full day tuition rate at Sprout Academy includes 9.5 hours of care daily. Additional hours are available on demand and will be charged based on our additional hours fees.

Child(ren) Name(s): \_\_\_\_\_

- \_\_\_\_\_ I/we understand the discipline policy: Under no circumstances is a child ever hit, spanked, shaken or otherwise disciplined physically. In addition, no child should be disciplined physically inside the school.
- \_\_\_\_\_ I/we understand that if a child exhibits consistent behavior, which is injurious to the well-being and or education of others, and if the behavior cannot be corrected within a reasonable time, the child will be dis-enrolled from the school.
- \_\_\_\_\_ I/we understand the behavior policy and I/we have read and shared the childcare rules with my/our child/children. I understand that behavior issues may result in immediate enrollment termination.
- \_\_\_\_\_ I/we understand that I/we are contracting for childcare with Sprout Academy 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 regardless of attendance. School age students scheduled for "Year-Round" care are responsible for tuition 52 weeks per year regardless of attendance. "Summer camp" children are responsible for tuition when camp is in session regardless of attendance.
- \_\_\_\_\_ I/we understand that if I arrange with a Sprout Academy employee to babysit or transport my child(ren) outside of the employee's work hours, the sitter enters such an agreement as a private citizen and not as a Sprout employee. Sprout is not responsible for its employees outside of their working hours and will not be liable for the acts or omissions outside of their Sprout employment.
- \_\_\_\_\_ I/we agree to pay the last two weeks tuition upon giving a two-week enrollment termination notice.
- \_\_\_\_\_ I/we have received a copy of the DCF required brochure "Know Your Child Care Facility". (This can be found at [www.mysproutacademy.com](http://www.mysproutacademy.com)) **(DCF required statement)**
- \_\_\_\_\_ I/we understand the food and nutrition policy written in the Sprout Parent Handbook. The food and nutrition policy found in the handbook includes language about food safety and food allergens. **(DCF required statement)**
- \_\_\_\_\_ I/we understand that Sprout Academy of Learning reserves the right to terminate enrollment at any time, for any reason, without notice. The disciplinary and expulsion policies can be found in the Sprout Parent Handbook found at [www.mysproutacademy.com](http://www.mysproutacademy.com) **(DCF required statement)**
- \_\_\_\_\_ I/we understand that the enrollment fee is due at the time of acceptance and is nonrefundable.
- \_\_\_\_\_ I/we understand that Sprout Academy of Learning does not discriminate on the basis of sex, race, color, creed, disability, sexual orientation, national origin or ancestry.

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature Date

## Parent Code of Conduct

Sprout Academy works as a team with parents and children as a family. We strive to communicate and work together to provide the best possible environment for our students and staff. On a very few occasions, our program has not been the best fit for families. We ask that you provide us with the opportunity to work together in situations of dissatisfaction by providing immediate communication with our office staff. It is our goal to resolve unpleasant or unsatisfactory situations as they arise (within our means and abilities). We implement our Parent Code of Conduct to protect our Sprout Family and provide expectations upfront to avoid negative impact on our program, families and children. If we are unable to resolve a situation, meet your needs or determine that a parent/guardian or pick up person is in violation of this policy, we regrettably proceed with termination of enrollment immediately.

By reading each policy below, you are acknowledging your agreement and understanding of the policy on behalf of yourself and any persons contacting or interacting with our staff on your child's behalf:

- Photographs of children within our facility are not authorized to be posted on social media platforms (including but not limited to Facebook, Instagram, and Twitter) by non-custodial parents/relatives and volunteers. Use caution when posting pictures/videos of your child provided to you by our staff through the communication application to ensure that other children are not included in the pictures/videos. This is a violation of their privacy.
- Peanuts and items containing peanuts are not permitted within our facility. Items processed in a facility with peanuts are allowed. Children that have been found to have items containing peanuts will have to dispose of them and immediately and thoroughly wash their hands.
- For sanitary reasons, children in the process of potty training must be dry for one school week prior to switching to cloth underwear.
- Cell phones or other devices should not be used during the drop off or pick up process. Except in the manner required for daily attendance.
- Children may not be left in an unattended vehicle on our premises.
- Non-service animals are not permitted within our facility.
- Smoking is not permitted on our premises.
- I understand that my child must be dropped off by 9:00am or they will not be permitted for attendance. With prior notification, a child may be dropped off no later than 1030 am due to an appointment or extenuating circumstances.
- Weapons of any kind are not permitted on our premises.
- I understand that electronics and toys from home are not permitted without prior permissions.
- I understand that all items brought and worn to school should be labeled with my child's first and last name. Sprout Academy is NOT responsible for lost or stolen items
- Posting on social media or public forums and communication that is negative in nature regarding Sprout Academy will result in termination of enrollment. While we do not forbid negative reviews and/or communication, we expect our families to respect our program and allow us to work together to resolve situations. Negative posts will be understood as a dis-satisfaction to the extent of the request to dis-enroll and will result in termination of enrollment immediately.
- Yelling, profanity and disrespectful communication to our students, staff or fellow parents is not permitted.
- Parent teacher communication within the classroom must allow for adequate supervision of all children. Parents are welcome to request coverage for a staff member to be released from their

classroom to better communicate while maintaining supervision. Please inquire with the office staff.

- Visitors that will remain in the classroom in excess of 5 minutes will need to sign in at the front desk to adhere to licensing requirements. Drop off and pick up should be short and sweet. If you would like to volunteer, please do. But you must fill out the necessary volunteer affidavit, and abuse and neglect form and sign in each visit. Please see the office staff.
- Attire worn at drop off and pick up must not contain profanity, expose private areas and must include shoes.
- Children must ride in an approved, age-appropriate car seat that is properly secured when the car is in motion. Sprout staff are not permitted to fasten safety belts and car seats.
- I understand that Sprout Academy Staff is not permitted to provide babysitting services for our families without having a waiver of liability on file for both the staff and the family. (forms are available in the office) Sprout does not endorse or insure any child care that is provided by our staff outside of our facility.
- Tuition is due on Monday each week (the 1<sup>st</sup> day of each attendance week) and is processed by ACH. If the tuition is not paid in full, a late fee of \$25/day will be charged, and the child will not be permitted to return until the balance is paid in full. Tuition credit will not be given due to non-attendance.
- I understand that I may not make up or trade days missed due to sickness, holidays, and voluntary absence. Tuition credits will not be given for any reason. Tuition is calculated as an annual rate to include all holidays and closures. This annual rate is divided into 52 convenient payments. Families are not paying for days that Sprout is closed for business.
- I understand that it is required by the state of Florida to have a current immunization and physical on file for my child. It is my responsibility to ensure that the immunization is maintained at Sprout (not expired) and that a valid physical within 24 months of administration is maintained at Sprout. These documents must be on the approved Florida forms and are required in order to permit attendance.
- I understand that it is required by the state of Florida that all students are signed in and out daily by a parent/guardian or approved pick up person.
- If my child is sick (see sickness policy) and/or causing potential harm to other children or staff, I understand that I will be required to pick up my child immediately.

### **Parent Code of Conduct**

By signing below, I agree that I have received, reviewed, understand, and agree to the Sprout Academy Parent Code of Conduct. I am signing this agreement on behalf of all persons listed as emergency contacts and or pick up persons. If at any time a parent or guardian is in violation of this parent code of conduct their child's enrollment will be terminated immediately.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Sprout Academy of Learning cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing Sprout Academy's services or premises. It is not possible to completely prevent the presence of the disease. Sprout Academy's efforts are to maintain a safe, healthy and clean environment. However, if you choose to utilize Sprout Academy of Learning's services and/or enter onto Sprout Academy of Learning's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

**ASSUMPTION OF RISK:** I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Sprout Academy of Learning's services and enter Sprout Academy of Learning's premises. These services are of such value to me Sprout Academy of Learning, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Sprout Academy of Learning's services and premises in person.

**WAIVER OF LAWSUIT/LIABILITY:** I hereby forever release and waive my right to bring suit against Sprout Academy of Learning and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Sprout Academy of Learning's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**CHOICE OF LAW:** I understand and agree that the law of the State of Florida will apply to this contract.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release, and I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

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Name of Child(ren):

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Parent/Guardian Signature

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Date

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Parent/Guardian Signature

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Date

## Drop Off Time Acknowledgement

Sprout Academy is committed to providing the highest quality care and education for all children in our facility. One way we facilitate this is by having designated drop-off times. We ask that families drop off children no later than 9:00am each day.

The 9:00am drop off time is designed in order to create a positive transition for kiddos. We tend to see that when students come in later in the day, it creates a disruption in the learning environment, as well as a difficult situation for the kiddo getting dropped off. Instead of being present for the start of the day, they may be coming in during an activity, morning meeting, or explanation of activities. That can be a lot of eyes on a child, creating a not so warm and fuzzy start to the day. In order to set children and the classroom up for success, we ask for that 9am drop off time. We understand that not every child may have a negative reaction to that type of experience, but we find that overall, it is best practice to have that 9:00am drop off time.

We do understand that life happens and there are times that things are out of our control, such as appointments. In order to accommodate previously scheduled appointments, we will allow drop off until 10:30am with prior notice.

By signing below, I/we confirm that I/we understand that drop off is to occur no later than 9:00am on a typical day, and 10:30am with prior notification of a scheduled appointment. Drops off will not be allowed after 10:30am.

## Video Surveillance Acknowledgement

Parents/Guardians are not permitted to view the internal stream or past footage at any time. In the event of an occurrence, Sprout Academy will work with state agencies for their review of footage as needed. Parent/Guardian view is limited in order to protect the privacy of any other child or adult who may be present in the footage. Sprout Academy will reach out to DCF to review per parents/guardian's request.

By signing below, I/we confirm that I/we understand that parents/guardians will not have access to the live internal stream or past footage from the internal camera system at Sprout Academy. I/we understand that footage review is available via Sprout Academy Administrators and state agencies, such as DCF and law enforcement. State agencies will have the ability to honor or decline requests to provide feedback.

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Parent/Guardian Signature

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Date

---

Parent/Guardian Signature

---

Date



**Sprout Academy Liability Release  
Parental Consent for Medical/Emergency  
Treatment and Transportation**

Child(ren) Name(s): \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child(ren), hereby consent to the participation by the child(ren) in all childcare activities conducted by Sprout Academy of Learning and to the participation of the child(ren) in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Sprout Academy of Learning to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary, disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child(ren). Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either childcare personnel or, if necessary, by ambulance or another emergency vehicle.

If there is no medical emergency, the childcare staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment and/or transportation.

Notwithstanding other provisions in this consent form, Sprout Academy of Learning shall not have the authority to withhold or withdraw life-sustaining procedures for the child(ren).

Sprout Academy of Learning is well child-proofed, and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child(ren) associated with participation in the child care center and agree(s) to release, indemnify, defend and forever discharge Sprout Academy of Learning and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, illness, injury, loss or damage to the child(ren), or by the child(ren), howsoever caused, arising or to arise by reason of or during the child(ren)'s participation in the child care center.

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

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





Parent Initials		
	Home/School Communication	I understand that I am responsible for reading notes, emails, the eblast, etc. so I am aware of school events, expectations, and school closures.
	Technology and Social Media	I have read and understand that I am not permitted to take and use photos of students other than my own, while they are at Sprout or a Sprout related function.
	Attendance and Tardy Policies	I understand the importance of daily, on-time attendance. I have read and understand the attendance and tardy policy.
	Student Behavior/Biting Policy	<b>DCF required information</b> I understand that Sprout is a safe zone for its students and staff. Please be sure you have read the policies for discipline, expulsion and biting in the parent handbook (required per section 2.8 of the Child Care Facility Handbook)
	Drop-off and Pick-up	I understand and agree to follow the safety expectations regarding morning drop-off and after school pick-up
	Tuition/Late Payment Policy	I understand that tuition is due every Monday, regardless of attendance. I understand that late fees will be assessed if tuition is late, and time clock entry will be denied until tuition is current.
	Physical and Immunization Records	<b>DCF required information</b> Section 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.
	Brochure	<b>DCF required information</b> Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Brochure, "Know Your Child Care Facility" (C/FPI 175-24)
	Food and Nutrition	<b>DCF required information</b> Section 7.3, C3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the childcare facility. These can be found in our Parent Handbook.

By signing this form and initialing each item you acknowledge that you have read the parent handbook. The handbook is always available online at [www.mysproutacademy.org](http://www.mysproutacademy.org). You understand that the handbook is the guideline to the operations and policies set forth by Sprout Academy. You also agree that the information on these forms are complete and accurate. I also grant permission for the staff of this facility to have access to my child's records.

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

Print

Sign

## AUTO-PAYMENT TUITION REQUIREMENT

It is mandatory for all families, including existing Sprout families with accounts currently on file, to complete the following section:

By signing below, you provide your authorization for auto debit payments to be processed via either Automated Clearing House (ACH) or Credit Card (CC).

Please note that while ACH payments do not incur additional fees, credit card payments are subject to transaction fees. These fees are necessary to cover the costs associated with processing credit card transactions.

I hereby authorize Sprout Academy of Learning to electronically debit my Checking or Savings account, or Credit Card on file for the purpose of collecting childcare-related payments. I authorize Sprout Academy of Learning to utilize a third-party sender to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with United States law provisions.

I understand that it is my responsibility to ensure that my electronic information remains current and on file while my child is enrolled at Sprout Academy.

Cash/check payments can be made before the tuition due date and will be applied to the account balance prior to debiting. The tuition due date is EVERY MONDAY, and payments must be submitted by 5pm on the preceding Friday to ensure proper processing.

☐ \*Existing families\* Check here if there is no change in the banking information that is on file.

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## FINAL ENROLLMENT ACCEPTANCE & AGREEMENT

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

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

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

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

Thank you for taking the time to complete this enrollment paperwork. Welcome to Sprout!



**OFFICE USE ONLY**



Student Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Classroom: \_\_\_\_\_

Schedule: FT/ MWF / VPK Only/ VPK Extended Day/ VPK Wrap/ School Age

Welcome Email Sent: Date \_\_\_\_\_

Welcome Gift Sent: Date \_\_\_\_\_

Start Date emailed to staff and added to calendar: \_\_\_\_\_

Notes:

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Immunization Expiration Date: \_\_\_\_\_ Date Added to Calendar: \_\_\_\_\_

Physical Due Date: \_\_\_\_\_ Date Added to Calendar: \_\_\_\_\_

**Allergies**

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Allergy List Updated \_\_\_\_\_

Allergies Added to Child Care APP: \_\_\_\_\_ Printed \_\_\_\_\_ Provided to Kitchen and Class: \_\_\_\_\_

**Child Care Application**

Billing Added: Reg Fee \_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_

Photo Permissions Added to Master List: \_\_\_\_\_

Invite parent to APP: \_\_\_\_\_

**VPK Student**

VPK Voucher Complete \_\_\_\_\_ Add Voucher to VPK Portal \_\_\_\_\_

Add to Fast: \_\_\_\_\_ Short Form in Binder: \_\_\_\_\_

**SR Student**

Verify active in portal \_\_\_\_\_

Create tuition spreadsheet \_\_\_\_\_

Print SR Certificate and ensure signature (digital or actual) \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_