Lockhart Academy & Childcare Center
6924 Forest City Rd, Orlando, FL 32810 | 407-296-8335 | lockhartacademy1@gmail.com
Hours: Monday-Friday, 7:00 AM-6:00 PM

ENROLLMENT CHECKLIST

_____Completed Enrollment Packet

_____Tuition Agreement

_____Attendance Policy Acknowledgment

_____Media Release Form

_____Food Program / Nutrition forms

_____Allergy / Emergency Care Plan

_____Current Physical Examination - Form 3040

_____Current Immunization Record - Form 680

One's and Two's;

Make sure to label all items with first and last name using a permanent marker.

Diapers, wipes, crib sheet, small blanket, extra clothes

Three's and Four's;

Crib sheet, small blanket -extra clothes

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Hours: Monday-Friday, 6:30 AM-6:00 PM

ENROLLMENT FORM

Date of Enrollment: _____

Child's Full Name: _____ Date of Birth: _____ Sex: _____

Days in Care: M T W TH F

Hours of Care: From _____ To _____

Public School (if applicable): _____

FAMILY INFORMATION

Mother/Guardian Name: _____Social Security #:_____

Home Address:_____

Phone: _____ Email: _____

Employer:_____Phone:_____

Father/Guardian Name: _____Social Security #:_____

Home Address:_____

Phone: _____ Email: _____

Employer:_____Phone:_____

Other persons to be notified in case of illness, and for emergency pick up

Name: _____ Phone:_____ Relation: _____

Name: _____ Phone:_____ Relation: _____

Name: _____ Phone:_____ Relation: _____

Lockhart Academy & Childcare Center

MEDICAL INFORMATION & EMERGENCY AUTHORIZATION

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

Allergies, medical, dietary, developmental, or other concerns:

_____

_____

I authorize necessary emergency transportation and/or medical treatment for my child when warranted.

IN AN EMERGENCY, I AUTHORIZE NECESSARY TRANSPORTATION AND/OR MEDICAL TREATMENT FOR MY CHILD(REN) TO THE NEAREST HOSPITAL OR EMERGENCY FACILITY.

Signature:_____ Date:_____

Lockhart Academy & Childcare Center

WEEKLY TUITION POLICIES

I, _____, agree to pay **Lockhart Academy & Childcare Center** weekly tuition in the amount of **$_____**.

This amount will cover the fees for: _____.

I acknowledge that I have read, understand, and agree to the following policies and procedures related to tuition, fees, charges, and penalties:

- **Tuition Due:** Tuition is due weekly. All tuition payments are non-refundable.
- **Late Payment:** A **$30 late payment fee per child** will be charged to all unpaid accounts on **Monday at 3:00 PM**.
- **Delinquent Accounts:** Children whose accounts are past due may not be admitted until the balance is paid in full, unless prior arrangements have been approved by the administration.
- **Application Fee:** A **$60 application fee per child** is due at the time of registration and is non-refundable.
- **Annual Fee:** A **$60 annual fee** is due each year and is non-refundable.
- **Returned Payments:** Any returned or rejected payment will result in a **$30 fee**.
- **Collections: Lockhart Academy & Childcare Center** reserves the right to refer unpaid balances to a collection agency. Parents/guardians may be responsible for additional collection, legal, or attorney fees as permitted by law.
- **Withdrawal Notice:** A **two-week written notice** is required when withdrawing a child. Tuition remains due during the two-week notice period regardless of attendance.
- **Reserved Spot Policy:** Tuition is charged for your child's reserved space, not daily attendance. Weekly tuition remains due during absences unless otherwise approved under the center's written policies.
- **Daily Sign-In/Out:** Parents/guardians are required to sign children in and out each day. **School Readiness and VPK families** are responsible for completing all required attendance verification. If an agency does not reimburse the center because of missing or incomplete attendance verification, the parent/guardian may be responsible for the applicable charges.
- **Late Pick-Up:** A **$30 late pick-up fee per child** will be charged according to the center's current fee schedule. Excessive late pick-ups may result in dismissal from the program.

I have read, understand, and agree to the Weekly Tuition Policies of Lockhart Academy & Childcare Center.

Parent/Guardian Name: _____

Social Security#: _____

Lockhart Academy & Childcare Center

FOOD-RELATED ACTIVITIES PERMISSION

At Lockhart Academy & Childcare Center, we prepare learning activities with our children that may involve food consumption.

These are just some examples of classroom activities:

- Teachers might develop an activity to teach the children the five senses; this will involve the tasting of sweet and sour food by the children.
- Teachers might be performing an activity that involves learning the letter K, and the children will eat a kiwi.
- Birthdays are special days for children, and we understand you may want to celebrate these occasions at the center. If you would like to provide food for the celebration, we ask that all food items be prepackaged from the grocery store with ingredient statements to properly account for child food allergies. We encourage healthy snack options such as whole-grain items, vegetable dips, or fresh fruit platters. And please, due to allergies and necessary scheduling needs, plan with your center management prior to the special day.

  There are many other similar activities. Teachers are aware of the children's allergies and religious preferences, and they will consider it when planning.

  Please feel free to give us your feedback. This is a required disclosure by DCF.

  Cordially,
  Lockhart Academy & Childcare Center Management Team

_____ _____

Parent Signature Date

Lockhart Academy & Childcare Center

Discipline Policy

Here at Lockhart Academy, we encourage positive redirection, not punishment. Positive discipline teaches children where limits are set, how to maintain control of their bodies, and how to problem solve in the event of a conflict.

We discourage inappropriate behavior. We use "Time Out" as our last resort. Any child who is put in time-out is always supervised by a teacher and shall remain in time-out only 1 minute per age of the child. When the time-out is over, it is explained to the child why the time-out occurred and what correct behavior is expected. No child is subjected to corporal punishment or physical discipline at any time. Discipline is never to be related to food, rest, or toileting.

Children displaying chronic disruptive behavior, which is upsetting to the physical or emotional well-being of another child or disrupts the normal classroom group activities, frequently may require the following actions:

1. Parents of the child will be called. We will discuss the issues and identify some possible solutions.
2. If the plan of action is not working, the parents will be called in for a meeting. We will discuss what is not working and develop another action plan.
3. If no progress has been made towards solving the problematic behavior, the child may be suspended from care. This suspension may range in length from the rest of the day to indefinite.

Lockhart Academy reserves the right to cancel the enrollment of a child for the following reasons:

- Nonpayment or excessive late payments of fees
- Physical and/or verbal abuse of staff or children by a parent or child
- Not observing the rules of the center as outlined in the handbook and/or parental agreement

The use of physical force as a disciplinary measure is prohibited. This includes spanking, slapping, pinching, shaking, biting, pulling hair or arms, jerking, etc. A discipline policy is provided to parents.

Parent/Guardian Signature: _____

Child's Name: _____

Date: _____

Lockhart Academy & Childcare Center

ILLNESS POLICY

Children who are ill or unable to participate safely in the program may be excluded from care. Parents/guardians must arrange prompt pickup when notified.

Examples include fever, repeated vomiting, concerning rash, significant eye discharge, persistent symptoms requiring individual care beyond what the program can safely provide, or other potentially contagious conditions.

Return-to-care requirements will follow applicable health guidance and the child's condition. A medical note may be requested when appropriate.

Parent/Guardian Signature: _____ Date: _____

ALLERGY INFORMATION

Child's Name: _____

[ ] NO KNOWN ALLERGIES

[ ] Allergic to: _____

Possible reactions:

_____

_____

Emergency medication required? [ ] Yes [ ] No

Emergency Care Plan on file, if required? [ ] Yes [ ] No

Parent/Guardian Signature: _____ Date: _____

Lockhart Academy & Childcare Center

PARENT AUTHORIZATIONS & PERMISSIONS

Transportation (if applicable):

I give permission for my child _____ to be transported by Lockhart Academy and Childcare Center.

My Child, _____, has permission to ride the Lockhart Academy and Childcare Center van to and from school. (Before-After school Program).

_____

Parent Signature

Emergency medical/first aid:

Lockhart Academy and Childcare Center personnel have training in CPR and First aid. Our emergency plan requires us to call 911 and the parents in case of any emergency. We also need to have parent authorization for care in our files in case it is needed.

*I hereby authorize the staff of Lockhart Academy and Childcare Center to give consent for any necessary medical and first aid care for my child, _____, while he/she is in Lockhart Academy and Childcare Center custody.

_____

Parent Signature

Photography for classroom/internal activities:

[ ] Yes [ ] No

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

Lockhart Academy & Childcare Center

ATTENDANCE POLICY ACKNOWLEDGMENT

All children must be signed IN and OUT each day using the center's approved attendance system.

Families participating in School Readiness or VPK must also comply with applicable attendance and documentation requirements.

Failure to complete required attendance records may affect agency reimbursement and may result in the parent/guardian being responsible for charges not reimbursed.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Lockhart Academy & Childcare Center

MEDIA RELEASE FORM

Media Release The undersigned hereby authorizes Lockhart Academy & Childcare Center to permit his/her child, named below, to be inter viewed, photographed, videotaped and/or sound recorded by staff, community organizations, and members of the news media, with the understanding that the results of these interviews, photographs, videotapes and/or other recordings may be used in any publication, public presentation, website and/or social media platform.

_____	_____	_____
Last Name	First Name	Middle Initial

I represent that I am this child's parent/guardian, and I agree to the foregoing on his/her behalf.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Lockhart Academy & Childcare Center

FINAL ACKNOWLEDGMENT

I certify that the information provided in this enrollment packet is accurate and agree to notify the center when information changes.

I acknowledge receipt of applicable center policies. Official state, agency, food program, VPK, School Readiness, and payment-processing forms may be provided separately when required.

Child's Name: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____