



2019-2020

## Family Enrollment Application

Thank you for taking the time to complete this enrollment application for Bloom Academy & WELCOME TO THE TRIBE!!!

- Once you have completed your enrollment application, please return the entire packet no later than 7 days prior to your child's start date or current contract end date.
- Please reference your enrollment invitation/renewal email for details regarding your child's start date, tuition rate and the Parent Handbook.

*Congrats on your enrollment/reenrollment & we look forward to meeting your family soon!*

*-Casey, Founder*

\*This Enrollment Packet is for ACCEPTED families only. Please email us for more information at [office@bloompuntagorda.com](mailto:office@bloompuntagorda.com).

\*To be added to our wait list, please visit [www.bloompuntagorda.com](http://www.bloompuntagorda.com) and click on ADMISSIONS.





# Bloom FAMILY Enrollment Form

Today's Date \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ or check here if re-enrolling ☐

**Student Information** Child's Full Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Sex \_\_\_\_\_

Allergies, medical or dietary needs, or other areas of concern \_\_\_\_\_

2<sup>nd</sup> Child's Full Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Sex \_\_\_\_\_

Allergies, medical or dietary needs, or other areas of concern \_\_\_\_\_

3<sup>rd</sup> Child's Full Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Sex \_\_\_\_\_

Allergies, medical or dietary needs, or other areas of concern \_\_\_\_\_

Child(ren) Live With \_\_\_\_\_ Typical Hours of Care \_\_\_\_\_ to \_\_\_\_\_

**Days of Week in Care** M ☐ T ☐ W ☐ Th ☐ F ☐ **Meals at School** Br ☐ Lunch ☐ PM Snack ☐

**Family Information:** **Daily Schedule Option** circle one A: 7:00 a - 4:15p B: 8:30a - 5:45p C: 7:00a - 5:45 pm add'l charge  
CHECK HERE TO ADD ON EARLY MORNING CARE \_\_\_\_ (6:15-7a PG LOCATION only) D: VPK ONLY or EXTENDED DAY

Primary Contact \_\_\_\_\_

Relation to Child \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Employer \_\_\_\_\_

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

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

Authorized Pick Up Person Yes No

Secondary Contact \_\_\_\_\_

Relation to Child \_\_\_\_\_

Address (if different) \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Employer \_\_\_\_\_

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

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

Authorized Pick Up Person Yes No

**Contacts** Child(ren) 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 the case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

## Permissions Page

**Art & Activity Disclaimer:** Bloom would like you to understand that part of every class' daily routine involves eating, art work and outside playtime. During these times we encourage the children to explore and be independent. This in turn means that they get messy. Please plan for this and dress your child in play clothes with the understanding that they will and should get messy. You should be able to tell how much fun they had by what they look like at the end of a school day☺

Initial \_\_\_\_\_

**Child Care App Permissions:** I understand that my child(ren) is enrolled in a group child care setting. Teachers and caregivers are responsible for the documentation of the day and communications for the benefit of everyone (parents, children, admin, and oversight agencies). I accept and approve the following: Photos & Videos, Documentation of Daily Activities and Care Events, Documentation that is Sensitive or Confidential, Use of Visible Classroom Computer or Tablet Screens for the Staff. By initialing in the following space, I understand and agree to the terms listed above and/or the use of the child care app for my child(ren) at Bloom Academy.

Initial \_\_\_\_\_

**Permission to Video & Photograph:** Bloom Academy loves to take pictures and share them with families that attend or follow our school on our social media pages. Children's names will NEVER be displayed on social media, but first names may appear in the weekly email or on-site displays. Please grant or decline permissions below for your child, immediate family members and grandparents:

**Facebook, Twitter, YouTube:** Grant Permission ☐ Decline Permission ☐

**On-Site Display at Bloom:** Grant Permission ☐ Decline Permission ☐

**Bloom Website:** Grant Permission ☐ Decline Permission ☐

**Government Agency Display:** Grant Permission ☐ Decline Permission ☐

**Bloom Advertising Materials:** Grant Permission ☐ Decline Permission ☐

**Assessment & Screening:** The first five years of life are very important to your child because this time sets the stage for success in school and later in life. During infancy and early childhood, many experiences should be gained and numerous skills learned. It is important to ensure that each child's development is progressing during this period; to support this we are offering screenings of your child's development using age appropriate assessments multiple times each school year. The screening results will be made available to you through the child care app or in paper form and you may request a meeting with your child's teacher or director for further discussion. Your permission is needed for the screening to be conducted with your child(ren). Please grant permission by initialing in the designated space.

Initial \_\_\_\_\_

**Topical Ointment:** Your child's skin is so precious and sensitive. We pride ourselves on protecting our little Bloom's skin by using all natural diapers, wipes, cream, ointment and sunscreen. Please apply sunscreen in the morning before arriving at school and we will re-apply sunscreen in the afternoon. By initialing in the space provided you give Bloom permission to apply ointment, creams, lotion, sunscreen, insect repellent, etc.

Initial \_\_\_\_\_

**Permission for Food Related Activities & Special Occasions:** I give permission for my child to participate in food related activities and special occasions wherein food is consumed.

Decline Initial \_\_\_\_\_ Approve Initial \_\_\_\_\_

**Absence Reporting Procedure:** DCF requires that absences be reported to the child care center by 9:00 am on the day of non-attendance or prior. Absences can be reported by email to your center's front desk or on your child's communication app. If the absence is not reported, per DCF regulations, we are required to call all contacts on the pick up list until the safety of the child has been confirmed.

[PG: frontdeskpg@bloompuntagorda.com](mailto:frontdeskpg@bloompuntagorda.com)

[FS: frontdeskfs@bloompuntagorda.com](mailto:frontdeskfs@bloompuntagorda.com)

Initial \_\_\_\_\_

**BLOOM ACADEMY ENROLLMENT CONTRACT**

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

It is my/our desire to have my/our child/children named above enrolled in the child care program at **Bloom Academy**. I/we have received a copy of the **Bloom Academy Parent handbook**. I/we have read, understand and agree to abide by the policies contained therein. I/we also understand that my/our child is being accepted on a two-week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the child care surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled. I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the child care program.

I/we also agree to give a minimum of two weeks written notice (ten full child care days) of my/our intent to withdraw my/our child/children from the child care program. If two weeks notice is not given, I/we agree to make full tuition payment for the final two weeks. **Please initial next to each item. We want to be sure you understand and agree to these policies.**

\_\_\_\_\_ I/we understand that I/we must provide completed and up to date physical/immunization forms to the child care center prior to my child's start date and must provide new copies prior to their expiration date.

\_\_\_\_\_ I/we understand the biting policy and the process for coping with a chronic biting phase.

\_\_\_\_\_ I/we understand the child care tuition is based on my child's age on Sept. 1st according to the current tuition schedule and will be adjusted as my child/children progress to the next classroom and the registration fee is due annually.

\_\_\_\_\_ I/we understand tuition payment is due on Friday each week prior to the week of attendance.  
Late fees are \$25.00 per tuition payment. Enrollment may be terminated immediately due to unpaid tuition.

\_\_\_\_\_ I/we understand that our child must be dropped off by 9:00 am daily. Even with prior arrangements children will not be accepted after 10:30 am.

\_\_\_\_\_ I/we understand the illness policy and that my child must be symptom/fever free for a 24-hour period prior to returning to school or present a doctor's note allowing their return.

\_\_\_\_\_ I/we understand the late pickup fee is \$1.00 per minute per child for pick up after 5:45 pm and is automatically billed to my Bloom account.

\_\_\_\_\_ I/we understand the discipline policy: Under no circumstances is a child ever hit, spanked, shaken or otherwise disciplined physically. In addition, no child should be disciplined physically inside the school. If a child exhibits consistent behavior, which is injurious to the well-being and or education of others and the behavior cannot be corrected within a reasonable time, the child will be dis-enrolled from the school.

\_\_\_\_\_ I/we understand the behavior policy and I/we have read and shared the childcare rules with my/our child/children. I understand that behavior issues may result in immediate enrollment termination.

\_\_\_\_\_ I/we understand that if I/we are contracting for child care for the calendar year and tuition is due 52 weeks per year, regardless of attendance. School age children enrolled in before and/or after care are responsible for tuition when public school is in session. Summer camp children are responsible for tuition when camp is in session.

\_\_\_\_\_ I/we agree to pay the last two weeks tuition upon giving a two-week enrollment termination notice.

\_\_\_\_\_ I/we have received a copy of the DCF required brochure "Know Your Child Care Facility". ***Click Here for Brochure***

\_\_\_\_\_ I/we understand that Bloom Academy reserves the right to terminate enrollment at any time, for any reason, without notice.

\_\_\_\_\_ I/we understand that Bloom Academy does not discriminate on the basis of sex, race, color, creed, disability, sexual orientation, national origin or ancestry.

\_\_\_\_\_ I/we have read, signed & understand and agree to the accident /injury and financial responsibility statement.

\_\_\_\_\_  
**Parent/Guardian Print Name**

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

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

CHILD(REN) NAME(S) \_\_\_\_\_  
PERSON COMPLETING FORM \_\_\_\_\_

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child(ren), hereby consent to the participation by the child(ren) in all child care activities conducted by Bloom Academy and to the participation of the child(ren) in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Bloom Academy to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child(ren). Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either child care personnel or, if necessary, by ambulance or other emergency vehicle.

If there is no medical emergency, the child care staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment and/or transportation.

Notwithstanding other provisions in this consent form, Bloom Academy shall not have the authority to withhold or withdraw life-sustaining procedures for the child(ren).

Bloom Academy is well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child(ren) associated with participation in the child care center and agree(s) to release, indemnify, defend and forever discharge Bloom Academy and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child(ren), or by the child(ren), howsoever caused, arising or to arise by reason of or during the child(ren)'s participation in the child care center.

_____ Signature of Parent/Guardian	_____ Date
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By signing below, I agree that I have received, reviewed, understand and agree to the Bloom Academy Parent Code of Conduct. I am signing this agreement on behalf of all persons listed as emergency contacts and or pick up persons. If at any time, a parent or guardian is in violation of this parent code of conduct their child's enrollment will be terminated immediatey.

_____ Signature of Parent/Guardian	_____ Date
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# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: \_\_\_\_\_ Center Name & Address: **Bloom Academy 24368 Airport Rd or 42891 Lake Babcock Dr, PG-FL**

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: ( 941 ) 655.8150

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?**

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

**STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

**A. Children's Income** – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Total children's income: \$	How often received? (check only one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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**B. Adult Household Members and Income** – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in **whole dollars only (no cents)** and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (children and adults): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: \_\_\_\_\_ If no SSN, write "none."

**STEP 4: Contact information and adult signature**

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Daytime phone #: ( ) -

Street Address, City, State, Zip Code

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**OPTIONAL: Child's ethnic and racial identities** We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. **Ethnicity (check one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Race (check one or more):** ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

**FOR CONTRACTOR USE ONLY:**

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy How Often Income is Received (Frequency): ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is only REQUIRED for children under the age of 1:**

## Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	Bloom Academy
*Formulas offered at this facility: Milk-based:	Earth's Best
Soy-based:	Earth's Best

**This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby.** The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

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### Parents please complete the following:

Baby's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check ☒ this box ☐ if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk in a bottle ☐      Visit facility to nurse ☐

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of \*formula): \_\_\_\_\_

**This facility has not requested or required me to provide infant formula or food.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

\*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food



### AUTO-PAYMENT TUITION REQUIREMENT

I authorize Bloom Academy to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings for the purpose of collecting childcare related payments. I authorize Bloom Academy PG to use the third-party sender to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

**EVERYONE must complete this section below: Existing Bloom families with an active ACH account on file may SKIP this step:**

Account Holder's Name \_\_\_\_\_ Bank/Credit Union Name \_\_\_\_\_

Bank Account Type    Checking ☐    Savings ☐    Business Checking ☐  
Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

## FINAL ENROLLMENT ACCEPTANCE & AGREEMENT

*Your signature below indicated that you have read, understand and agree to the terms, conditions and permissions granted or declined throughout this 7 page enrollment agreement and that the information on these forms are complete and accurate.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Approved and Accepted by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to complete this enrollment paperwork. Welcome to the Bloom Family!



The fun begins now!

**Bloom Academy Punta Gorda:** Front Desk, [frontdeskpg@bloompuntagorda.com](mailto:frontdeskpg@bloompuntagorda.com)

**Bloom Academy Founder's Square:** Front Desk, [frontdeskfs@bloompuntagorda.com](mailto:frontdeskfs@bloompuntagorda.com)

### OFFICE USE ONLY

Start Date: \_\_\_\_\_ Classroom: \_\_\_\_\_ Schedule: FT MWF TTh Diapers: \_\_\_\_\_

Allergies Added to Kid Reports: \_\_\_\_\_ ProCare: \_\_\_\_\_ Kid Report Welcome Email Sent: Date \_\_\_\_\_

Billing Added: Reg Fee \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Welcome Gift Sent: Date \_\_\_\_\_

Start Date Added to TeamUp: \_\_\_\_\_ Allergy List Updated, Printed and Provided to Kitchen and Class: \_\_\_\_\_

Photo Permissions Added to Master List: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_



## PARENT CODE OF CONDUCT

Bloom Academy prides itself of working as a TEAM with parents and children as a family. We strive to communicate and work together to provide the best possible environment and program for our students. On very few occasions, despite our best efforts, our program may not be the best fit for your family. We ask that you provide us with the opportunity to work together in situations of dissatisfaction by providing immediate communication with our office staff. It is our goal to resolve unpleasant or unsatisfactory situations as they arise (within our means and ability). We implement our Parent Code of Conduct to protect our Bloom family and provide our expectations upfront to avoid negative impact on our program, families and children. If we are unable to resolve a situation, meet your needs or we determine that a parent/guardian or pick up person is in violation of this policy, we will regrettably proceed with termination of enrollment immediately.

By initialing each policy below, you are acknowledging your agreement and understanding of the policy on behalf of yourself and any person contacting or interacting with our staff on your child's behalf:

- Photographs of children within our facility are not authorized to be posted on Facebook or other social media platforms by non-custodial parents/relatives and volunteers. Use caution when posting pictures/videos of your child provided to you by our staff through the communication application to ensure that other children are not included in the pictures/videos. This is a violation of their privacy.
- Peanuts and items containing peanuts are not permitted within our facility. Items processed in a facility with peanuts are allowed. Children that are found to have items containing peanuts, will have to dispose of the item immediately and thoroughly wash their hands.
- For sanitary reasons, children in the process of potty training must be dry for one school week prior to switching into cloth underwear.
- Cell phones or other devices should not be used during the drop off or pick up process.
- Children may not be left in an unattended vehicle on our premises.
- Non-service animals are not permitted within our facility.
- Smoking is not permitted on our premises.
- I understand that my child will not be released to an adult that is perceived to be under the influence of drugs and or alcohol that may pose a safety risk.
- I understand that children must be dropped off by 9:00 am or they will not be permitted for attendance. With prior notification, a child may be dropped off prior to 10:30 am due to an appointment or extenuating circumstances.
- Weapons of any kind are not permitted on our premises.
- I understand that electronics and toys from home are not permitted without prior permissions.
- I understand that all items brought and worn to school should be labeled with my child's first and last name. Bloom Academy is NOT responsible for lost or stolen items.
- **Posting on social media or public forums and communication that is negative in nature regarding Bloom Academy will result in termination of enrollment. While we do not forbid negative reviews and/or communication, we expect our families to respect our program and allow us to work together to resolve situations. Negative posts will be understood as a dis-satisfaction to the extent of the request to dis-enroll and will result in termination of enrollment immediately.**
- Yelling, profanity and disrespectful communication to our students, staff or fellow parents is not permitted.
- **Parent/teacher communication within the classroom must allow for staff to maintain adequate supervision of all children. Parents are welcome to request coverage for a staff member to be released from their classroom to better communicate, while maintaining supervision. Please inquire at the front desk.**
- Visitors that will remain in the classroom in excess of 5 minutes will need to sign in at the front desk to adhere to licensing requirements. Drop off and pick up should be short and sweet. If you would like to volunteer, please do....but you must fill out the necessary volunteer affidavit, abuse and neglect form and sign in.
- Attire worn at drop off and pick up must not contain profanity, expose private areas and must include shoes.
- Children must ride in an approved, age appropriate car seat that is properly secured when the car is in motion. Bloom staff is not permitted to fasten safety belts and car seats.
- I understand that Bloom Academy staff is not permitted to provide babysitting services for our families without having a waiver of liability on file for both the staff and family. (Forms available at the front desk) Bloom does not endorse or insure any child care that is provided by our staff outside of our facility.

- Tuition is due on Friday each week (prior to week of attendance) and is processed by ACH. If the tuition is not paid in full, a late fee of \$25/day will be charged and the child will not be permitted to return until the balance is paid in full. Tuition credit will not be given due to non-attendance required for unpaid balance. Enrollment will only be reserved for the remainder of the current week.
- I understand that I may not make up or trade days missed due to sickness, holidays and voluntary absence. Tuition credits will not be given for any reason. Tuition is calculated as an annual rate to include all holidays and closures. This annual rate is divided into 52 convenient payments. Families are not paying for days that Bloom is closed for business.
- I understand that it is required in the state of Florida to have a current immunization and physical on file for my child. It is my responsibility to ensure that the immunization is maintained at Bloom (not expired) and that a valid physical within 24 months of administration is maintained at Bloom. These documents must be on the approved Florida forms and are required in order to permit attendance.
- If my child is sick (see sickness policy) and/or causing potential harm to other children or staff, I understand that I will be required to pick up my child immediately.
- I agree to volunteer 1 hr of my time toward an event or activity at Bloom Academy each school year that my child is in attendance.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR HELPING US ENSURE A GREAT WORKING RELATIONSHIP WITH OUR FAMILIES!**

**WE LOVE OUR PARENTS!**

