



Fort Myers

Little Wave

Andrea Hollan
Director

Applicant's Information:

Child's name: _____

Date of Birth: ____/____/____

Address: _____

School year being applied for: 200__/200__

Current Age: _____

Name of Pediatrician: _____

Phone and address of Pediatrician: () _____

Previous childcare center(s)/ caregiver(s): **YES** (fill in the following) or **NO**

1. _____

How long in attendance: _____

Reason for leaving: _____

2. _____

How long in attendance: _____

Does applicant require any special medical attention/ care/ medication(s): **YES** (please list/ explain) or **NO**

Sibling(s): **YES** (fill in the following) or **NO**

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

Does your child have any allergies? If so, list:

What holidays does your child celebrate? _____

Child's name: _____

Parent/ Guardian Information:

Mother/ guardian's name: _____
Last First Maiden

Address: _____

Home Phone: () _____ Cell Phone: () _____

E-mail: _____@_____

Place of work and occupation: _____

Work Phone: () _____

Work e-mail: _____@_____

Marital Status: **M D S W**

Spouse's name: _____ Phone: () _____

Is he/she authorized to pick up your child: **YES** or **NO** Signature: _____

Father/ Guardian's name: _____
Last First Middle

Address: _____ (_____ **Check here if Home information is the same as above.**)

Home Phone: () _____ Cell Phone: () _____

E-mail: _____@_____

Place of work and occupation: _____

Work Phone: () _____

Work e-mail: _____@_____

Marital Status: **M D S W**

Spouse's name: _____ Phone: () _____

Is he/she authorized to pick up your child: **YES** or **NO** Signature: _____

Please contact the Director should any of the above information change.

Child's name: _____

Emergency Contact Information: (ONLY if parents/ guardians are unreachable.)

<u>Name:</u>	<u>Relationship to child:</u>	<u>Phone:</u>
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____
4. _____	_____	() _____

In the unlikely event of an emergency, are the Emergency Contacts listed above authorized to direct/ decide on any necessary care to be given to your child if you are unreachable: **YES** or **NO** Signature: _____

Should your child need emergency and/or medical attention, and all Emergency Contacts are unavailable, do you give the program's Director authorization to contact 911 or administer necessary care: **YES** or **NO**
Signature: _____

If a parent/ guardian is unable to pickup the applicant, who will be authorized to do so:

1. _____	2. _____
Name and relationship to applicant	Name and relationship to applicant

Please contact the Director should any of the above information change.

Please read and note:

1. **Due to the nature of our program's curriculum, we are a FULL TIME program ONLY. This means class is held Tuesday through Friday from scheduled start to finish. We are a program with the School District of Lee County, not a VPK provider. Cost is \$75. per month payable the 1st of the month.**
2. **Your child MUST be potty trained before beginning the program's school year.**
3. **ALL immunizations MUST be up to date with documentation/ records before the program's school year begins.**
4. **Your child MUST be at least 3 years old by September 1 of the year you wish him/her to begin.**
5. **Siblings of current students and FMHS alumni take a priority in the application process, HOWEVER, it is not a guarantee there will be space available.**
6. **Little Wave and it's teachers are PROHIBITED from administering any type of medication(s). This MUST be done at home. High school students are also not be allowed to assist preschoolers in the restroom.**
7. **Your child will not only be receiving excellent care and learning but will also be teaching tools for future teachers and childcare givers. Our student teachers and your child will be learning from each other.**

Parents/Guardians MUST sign for the applicant to be considered:

(By signing below you are agreeing to the Little Wave program's terms/ rules/ regulations and care of your child.)

_____	_____	_____
Signature	Relationship to applicant	Date
_____	_____	_____
Signature	Relationship to applicant	Date

Should you have any questions or concerns please contact:

Andrea Hollan
(239) 334-2167 ext. 271
Fort Myers High School: Consumer and Family Science Department
2635 Cortez Blvd.
Fort Myers, FL 33901

Child's name: _____