Jumpstart

ENRICHMENT CENTERS

CHILD CARE APPLICATION FOR ENROLLMENT

CHILD INFORMATION

Child's Full Name: _____

Preferred Name (if any): _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Child Lives With: ☐ Mother ☐ Father ☐ Both Parents ☐ Other _____

Does your child have any allergies? ☐ Yes ☐ No

If yes, please explain: _____

Does your child have any medical conditions? ☐ Yes ☐ No

If yes, please explain: _____

PARENT / GUARDIAN 1

Full Name: _____

Relationship to Child: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Employer: _____

PARENT / GUARDIAN 2

Full Name: _____

Relationship to Child: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Employer: _____

5765 NW 151 Street
Miami Lakes, FL 33014

Main Office:
305-826-0555

Christina Montoto, Owner

DCF LICENSE NUMBERS:

DCF License #: C11MD1923 | DCF License #: C11MD2901

Jumpstart
ENRICHMENT CENTERS

EMERGENCY CONTACTS & PARENT ACKNOWLEDGMENTS

AUTHORIZED PICK-UP & EMERGENCY CONTACTS

The following individuals are authorized to pick up my child and may be contacted in case of illness or emergency if I cannot be reached.

	Name	Relationship	Cell Phone	Work Phone
1				
2				
3				
4				

CUSTODY INFORMATION

Custody Arrangement

- ☐ Mother
- ☐ Father
- ☐ Shared Custody
- ☐ Both Parents
- ☐ Legal Guardian
- ☐ Other _____

Court Order on File?

☐ Yes ☐ No

If yes, please provide a copy to the office before your child's first day. Child release will follow the applicable court order.

IMPORTANT FAMILY UPDATES

Please notify Jumpstart immediately if any of the following change:

- ☐ Home Address
- ☐ Telephone Numbers
- ☐ Emergency Contacts
- ☐ Authorized Pick-Up Persons
- ☐ Custody Arrangements
- ☐ Medical Information
- ☐ Insurance Information
- ☐ Other Important Changes

ADDITIONAL INFORMATION ABOUT YOUR CHILD

Please share anything that will help us provide the best care for your child.

- Fears or anxieties
- Comfort items
- Cultural or family traditions
- Learning preferences
- Additional medical or developmental information

_____

_____

_____

_____

PARENT ACKNOWLEDGMENT

By signing below, I acknowledge that:

- ☑ The information provided in this enrollment packet is complete and accurate.
- ☑ I understand that I am responsible for updating Jumpstart Enrichment Centers whenever emergency contacts, custody information, medical information, or authorized pick-up information changes.
- ☑ I have received the required enrollment information and understand the center's policies and procedures.
- ☑ I understand that current physical examination and immunization records are required for enrollment.
- ☑ I have received the required "Know Your Child Care Center" information.
- ☑ I understand that reasonable accommodations are available for qualified children with disabilities upon request.

PARENT / LEGAL GUARDIAN

Printed Name: _____

Signature: _____

Date: _____

JUMPSTART ADMINISTRATION

Printed Name: _____

Signature: _____

Date: _____

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PARENT CONSENT & AUTHORIZATIONS

PARENT HANDBOOK ACKNOWLEDGMENT

I acknowledge that I have received access to the **Jumpstart Enrichment Centers Parent Handbook** and understand that it contains important information regarding:

- Tuition Policies
- Attendance Policies
- Health & Illness Procedures
- Behavior Guidance
- Emergency Procedures
- Parent Responsibilities
- School Policies

I understand that handbook policies may be updated throughout the year and that important updates will be communicated through Brightwheel, Remind, and other official Jumpstart communications.

PHOTO & MEDIA PERMISSION

Throughout the year, Jumpstart Enrichment Centers may photograph or record children during classroom activities, educational experiences, celebrations, and special events.

Please choose ONE:

☐ **YES,** I authorize Jumpstart Enrichment Centers to use photographs and/or videos of my child for:

- Classroom Displays
- School Website
- Social Media
- Printed Marketing Materials
- School Publications

☐ **NO,** I do not authorize Jumpstart Enrichment Centers to use photographs or videos of my child outside of classroom documentation.

FAMILY COMMUNICATION CONSENT

I understand that Jumpstart communicates with families through:

- Brightwheel
- Remind
- Phone Calls
- Email
- Printed Notices

I agree to keep my contact information current to ensure I receive important school updates.

PARENT CONSENT

By signing below, I acknowledge that:

- ☑ I have received access to the Parent Handbook.
- ☑ I understand and agree to follow Jumpstart's policies and procedures.
- ☑ I understand that handbook policies may be revised during the school year.
- ☑ I have selected my photo/media permission preference.
- ☑ I consent to receive official school communications through Brightwheel, Remind, telephone, email, and written notices.

PARENT / LEGAL GUARDIAN

Printed Name: _____

Signature: _____

Date: _____

JUMPSTART ADMINISTRATION

Printed Name: _____

Signature: _____

Date: _____

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TUITION, ENROLLMENT & PROGRAM POLICIES

ENROLLMENT FEES

Upon Enrollment

- Registration Fee
- Materials Fee
- First Week's Tuition

All enrollment fees are non-refundable.

WEEKLY TUITION

- Tuition is due every Tuesday.
- Tuition is based on enrollment, not attendance.
- Weekly tuition reserves your child's classroom space.
- Late payments may result in late fees.

VACATION POLICY

After one year of continuous enrollment, each child is eligible for:

ONE WEEK VACATION CREDIT

Children enrolled through the School Readiness Program are not eligible for vacation credit while participating in that program.

SCHOOL READINESS / VPK

Families participating in:

- School Readiness
- VPK

remain responsible for any tuition, fees, or activities not covered by those programs.

Parents should review program guidelines for complete eligibility and funding requirements.

HEALTH & SAFETY

Jumpstart follows all applicable:

- CDC Guidelines
- Florida Licensing Regulations
- Department of Health Requirements
- Local, State & Federal Safety Standards

Our goal is to provide a safe, healthy, and nurturing learning environment.

CENTER POLICIES

- To ensure a safe learning environment:
  - Outside consultants must receive prior administrative approval before entering classrooms.
- Additional policies may apply to ensure compliance with licensing and program requirements.

PARENT ACKNOWLEDGMENT

By signing below, I acknowledge that I have reviewed and understand the Tuition, Enrollment, Health & Safety, and Program Policies of Jumpstart Enrichment Centers.

PARENT / LEGAL GUARDIAN

Printed Name: _____

Signature: _____

Date: _____

JUMPSTART ADMINISTRATION

Printed Name: _____

Signature: _____

Date: _____

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WEB CAMERA AGREEMENT & PERSONAL SUPPLIES CHECKLIST

WEB CAMERA AGREEMENT

To promote safety, transparency, and communication with families, Jumpstart Enrichment Centers uses interior and exterior web cameras.

By signing below, I understand and agree to the following:

- Web cameras are located in classrooms, hallways, play areas, and at exterior entrances.
- Cameras are used for security, safety, and quality assurance purposes only.
- Footage may be reviewed by the Director and administrative staff as needed.
- Footage is never shared on social media or with unauthorized individuals.
- Live viewing may be available to parents through Brightwheel as a benefit of enrollment.
- I will not attempt to copy, record, or share any images or videos from the camera system.
- This system helps ensure a safe learning environment for all children.

Your child's safety, privacy, and well-being are our highest priority.

PERSONAL SUPPLIES CHECKLIST

Please provide the following labeled items for your child. Items may need to be replenished throughout the year.

- ☐ 1 Box of Tissues
- ☐ 1 Pack of Baby Wipes
- ☐ 1 Roll of Paper Towels
- ☐ 1 Complete Change of Clothes (including socks & underwear)
- ☐ 1 Reusable Spill-Proof Cup or Bottle (Daily)
- ☐ 1 Bottle of Sunscreen (Must be labeled with child's name)
- ☐ 1 Small Blanket or Mat (for rest time, if applicable)
- ☐ Diapers (if applicable)
- ☐ Formula or Baby Food (if applicable)

All items must be labeled with your child's name. Thank you for helping us keep your child comfortable and prepared every day!

PARENT ACKNOWLEDGMENT

By signing below, I acknowledge that I have read, understand, and agree to the Web Camera Agreement and that I will provide the required personal supplies for my child.

PARENT / LEGAL GUARDIAN

Printed Name: _____

Signature: _____

Date: _____

JUMPSTART ADMINISTRATION

Printed Name: _____

Signature: _____

Date: _____

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