

# Preschool Supplemental Enrollment Form

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

**Please circle class desired:**

**Early Learning (8:10-11:30)      3 yr. T/Th      3 yr. M/W/F      3 yr. M-F      4 yr. M-F**

**Pre-Kindergarten (8:10-2:00)      4 yr. M-F**

~~~~~  
As required by Palm Beach County:

1. ARTICLE XIII, A,8,a, PBC rules requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER. I have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER.
2. ARTICLE XIII, A,8,a, PBC rules requires that parents be notified in writing of the disciplinary practice used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. AUTHORIZATION FOR EMERGENCY MEDICAL CARE in event of serious illness or accident and if parents cannot be reached.
4. ALTERNATE NUTRITION PLAN AGREEMENT:

Indicate Any Special Dietary Requirements: \_\_\_\_\_  
\_\_\_\_\_

I understand and approve of the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

I agree to provide a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

\_\_\_\_\_  
Date

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

~~~~~  
**CHILD CARE FACILITY BROCHURE STATEMENT**

(Chapter 402.3125, F.S.)

On, \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_  
(Name of Parent or Legal Guardian)

received a copy of the Child Care Facility Brochure.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Name of Child)