Preschool @ The Springs
5424 SE 58th 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)

_____
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

State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Family Information: Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____

Phone Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Emergency Care Plan Instructions (if applicable):

Emergency Contacts: Child 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 case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

Helpful Information About Child:

- 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 entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860], **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 entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841].
- 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.

Signature of Parent/Guardian _____ Date _____

Preschool @ The Springs
2026-2027 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

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 2026-2027 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

Overall Permission Slip for 2026-2027 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!

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

_____ _____

Parent Signature Date

PRESCHOOL@
THE SPRINGS

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)

What is your child's napping routine?

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

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