



**Emergency Contacts:**

Child will be released only to the custodial parent(s) or legal guardian(s) and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

**Helpful Information About Child:**

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- Sections 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.
  - Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
  - Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
  - Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
  - Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
  - Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

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Signature of Parent/Guardian

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Date

Preschool @ The Springs  
5424 SE 58<sup>th</sup> Ave \* Ocala, FL 34480  
352.507.8716  
Email: preschool@thesprings.net

## REGISTRATION FORM

☐ Half Day

☐ Full Day

☐ VPK

☐ VPK Wraparound

Child's Name:

\_\_\_\_\_

First	Middle	Last	(nickname)
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Medical Concerns

Allergies

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_  
M D Y M / F

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Would you be interested in volunteering? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you find out about Preschool @ The Springs?

\_\_\_\_\_

**\*\*All registration fees are NON-REFUNDABLE. The first payment is NON-REFUNDABLE after the first day of Preschool.**



PRESCHOOL @  
THE SPRINGS

Preschool @ The Springs  
2025-2026 School Year

I acknowledge that I have reviewed copies of each of the following documents:

\_\_\_\_\_ Preschool @ The Springs Parent Handbook

\_\_\_\_\_ Discipline/Expulsion Policy (in handbook)

\_\_\_\_\_ Food & Nutrition Policy (in handbook)

\_\_\_\_\_ Sick Child Policy (in handbook)

\_\_\_\_\_ Distracted Adult Flyer

\_\_\_\_\_ Influenza Brochure

\_\_\_\_\_ "Know Your Childcare Facility" Brochure

I give my consent for photos/videos to be taken of my child at school and to be used for promotional purposes including social media.   ☐ Yes   ☐ No

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Printed name of parent

\_\_\_\_\_  
Printed name of student

\_\_\_\_\_  
Date



# Overall Permission Slip for 2025-2026 school year

During the school year we may be walking in the lobby of the church as well as along the sidewalks outside. We will also be going into the auditorium for practices for programs. We may take trips to the tree just beyond the playground on the other side of the driveway. Please fill out the bottom portion of this note giving permission for your child to participate in these activities. Without your signature, your child will not be able to participate.

Thank you!

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My child, \_\_\_\_\_ has  
my permission to participate in these  
activities throughout the school year.

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Parent Signature

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Date



PRESCHOOL @  
THE SPRINGS

## Emergency Consent Form

To: Dr. \_\_\_\_\_ or Emergency Physician

This form authorizes any emergency treatment required for my child(ren) in the event a parent/guardian cannot be located to give permission for treatment.

Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Age(s): \_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(witness signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(witness signature)

\_\_\_\_\_  
(date)

Date: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_



PRESCHOOL @  
THE SPRINGS

Dear P@TS Families,

Please sign below to inform us if your child is able to participate in eating special treats that may be brought in during the 2024-2025 school year. These foods will be purchased items such as cupcakes, fruit snacks, pudding, etc. Additionally, please inform us if your child has any food allergies or any items that your child is unable to consume.

**Yes, I give my permission** for my child,  
\_\_\_\_\_ to have and eat the treats  
that may be provided during Preschool @ The Springs class hours.

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

\_\_\_\_\_  
Date

**No, I do not give my permission** for my child,  
\_\_\_\_\_ to have and eat  
the treats that may be provided during Preschool @ The Springs  
class hours.

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

\_\_\_\_\_  
Date

Are there any specific food or candy items that your child **may not**  
**have?**    YES                      NO

If yes, please list items your child may not have:

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



PRESCHOOL @  
THE SPRINGS

### Frequently Asked Questions by Parents

We are excited to offer automatic payments through Tuition Express. With this service it is no longer necessary for you to write a check for tuition and fees. Payments will be automatically debited from your bank account or charged to your credit card. All payments are secure and you can even choose to have a receipt emailed to you after each transaction. It's easy to sign up—just ask your child care provider.

**When I pay my tuition automatically, how secure is my account information?**

Very secure—more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account, or worse, steal your identity. Automatic payments greatly reduce this potential by limiting the amount of information available and the number of people who have access to it. Tuition Express also incorporates additional security procedures, utilizing 256-bit encryption.

**What if the child care provider makes a mistake and takes out too much money?**

Report the error immediately—it was likely an honest mistake. The child care provider will adjust your account accordingly.

**What if my child care center and I disagree about a payment?**

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your child care provider will work closely to resolve the issue in a timely manner.

**Does this form of payment give the child care center access to my account?**

Nobody at the child care center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider, when it is due and payable.

**How will I know when a payment is taken out of my account?**

Your child care expenses will be taken out of your account on a schedule that you and the child care center agree upon. Your child care center has the ability to print statements for your records, prior to the withdrawal of any money. Payments made electronically will post to this statement with the Tuition Express label. Statements issued through your bank or credit card provider will display the name of your child care center for debited transactions.

**When I sign up for Tuition Express, how will this help my child care provider?**

Your child care provider has chosen to offer automatic payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Third and most importantly, automatic payments reduce the amount of time your child care provider spends on administrative tasks, giving staff more time to spend with the children.

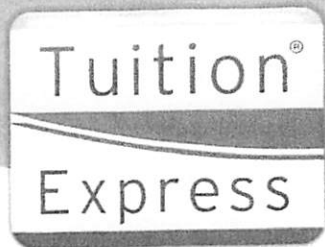
**How do I get started?**

Simply complete the "Payment Authorization" form and return it to your child care provider. They will do the rest!

**Where can I learn more?**

For more information on the benefits of Tuition Express, please visit us at [tuitionexpress.com](http://tuitionexpress.com).





## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

##### SECTION B (Bank Account)

Your Name	Phone #
Address	City State Zip
Bank or Credit Union Name	Bank or Credit Union Address City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <u>Attach Voided Check Here</u> s		
Deposit slips not accepted _____ Dollars		
123456789012	18003388	0226
Routing Number	Account Number	Check Number

A service of



procure  
SOFTWARE®



# REGISTRATION FORM

Child Information \_\_\_\_\_

1st Child's FULL Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Child must be between the ages of 0 and 5 to register.)  
MONTH DAY YEAR

2nd Child's FULL Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Child must be between the ages of 0 and 5 to register.)  
MONTH DAY YEAR

Child's Mailing Address \_\_\_\_\_

ADDRESS

CITY

POST CODE

Parent/Carer Information \_\_\_\_\_

Authorized Adult Name \_\_\_\_\_ Phone \_\_\_\_\_  
PLEASE PRINT

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

"I hereby explicitly consent to allow the Dollywood Foundation, Inc. to use the information provided herein for the purposes of participating in Dolly Parton's Imagination Library book gifting programme. To measure the benefits of this program we may create datasets with the information provided herein and share them with research and educational advancement partners. You agree to review our full Terms & Conditions and Privacy Policy by visiting [imaginationlibrary.com](http://imaginationlibrary.com). By signing and submitting this form you expressly consent to the terms set forth herein."

Authorized Adult Signature \_\_\_\_\_

\_\_\_\_\_ **ENROLL YOUR CHILD TODAY!** \_\_\_\_\_

Simply fill out the above form and mail to your local programme partner.

To locate their mailing address visit:

[imaginationlibrary.com/check-availability](http://imaginationlibrary.com/check-availability)

\_\_\_\_\_ **OFFICE USE ONLY** \_\_\_\_\_

Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Notes \_\_\_\_\_



# PRESCHOOL @ THE SPRINGS

## About My Child

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

Name(s)/Relationship(s) of family member(s) completing this form:

\_\_\_\_\_

Name(s)/Relationship(s) of other important people in your child's life:

\_\_\_\_\_

What are your child's likes/dislikes?

\_\_\_\_\_

\_\_\_\_\_

How does your child handle frustration?

\_\_\_\_\_

\_\_\_\_\_



# PRESCHOOL @ THE SPRINGS

What do you want your child to learn this year? (emotionally, developmentally, socially, academically)

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What is your child's napping routine?

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Please share any other information about your child and your family that you feel will help us understand your child better:

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