



## Welcome!

We are so excited to welcome you to Avalon Christian Preschool. Thank you so much for choosing our program! We are looking forward to having your family become part of our ACP family.

Our goal is to give your child a safe and caring environment to learn, play, and develop through positive encouragement. Our approach is to provide a variety of interactive activities to help your child develop in their own unique way. We focus on learning through play, music, art, and stories.

We believe that all children are special and develop at their own pace, and it's important to give them opportunities to grow. We take pride in offering an environment where your child feels truly safe and loved.

Thank you for allowing us to be a part of your child's journey. We look forward to getting to know you and your child. We are here to make an impactful difference in your child's life!

Sincerely,

Lisa Hernandez  
Children's Director  
Avalon Christian Preschool  
407.275.5499 (Office)

# Enrollment Form

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's Primary Language: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: ☐ M ☐ F Age: \_\_\_\_\_

Family Members:

\_\_\_\_\_

\_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_

Primary Language: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

\_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

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

**Father/Guardian's Name:** \_\_\_\_\_

Primary Language: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

\_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

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

Special Instructions for Reaching Parents/Guardians: \_\_\_\_\_

\_\_\_\_\_

School Name (if enrolled): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

# Parent Contract & Financial Agreement

The Parent Contract explains the policies in place at Avalon Christian Preschool . The Parent Contract & Financial Agreement is reviewed annually at which time, if any changes have been made, a new Parent Contract will be signed. If changes are made to any of the information provided in this contract, families will be notified in writing a minimum of two weeks in advance.

Contract Effect Date: \_\_\_\_\_

This contract is between \_\_\_\_\_  
(Parent/Guardian)

and Avalon Christian Preschool. Childcare services will be provided by Avalon Christian Preschool for the following children:

Child's Full Legal Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: ☐ M ☐ F

Child's Full Legal Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: ☐ M ☐ F

Child's Full Legal Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: ☐ M ☐ F

Contracted Days (Please check circle for either Full Time or Part Time)

- Full Time (Monday - Friday)
- Part Time (Circle Days Needed) Monday Tuesday Wednesday Thursday Friday

From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

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

You will be responsible for tuition as of this date, regardless of attendance

**ADVANCED PAYMENT:** Families will pay in advance a minimum of two weeks of childcare fees along with \$\_\_\_\_\_ or \$\_\_\_\_\_ per family enrollment fee prior to child's start date. Payments collected at the time of enrollment, not including enrollment fee, will be applied to childcare fees. All payments made are nonrefundable, should parents decide not to bring their child after this agreement is made.

First Payment Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**TUITION FEES** (due regardless of attendance):

**Bi-Weekly Child Care Fee:** \$ \_\_\_\_\_

Tuition Fees are due every other Monday at pickup regardless of attendance or childcare closing.

**REGISTRATION FEES:** Registration fees are due upon enrollment and annually. Annual registration fees will be collected on [PREFERRED DAY] each year for the next calendar year.

**PAYMENT OPTIONS:** Automatic Payments via Checking or Savings account are required for all tuition and additional fees. FSA and Flex accounts will be accepted on a case-by-case basis. Credit or Debit cards can also be used for automatic payments but will incur a 3% processing fee for each payment processed.

### **ADDITIONAL FEES**

- **LATE PICK-UP:** Avalon Christian Preschool is open from 9 a.m. to 2 p.m., Monday through Friday, all year, except for holidays. If your child is not picked up by the scheduled closing time, then the parent/guardian will be charged a late pick-up fee of \$ \_\_\_\_\_ for every 15 minutes or portion of 15 minute period, per child, until they are picked up.
- **LATE TUITION PAYMENT:** If tuition is not paid on the due date, then an additional \$ \_\_\_\_\_ will be charged per day until payment is received.

**REFUNDS AND CREDITS:** Avalon Christian Preschool does not offer refunds under any circumstances. Credits will be provided to accounts upon disenrollment if fees were paid ahead of service. This credit can be used at a later date if enrollment is reinstated.

**CHILD CARE CLOSINGS:** We will be following the Orange County School Calendar.

**ABSENCES:** Parents/guardians will inform Avalon Christian Preschool if your child will be absent on any day. No allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness).

**WEATHER:** Delays and early closures due to weather will not be credited or refunded.

**COVID-19 EXCLUSIONS:** If a quarantine and exclusion is required due to COVID-19 exposure, all fees and tuition are due in full regardless of attendance or days missed. No refunds or discounts will be given for COVID-19 illness or exclusions.

**TERMINATION:** Parents and Avalon Christian Preschool agree to give two weeks' written notice of intent to terminate this agreement. Two weeks of childcare fees are due in one lump sum immediately upon the written termination notice. If notice is not given, the child is not in attendance, and/or the childcare is closed, the final one week of fees is still due with no credit for unpaid closings. Any advance payments that have been made will not be refunded. Avalon Christian Preschool reserves the right to issue an immediate termination of this contract for any of the following: lack of compliance with policies, non-payment, late payments, bounced checks or returned transactions, lack of parental cooperation, disrespect, failure to complete and return required forms, physical or verbal abuse of any person or property on the childcare premises, continual disciplinary problems, false information given by the parent.

IF A DISPUTE ARISES OUT OF OR RELATES IN ANY WAY TO OUR SERVICES OR THIS AGREEMENT, WE ENCOURAGE YOU TO ATTEMPT TO RESOLVE SUCH MATTER IN GOOD FAITH DIRECTLY WITH MANAGEMENT. HOWEVER, IF THE DISPUTE CANNOT BE RESOLVED AMICABLY, YOU AGREE TO IRREVOCABLY AND UNCONDITIONALLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, ANY RIGHT YOU MAY HAVE TO A TRIAL BY JURY IN ANY LEGAL ACTION, PROCEEDING, CAUSE OF ACTION OR COUNTERCLAIM ARISING OUT OF OR RELATING TO OUR SERVICES OR THIS AGREEMENT, INCLUDING ANY EXHIBITS, SCHEDULES, AND APPENDICES THAT ARE PART OF THIS AGREEMENT, OR THE TRANSACTIONS CONTEMPLATED HEREBY. YOU ACKNOWLEDGE THAT YOU HAVE CONSIDERED THE IMPLICATIONS OF THIS WAIVER AND MAKE THIS WAIVER KNOWINGLY AND VOLUNTARILY.

**ACKNOWLEDGMENTS:** The parent/guardian agrees to provide all supplies requested by the provider (including diapers and wipes). The parent/guardian understands if required items are not supplied, Avalon Christian Preschool will purchase them, and the parent will reimburse the provider for the full cost plus the provider's time in acquiring those supplies. Avalon Christian Preschool will supply all meals/snacks, and educational material. Parent/guardian agrees to comply with respect and take seriously all policies in the Parent Contract/Financial Agreement. Parent/guardian agrees to pay all fees associated with any collection of unpaid debt.

The parent acknowledges that the lack of enforcement of a policy by Avalon Christian Preschool does not mean that the policy is no longer in effect. Avalon Christian Preschool will give the parent a minimum two-week notice of any fee or policy change. This agreement contains the entire understanding between both parties and supersedes any prior understandings and/or written or oral agreements between them. Any agreement hereafter will not change or terminate this agreement unless it is in writing and signed by both parties.

By signing this agreement, I agree to comply with all the terms covered in this Parent Contract & Financial Agreement. I understand this is a legally binding contract between all parties signed below. I agree that all payments made are nonrefundable, regardless of circumstances.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Avalon Christian Preschool Director Signature: \_\_\_\_\_

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

# Emergency Contact and Release

**Child's Name:** \_\_\_\_\_

Please list the person/s you would like contacted if you cannot be reached in the event of an emergency. List these people in order of priority.

If you have anyone you would like to be authorized to pick up your child but not an emergency contact, please list them here and circle the Pick Up Only option.

Please note, persons authorized to pick up your child **MUST** show a government issued photo I.D. and be listed on this form prior to release. Also, we will not release your child to anyone under the age of eighteen (18) unless they are the child's parent.

## Emergency Contact 1 (mandatory):

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Choose one: ☐ Emergency Contact and Pick Up

☐ Pick Up Only

## Emergency Contact 2

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Choose one: ☐ Emergency Contact and Pick Up

☐ Pick Up Only



### Emergency Contact 3

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Choose one: ☐ Emergency Contact and Pick Up ☐ Pick Up Only

### Emergency Contact 4

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Choose one: ☐ Emergency Contact and Pick Up ☐ Pick Up Only

### Emergency Contact 5

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Choose one: ☐ Emergency Contact and Pick Up ☐ Pick Up Only

# Media Release

I grant permission for Avalon Christian Preschool to use images of my child for the following purposes:

Pictures will be taken of the children during play, educational, and meal times. We use these for many things including, but not limited to; emailing parents, on websites, memories, sharing with families, and posting on daycare walls to generate a feeling and sense of belonging.

**Child's Name:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Parent/Guardian's Signature:**

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

# Medical Information

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

Name, address and phone number of child's doctor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name, address and phone number of child's dentist: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Does your child have any chronic medical conditions? ☐ YES ☐ NO

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have a health care plan? ☐ YES ☐ NO

If yes, the health care plan must be provided on or before the first day the child is in care.

Is your child fully immunized? ☐ YES ☐ NO

Complete immunization records must be provided on or before the first day the child is in care.

Does your child have any food allergies? ☐ YES ☐ NO

If yes, please list them here: \_\_\_\_\_

\_\_\_\_\_

Has your child had any operations or serious injuries? ☐ YES ☐ NO

If yes, please explain and provide dates: \_\_\_\_\_

\_\_\_\_\_

Is your child on any medications? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any physical limitations? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any dietary limitations? ☐ YES ☐ NO

Describe if yes: \_\_\_\_\_

\_\_\_\_\_

Does your child have any vision limitations? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any hearing limitations? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any activities that you prefer that your child NOT participate in?

☐ YES ☐ NO

Describe if yes: \_\_\_\_\_

\_\_\_\_\_

# Authorization for Emergency Medical Care and Transportation

In the event of an emergency, I hereby give my permission for childcare staff to access emergency medical services for my child, including transport to the nearest healthcare facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me and my emergency contact, and I accept the expense of care and transport. I agree to review and update this information whenever a change occurs and at least once annually.

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Parent/Guardian Signature

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Date

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Annual Updates Parent/Guardian Signature

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Date

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Annual Updates Parent/Guardian Signature

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Date

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Annual Updates Parent/Guardian Signature

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Date

# Physicians Report for Child Care Center

## Parent/Guardian Consent (to be completed by parent)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This child is being evaluated for readiness to attend Avalon Christian Preschool. This program operates from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m., \_\_\_\_\_ days per week.

Please provide a report on the above-named child using the form below. I hereby authorize the release of medical information included in this report to Avalon Christian Preschool.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Physician's Report (to be completed by health care provider)

Any issues to be aware of: \_\_\_\_\_

List any issues involving Hearing, Visual, Developmental, Language/Speech, Dental, Allergies, and Asthma below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other (Including behavioral concerns): \_\_\_\_\_

\_\_\_\_\_

Medications prescribed, special routines, or restrictions for this child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider's

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_ Date of Form Completion: \_\_\_\_\_

Health Care Provider's Signature:

\_\_\_\_\_

**\*\*\*In addition to this report, please provide a current copy of the child's immunization records.**

# Eating, Sleeping, and Toilet Habits

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Eating:

Is your child on a special diet? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

Does your child have any food allergies? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Disliked Foods: \_\_\_\_\_

What does your child use to drink? ☐ Bottle ☐ Sippy Cup ☐ Regular Cup  
☐ Nursing ☐ Other: \_\_\_\_\_

How often does your child eat? \_\_\_\_\_

## Sleeping:

Does your child nap? ☐ YES ☐ NO How many times per day? \_\_\_\_\_

How long? \_\_\_\_\_

Does your child sleep with a special blanket, toy, stuffed animal, or pacifier?  
☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

Does your child have any specific nap time routines at home? ☐ YES ☐ NO

Where does your child sleep at home? \_\_\_\_\_

**Toileting:**

Does your child use diapers? ☐ YES ☐ NO

If yes: ☐ Disposable ☐ Cloth ☐ Pull Ups

If cloth, please note that we are unable to launder diapers and they will be bagged and sent home unrinsed and unemptied.

Does your child use any specific ointments, balms, or lotions for diapering?

☐ YES ☐ NO

If yes, please describe: \_\_\_\_\_

Does your child use a small potty or toilet? ☐ YES ☐ NO

\_\_\_\_\_

How does your child let you know when it's time to go potty? \_\_\_\_\_

\_\_\_\_\_

Does your child need reminders to use the bathroom? ☐ YES ☐ NO

How often? \_\_\_\_\_



# Development

Do you have any concerns about your child's development? ☐ YES ☐ NO

Mark any areas of concern: ☐ Hearing ☐ Vision ☐ Language

☐ Gross Motor ☐ Fine Motor ☐ Social

☐ Other: \_\_\_\_\_

Has your child been in childcare before? ☐ YES ☐ NO

Do you have any concerns about your child in a daycare setting? \_\_\_\_\_

Is your child comfortable in group situations? ☐ YES ☐ NO

Is there anything we should know about your child's play with other children, by themselves, any concerns? \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

What activities does your child avoid? \_\_\_\_\_

Does your child have any siblings? \_\_\_\_\_

Does your family have any pets? \_\_\_\_\_

What calms your child? \_\_\_\_\_

What upsets your child? \_\_\_\_\_

Does your child have any favorite songs, games, or toys that comfort them?

\_\_\_\_\_  
\_\_\_\_\_

What are your expectations and goals for your child at our childcare center?

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Is there any additional information you would like to share regarding your family, extended family, living situation, or child that would help with the care of your child?

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