

2975 Eber Road  
West Melbourne, FL 32904  
Hours 6:30 a.m. - 6:00 p.m



Telephone 321-733-1733

[www.mustardseedkidz.com](http://www.mustardseedkidz.com)

## Enrollment Form

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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\_\_\_\_\_ Email: \_\_\_\_\_  
Mother's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Hours: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

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\_\_\_\_\_ Email: \_\_\_\_\_  
Father's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Hours: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

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Parent/Guardian With Legal Custody: \_\_\_\_\_  
Parents Are:  Married  Divorced  Separated  Widowed  Single

Other Household Members:  
Names: \_\_\_\_\_ Ages: \_\_\_\_\_  
Relationships: \_\_\_\_\_

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### Program Assignment

I wish to enroll my child for the \_\_\_\_\_ school year in the \_\_\_\_\_ program, unless it is determined by both the director and the parents that for the betterment of the student they be placed in a different program.

Weekly Tuition \_\_\_\_\_ Arrival Time \_\_\_\_\_ Depart Time \_\_\_\_\_ M T W T H F  
Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Enrollment date: \_\_\_\_\_

## Emergency Contact Information

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

May the center call another physician if unable to contact the above?  Yes  No

Please provide Mustard Seed Kidz with at least two other people who are authorized to give Mustard Seed Kidz guidance in the case of an emergency and the child's parents or guardian is unavailable. It is the responsibility of the parent to notify the director of any changes in address, telephone numbers, emergency contacts, people allowed to pick up your child, and any changes in transportation needs. If anyone else will be picking up your child you must notify the director of Mustard Seed Kidz prior to pick up. If anyone other person arrives at Mustard Seed Kidz to pick your child up and the director has not been notified your child will not be released.

Primary Emergency Contact (other than parents or guardian)

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship To Child: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Emergency Contact (other than parents or guardian)

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship To Child: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*According to Environmental Health laws, and Mustard Seed Kidz requirements, each child must complete a current immunization and physical forms. The physical must be updated every two years. Please inform the director if your child should require any special needs such as physical or mental conditions, illness, hospitalization or any dietary condition.*

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## Authorization For Student Pickup

When your child arrives at the center it is your responsibility to escort your child into the building and sign your child in at the front desk. Mustard Seed Kidz does not allow children to be dropped off in the parking lot and then run into the center. You will be required to sign out your child at the front desk at the end of the day. Your child will not be released to anyone who does not have written authorization in your child's file. If your child is not allowed to be picked up by a parent due to court order it is your responsibility to notify the director and provide a copy of the court order which will be kept in confidential. If there are any conditions or changes it is the parent's responsibility to provide written documentation to the center. In the event of an emergency, we will implement the password system.

Person(s) authorized to pick up my child: *(Besides parents, guardians, or emergency pick ups)*

Name: \_\_\_\_\_ Comment: \_\_\_\_\_  
\_\_\_\_\_

Person(s) **NOT** authorized to pick up my child: *(Besides parents, guardians, or emergency pick ups)*

Name: \_\_\_\_\_ Comment: \_\_\_\_\_  
\_\_\_\_\_

***At Mustard Seed Kidz the health and safety of our children are our NUMBER ONE concern.***

## Lights, Camera, Action Consent And Release

Occasionally Mustard Seed Kidz, its affiliate company, and/or other local news media will take photographs of children participating in the various programs at Mustard Seed Kidz. These photos and/or videos may be used from time to time in various forms of advertising media (brochures, magazines, orientation, training, public television or newspapers). I give my permission for Mustard Seed Kidz and/ or its agents to use any photographs and/or Videotapes including my child for any lawful media purpose without compensation.

Circle:

PERMISSION GRANTED

PERMISSION DENIED

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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## Emergency Medical And Transportation

I hereby give my consent and authorize Mustard Seed Kidz to seek emergency treatment for my child, \_\_\_\_\_ I give my consent and authorization for any health facility or physician to provide necessary medical treatment to my child, in the event of an emergency, at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

I will take full responsibility for payment of all medical services rendered due to an emergency situation.

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies of Child: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Any special health conditions: \_\_\_\_\_

Insurance company covering child: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## School Age and Voluntary Pre Kindergarten (VPK) Transportation Agreement

This is to certify that I give Mustard Seed Kidz permission to transport my child \_\_\_\_\_ to and from \_\_\_\_\_ elementary school for before care/after care.

This is to certify that I give Mustard Seed Kidz permission to transport my child \_\_\_\_\_ on special events/field trips.

In the event that my child is not to be transported as outlined above, I agree to notify Mustard Seed Kidz at least 2 hours in advance of my child's pick-up time.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Alternate Nutrition Plan Agreement

Indicate special dietary requirements given in writing from a physician:

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional dietary needs: (Mark "P" for parent or "C" for center.)

A.M. Snack: \_\_\_\_\_ Lunch: \_\_\_\_\_ P.M. Snack: \_\_\_\_\_

We agree to provide parents with a suggested meal pattern and to discuss any problems that might develop in the use of the Alternate Nutrition Plan.

Signature of Owner / Director \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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## Mustard Seed Kidz Financial Enrollment Agreement

I consent to the enrollment of my child \_\_\_\_\_ at Mustard Seed Kidz.

Please initial all boxes

- I agree to pay an annual non-refundable registration fee of \$50 for one child, \$75 for two children, or \$100 for three or more children.
- I agree to pay the weekly fee for preschool / childcare services, with no discounts for partial absentees, illness, holidays or withdrawals.
- I understand and agree that all tuitions fees are due on Friday and must be paid in advance of services rendered and that failure to comply could result in my child being dropped from enrollment.
- I understand and agree to pay \$20.00 late fee per week for tuition fees not paid by Tuesday, 9:00 A.M., unless prior arrangements have been made with the director.
- I understand and agree to pay a \$25.00 return check fee for any check returned and further understand and agree that this may result in future payments being made in cash or by money order.
- I understand and agree that I am entitled to one week of vacation each year after one full year of attendance.
- I understand and agree that I must give two (2) weeks prior written notice.
- I understand and agree that I will pay \$1.00 per minute for every minute I am late picking my child up after *closing* time.
- I give and consent for my child to take part in field trips or excursions under proper supervision. I understand I will be notified of the field trip before my child goes on the field trip.
- I acknowledge that I have read and understand the Mustard Seed Kidz Parent Handbook, Discipline Policy, and Know Your Child Care Facility Information Sheet. I agree to comply with all the written policies and procedures of Mustard Seed Kidz and will fulfill my responsibilities as a parent/guardian. I understand that failure to comply may result in the dismissal of my child.
- I understand this is a legally binding contract, and I have read it and understand it.

Mother / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_