FOR OFFICIAL USE ONLY

Class: _____ Teacher: _____

Room # _____ Start Date:____ /____/_____

# Application Packet
## 2026-2027

Referral Information: How did you hear about UCELC?

____Website ____Social Media ____Ad ____Sign _____Referred By: _____

## Student Information:

Full Name: _____ _____ _____ _____
Last Middle First Nickname

Date of Birth: _____/_____/_____ Language Spoken: _____ Ethnicity: _____ Sex: Female/Male

Child's Address: _____City/Zip: _____ Phone: (_____) _____

Sibling(s) attending at UniverCity Early Learning Center (UCELC): _____

## Family Information:

Child Lives with:

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

| **PARENT 1** | **PARENT 2** |
|---|---|
| Mother's Name: _____ | Father's Name: _____ |
| Address: _____ | Address: _____ |
| Phone: (_____)_____ | Phone: (_____) _____ |
| Email: _____ | Email: _____ |
| Employer: _____ | Employer: _____ |
| Address: _____ | Address: _____ |
| Work Phone: (_____) _____ | Work Phone (_____) _____ |
| Mother's Language: _____ | Father's Language: _____ |

Mother's Name: _____

Mother's Signature: _____ Date: _____

Father's Name: _____

Father's Signature: _____ Date: _____



C11MD2386

# Emergency Contacts

The 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. (MUST be 18 years or older)

| | | | | |
|---|---|---|---|---|
| Name: | Relation: | Cell: | Work: | Address: |
| Name: | Relation: | Cell: | Work: | Address: |
| Name: | Relation: | Cell: | Work: | Address: |
| Name: | Relation: | Cell: | Work: | Address: |
| Name: | Relation: | Cell: | Work: | Address: |
| Name: | Relation: | Cell: | Work: | Address: |
| Name: | Relation: | Cell: | Work: | Address: |
| Name: | Relation: | Cell: | Work: | Address: |
| Name: | Relation: | Cell: | Work: | Address: |

Please list any person(s) NOT AUTHORIZED to pick up your child:

_____

_____

Who has custody of the child? []Mother []Father []Both []Other (specify):_____

***Helpful information about the child such as anxieties and fears?

_____

_____

_____ _____

Parent/Guardian Name Student Name

_____ _____

Parent/Guardian Signature Date



C11MD2386

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].

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.

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.

_____ _____

Parent/Guardian Name Date

_____

Parent/Guardian Signature

_____

Child’s Name

# Electronic Communication Consent & Preferences

❖ Electronic Communication Authorization

At UniverCity Early Learning Center (UCELC), we use multiple communication platforms to keep families informed about their child's education, attendance, health, safety, tuition, and school events.

By signing below, you authorize UCELC to communicate with you using the communication methods you select. I authorize UniverCity Early Learning Center to communicate with me via:

☐ Email
☐ Text Message (SMS)
☐ Phone Call
☐ Voicemail
☐ ClassDojo (if applicable)
☐ Procare (if applicable)
☐ ChildPlus (if applicable)
☐ WhatsApp (when applicable)

❖ Preferred Method(s) of Communication

*(Please rank your preferred methods.)*

1. _____
2. _____
3. _____

I would like to receive the following electronically:

☐ School Announcements
☐ Classroom Updates
☐ Daily Reports (Infant/Toddler)
☐ Attendance Notifications
☐ Emergency Alerts
☐ Tuition Statements & Billing Notifications
☐ School Closures & Weather Alerts
☐ Newsletters
☐ Parent Conferences
☐ Progress Reports
☐ Open Enrollment & Registration Updates
☐ Event Reminders
☐ Volunteer Opportunities

**Parent Acknowledgment**

I understand that UniverCity Early Learning Center (UCELC) utilizes electronic communication platforms, including but not limited to **Email, Text Message (SMS), Phone Calls, ClassDojo, Procare, and ChildPlus**, to communicate important information regarding my child's education, attendance, health, safety, tuition, enrollment, and school activities.

I acknowledge that it is my responsibility to:

- Keep my email address and telephone numbers current.
- Maintain access to the communication platforms used by UCELC.
- Regularly review messages and notifications sent through these platforms.
- Notify the school immediately of any changes to my contact information.

I understand that standard messaging and data rates may apply based on my wireless carrier.

Parent/Guardian Name: _____

Signature: _____

Date: _____

*Important: Parents are expected to actively monitor their selected communication platforms. UCELC considers electronic notices delivered through the approved methods above to be official school communications. Failure to review electronic communications does not exempt families from school policies, deadlines, tuition obligations, or other responsibilities*

# Authorization for Emergency Treatment

Permission to the Director, Assistant Director, Management Staff or the teacher whatever steps may be necessary for medical care of an emergency hereby given, I understand that the order of actions taken will follow the outline below unless there is a need for IMMEDIATE action (911) but will not be limited to the actions.

1. Parent or Guardian will be called
2. Child's Physician will be called
3. Contact person will be called (those that the parents listed)
4. If none of these efforts are successful
    a. An ambulance will be called and
    b. Authorize UCELC to transport my child to nearest Emergency Care Unit

Child's Physician Name: _____

Address: _____

Phone Number: _____ Health Insurance Coverage _____

Chronic Health Condition(s)/Allergies: _____

*Medical Information:*

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

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____ Phone: _____

*** In signing this page, you are giving us authority to call fire rescue even in the event that we cannot get in contact with either parent/guardian or Emergency contact person parents have listed.

_____ _____

Parent/Guardian Name Date

# Severe Allergy Data Form

_____ _____

Name of the child Date of Birth

What does your child have an allergy/ life threating allergic reaction to? _____

_____

How did you become aware that your child had this allergy? _____

_____

Describe in detail the symptoms of the allergic reaction: _____

_____

What treatment plan should we follow in case an allergic reaction arises? _____

_____

_____ _____

Parent/Guardian Name Date

_____

Signature

# Consent for food for School Activities

I, _____ (parent/guardian), give permission for my son/daughter _____ (child's name) to eat any food given in a special occasion and/ or school activities.

*** If your child has any food or milk allergies/restrictions, *we will need the Child Care Food Program Medical Statement filled out your child's physician for our files*.
*(From provided by the front office)*

☐ Yes, I agree

☐ No, I DO NOT agree.

_____ _____
Parent/Guardian Signature Date

# Discipline Policy

Dear Parents/Custodians:

We as providers are required by the Department of Children and Families [Section 2.8] of the Child Care Facility Handbook to provide parents with a written discipline policy.

Our program will ensure that age-appropriate, constructive, and disciplinary practices are used for your child. This care allows the child to look over his or her behavior. We will encourage children to choose alternatives to improper behavior. To ensure a safe and successful program, discipline is a MUST. We welcome the ideas of parents; feel free to share them with us.

The following steps will be used for behavior modification:

1st. Teachers will use the 3 R's approach- Remove, Reflect and Reconnect.
2nd. Children will be corrected and asked to change their behavior.
3rd. Children will be re-directed from the situation.
4th. Parents will be contacted if behavior continues.
5th. Children shall not be subjected to discipline, which is severe, humiliating, or frightening.
6th. Disciple shall not be associated with food, rest, or toileting.
7th. Spanking or any other form of physical punishment is prohibited.
8th. Children may not be denied active play because of misbehavior.

I, _____have received in writing the disciplinary
Parent/ Guardian Name

practices used by this childcare facility.

_____
Parent/ Guardian Signature

_____ _____
Name of Child Date

# Expulsion Policy

Unfortunately, there are circumstances and reasons we must expel/suspend a child from our program on permanent basis or short period of time. We want you to be aware we will do everything possible to work with the family and therapist (if there are any therapists working with the child) in order to prevent this policy from being enforced.

*Child's Action for Suspension:* A) Excessive biting, hitting and/or kicking. B) Ongoing physical or verbal abuse to staff or other children. C)Uncontrollable tantrums.

*Parental Actions for Child's Expulsion:* A) Failure to complete required forms including child's immunization records. B) Verbal abuse to staff. C) Failure to pay tuition on time and therefore habitual lateness in payments.

*Immediate Causes for Expulsion:* A) Parents exhibit verbal abuse to their own children and/or staff in front other enrolled students. B) The child being at risk of causing serious injury to him/herself or any other student enrolled or staff. C) Parent threatens physical or intimidating actions towards staff members and/or any other parent.

Sincerely,

UniverCity Early Learning Center Administration Team

_____

Parent/ Guardian Name

_____ _____

Parent/ Guardian Signature Date

# Religious Exemption Form

Here at UniverCity Early Learning Center, we celebrate ALL Holidays. Please let us know if your family does NOT celebrate any specific or all Holidays or if you would not like your child to participate in any classroom activities.

LIST BELOW:

_____

_____

_____

_____

_____ _____

Parent/Guardian Name Date

_____

Parent/ Guardian Signature

Please return the application with NON-REFUNDABLE fee as follows:

- Registration Fee of $250.00 for NEW STUDENTS
- Registration Fee of ~~$105.00~~ for RETURNING STUDENT- $75.00

  *-Excludes children who attend UCELC for VPK HOURS ONLY*

  *-Excludes EHS students*

*For in house families ONLY, please make checks out to UniverCity Early Learning Center. For all *new* families: money order or cash is accepted. All fees are subject to change.

Please Initial:

_____ I understand that there are payment deadlines I must meet to hold my child's spot in this class. I my child's spot in this class. I also understand that I must have all required forms on file with UCELC before my child attends this Center.

Tuition/Payment Information:

Current tuition amount: $_____ [ ]weekly [ ]Biweekly [ ]Monthly

Please provide us the information below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment Is the responsibility of an adult other than the parents listed above.

_____

_____

_____

# Credit Card on File

THIS PAGE MUST BE FILLED COMPLETETLY

I, _____ authorize UNIVERCITY EARLY LEARNING CENTER to charge my credit card listed below for any invoice of services provided for my child/children which has not been paid within 30 days of the due date. I have provided my credit card billing information voluntarily and acknowledge full financial responsibility for all charges incurred as a result of services provided to us.

## Please charge the credit card listed below:

Choose one:

[]VISA []AMERICAN EXPRESS []MASTERCARD []DISCOVER

_____
Credit card number

_____/_____(month/year)
Expiration date

_____
CVV:

Name on the card: _____

Billing address: _____
City: _____ State: _____ Zip code: _____

Print Name: _____

Signature: _____ Date: _____

# Parent Expectations & Enrollment Agreement

**Parent Acknowledgment of Important School Policies**

To ensure a successful partnership between families and UniverCity Early Learning Center (UCELC), please read each statement carefully and place your initials beside each item indicating your understanding and agreement.

**Initials**

_____ I understand that my child's enrollment is not guaranteed until all required enrollment forms, supporting documents, and applicable registration fees have been received and approved by UCELC.

_____ I understand that tuition is due according to my selected payment schedule regardless of my child's attendance, illness, vacations, holidays, or temporary absences unless otherwise stated in writing by UCELC.

_____ I understand that registration fees, enrollment fees, and tuition payments are **non-refundable**, except where required by law or specifically stated in writing by UCELC.

_____ I understand that late tuition payments may result in late fees, suspension of services, or termination of enrollment in accordance with school policy.

_____ I understand that late pick-up fees will be assessed when my child is not picked up by the scheduled dismissal time.

_____ I understand that current immunization and physical examination records are required before my child may attend school unless a valid exemption is provided in accordance with Florida law.

_____ I understand that UCELC must be notified immediately of any changes to emergency contacts, custody arrangements, medical information, addresses, telephone numbers, or authorized pick-up persons.

_____ I understand that only individuals listed as authorized pick-up persons will be permitted to pick up my child unless written authorization is provided and approved by the school.

_____ I understand that UCELC reserves the right to refuse the release of my child if the authorized individual appears impaired, poses a safety concern, or cannot provide proper identification when requested.

_____ I understand that parents and visitors are expected to communicate respectfully with all staff, children, and families. Abusive, threatening, intimidating, or disruptive behavior may result in dismissal from the program.

_____ I understand that I am responsible for reading communications sent through UCELC's approved communication platforms, including Email, Procare, ChildPlus, ClassDojo, text messages, and phone calls.

_____ I understand that electronic communications sent through these approved platforms constitute

official school communication.

_____ I understand that UCELC may require conferences, evaluations, or referrals when concerns arise regarding my child's health, development, safety, or behavior.

_____ I understand that UCELC follows all applicable policies of the Florida Department of Children and Families (DCF), APPLE Accreditation, Early Head Start (when applicable), and other governing agencies.

_____ I understand that my child's continued enrollment is contingent upon compliance with all school policies outlined in the Parent Handbook and Enrollment Agreement.

**Parent Agreement**

I certify that I have read, understood, and agree to comply with the policies and expectations outlined above. I understand that these acknowledgments are intended to support a positive partnership between my family and UniverCity Early Learning Center and that failure to comply with school policies may affect my child's continued enrollment.

**Parent/Guardian Name:** _____

**Signature:** _____ **Date:** _____

***Our Commitment:*** *At UCELC, we are committed to providing a safe, nurturing, respectful, and academically enriching environment for every child. In return, we ask our families to partner with us through open communication, mutual respect, and adherence to the policies that help our school community thrive.*

# Technology & Digital Communication Policy

Technology & Electronic Communication Agreement

At UniverCity Early Learning Center (UCELC), we believe that effective communication is essential to building a strong partnership with our families. To protect the privacy of our students, families, and staff while maintaining a respectful learning community, all parents and guardians agree to the following guidelines.

Please read each statement carefully and initial your acknowledgment.

Initials

_____ I understand that UCELC uses electronic communication platforms, including **Procare, ChildPlus, ClassDojo, email, text messages, and telephone calls**, to communicate important information regarding my child's education, attendance, health, safety, tuition, and school events.

_____ I understand that it is my responsibility to regularly monitor these communication platforms and keep my contact information current.

_____ I understand that communications sent through UCELC's approved platforms constitute official school communications. Failure to review messages does not exempt me from school policies, deadlines, tuition obligations, or other responsibilities.

_____ I understand that photographs, videos, classroom updates, and daily reports shared through ClassDojo, Procare, ChildPlus, or other secure school platforms are intended solely for the enrolled child's family unless otherwise authorized by UCELC.

_____ I agree not to copy, screenshot, record, forward, or distribute photographs, videos, messages, or personal information involving other children or families without their written permission.

_____ I understand that the privacy of all children, families, and staff must be respected at all times.

_____ I agree not to publish photographs or videos of UCELC staff members, classrooms, or other students on social media without prior authorization from the school and, when applicable, the individuals involved.

_____ I agree to communicate respectfully and professionally with UCELC staff through all communication platforms. Harassment, abusive language, threats, intimidation, or inappropriate electronic communication will not be tolerated and may result in restricted communication methods or dismissal from the program.

_____ I understand that all electronic communications with UCELC may become part of the student's educational record and may be retained by the school in accordance with applicable laws and school policies.

_____ I understand that UCELC reserves the right to respond to non-emergency communications during normal business hours and that emergency situations should be communicated by calling the school directly.

**Social Media Guidelines**

UCELC encourages families to celebrate their child's educational journey while respecting the privacy of our school community.

Parents and guardians agree to:

- Respect the privacy of all students, families, and staff.
- Refrain from posting images or identifying information about other children without permission.
- Use school communication platforms for school-related matters only.
- Address concerns directly with school administration rather than with other personnel, parents or through social media.

**Parent Media Responsibility**

Parents and guardians agree not to post, share, or distribute photographs or videos containing other UCELC students, families, or staff without their permission. This helps protect the privacy and safety of everyone in our school community.

**Parent Agreement**

I have read and understand the Technology & Digital Communication Policy and agree to comply with these expectations throughout my child's enrollment at UniverCity Early Learning Center.

**Parent/Guardian Name:** _____

**Signature:** _____

**Date:** _____

*UCELC is committed to maintaining a positive, respectful, and solution-oriented partnership with every family. We encourage parents to communicate concerns directly with school administration so they can be addressed promptly, professionally, and confidentially.*

# Photo, Video & Media Release Authorization

Media Authorization & Consent

At UniverCity Early Learning Center (UCELC), we enjoy documenting our students' educational experiences through photographs and videos. These images help us celebrate learning, communicate with families, and showcase the wonderful experiences taking place in our school.

Please indicate your preferences by checking the appropriate boxes below.

Student Information

Student Name: _____

Parent/Guardian Name: _____

Please indicate your permission for each of the following:

| **Permission** | Yes | No |
|---|---|---|
| Photographs and videos taken for classroom documentation (daily activities, portfolios, classroom displays) | ☐ | ☐ |
| Photographs and videos shared privately with my child's classroom through Procare, ChildPlus, or ClassDojo | ☐ | ☐ |
| Inclusion in school yearbooks, memory books, graduation slideshows, and classroom projects | ☐ | ☐ |
| Photographs displayed inside the school (bulletin boards, hallways, classroom displays) | ☐ | ☐ |
| Publication on the UCELC official website | ☐ | ☐ |
| Publication on UCELC official social media accounts (Facebook, Instagram, etc.) | ☐ | ☐ |
| Use in printed marketing materials (brochures, flyers, banners, advertisements) | ☐ | ☐ |
| Use in digital marketing and advertising (website, online ads, promotional videos, email campaigns) | ☐ | ☐ |
| Use in news articles, community publications, or local media when representing UCELC | ☐ | ☐ |

**Parent Acknowledgment**

I understand that:

- Participation in photographs or videos is voluntary.
- Declining permission will **not** affect my child's enrollment or participation in school activities.
- UCELC will make every reasonable effort to honor my selections; however, I understand that incidental appearances in group photographs or public-school events may occur.
- No child will ever be identified by full name in public marketing materials without additional written consent.
- Images and videos used by UCELC will be used in a respectful, educational, and professional manner consistent with the school's mission and values.
- This authorization remains in effect during my child's enrollment unless revoked in writing. Revocation will apply to future uses only and cannot remove materials already published or distributed.

**Parent Consent**

☐ **I grant permission according to the selections indicated above.**

☐ **I do not grant permission for any public use of my child's photographs or videos beyond those specifically authorized above.**

**Parent/Guardian Signature: _____**

**Date: _____**

**Privacy Commitment:** UCELC is committed to protecting the privacy and dignity of every child. Photographs and videos are used to celebrate learning, strengthen family engagement, and promote the school's educational programs. UCELC will never sell, license, or provide student images to third parties for commercial purposes.