

DAY



CARE & VPK

By Yin Yang Academy

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: _____
Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____
City: _____ State: _____ Zip Code: _____
Primary Hours of Care: From _____ to _____
Days of the Week in Care: M T W Th F SA Su
Meals Typically Served While in Care: Br AM Snack Lunch PM Snack

Family Information: Child Lives With: _____
Mother's Name: _____
Address: _____
Home Phone: _____ Cell # _____ E-mail _____
Employer: _____ Work Phone _____
Address: _____
Father's Name: _____
Address: _____
Home Phone: _____ Cell # _____ E-mail _____
Employer: _____ Work Phone _____
Address: _____
Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:
I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:
Doctor: _____ Address: _____ Phone: _____
Doctor: _____ Address: _____ Phone: _____
Dentist: _____ Address: _____ Phone: _____
Hospital Preference: _____
Please list allergies, special medical or dietary needs, or other areas of concern:

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Contacts:

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:

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Bus Transportation:

I _____ authorize my child be transported on the bus Chinto Martial Arts and Yin Yang Academy during all activities or field trip that the school make.

Helpful Information about Child:

Section 65C-22.006(2), F.A.C., requires a current physical examination (FORM) and Immunization record (Form 680 or 681) within 30 days of enrollment.
Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY."
Section 65C-22.006 (3) (c) 2. F.A.C. requires that parents are notified in writing of the disciplinary practices 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.

DATE

PARENT / GUARDIAN SIGNATURE

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EMERGENCY RELEASE FORM

Child's Name _____

Mother's Name _____

Telephone Numbers: Home: _____ Cellular: _____

Work: _____ E-mail: _____

Father's Name _____

Telephone Numbers: Home: _____ Cellular: _____

Work: _____ E-mail: _____

Physician's Name: _____ Phone: _____

Address _____

Insurance Name: _____ Number: _____

DURING REGULAR SCHOOL HOURS, WHEN YOUR CHILD IS AT YIN YANG ACADEMY SCHOOL, SHOULD MY CHILD SUSTAIN AN INJURY OR BECOME ILL, I GIVE THE SCHOOL PERMISSION TO CALL A DESIGNATED PHYSICIAN OR TO TAKE REASONABLE MEASURES AS ARE, IN THE JUDGEMENTS OF THE TEACHER AND/OR DIRECTOR NECESSARY TO THE WELFARE AND SAFETY OF THE CHILD AT NO EXPENSE OR LIABILITY TO CHINTO MARTIAL ARTS, INC OR YIN YANG ACADEMY.

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MEDICAL HISTORY

Child's Name _____

Child's Medical History:

Measles _____ Mumps _____ Chicken Pox _____

Whooping cough _____ Meningitis _____ Dengue Fever _____

T.B. _____ Rubella _____ Polio _____

Allergies:

Any evidence of:

Hearing loss of difficulty? _____

Vision difficulty? _____

Speech difficult? _____

Hospitalization? _____ Operations? _____

Other illnesses? _____

PLEASE INCLUDE COPY OF IMMUNIZATION RECORD

DATE

PARENT/GUARDIAN SIGNATURE

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DISCIPLINE POLICY

Dear parents:

We are required by Children and Families to provide parents with a written discipline policy. Please sign this form and return in to office.

Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. We will encourage children to choose alternatives to improve behavior. To insurance a safe successful program, discipline is must. We welcome the ideas of parents, so feel to share them with us.

The following steps will be used for behavior modification:

1st -Children will be corrected and asked to change their behavior.

2nd-Children will be re-directed from situation.

3rd- Children will be placed in "Time Out".

4th- Parents will be contacted if behavior is not corrected.

5th- Children shall not subjected to discipline which is severe, humiliating or frightening.

6th-Discipline shall not be associated with food, rest, or toileting.

7th-Sparking or any form of physical punishment is prohibited.

Thank you,

I, _____ have received in writing the disciplinary practices used by this child care facility.

Name of Child

Date

Print name of Parent or Guardian

Signature of Parents or Guardian

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PHOTOGRAPHY-VIDEO AUTHORIZATION

Children's may be photographed and/or video tape during their-daily activities. These pictures/videos may be used in the school's newsletter, classroom activities, bulletin boards, as well as for promotional or advertising use occasionally pictures will be placed on our website.

Please select one option below:

_____ I AUTHORIZE the YIN YANG ACADEMY to publish on the school's web page pictures of school activities in which my child might participate.

_____ I DO NOT AUTHORIZE the YIN YANG ACADEMY to have my child/children photographed and/or videotape at any time.

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DISASTER ASSISTANCE

In case of an emergency, our school will be following Miami Dade County Public schools decision. Please stay tuned to local news. Chinto Martial Arts and Yin Yang Academy will also be contacting all parents and staff using the contact information given. If the emergency happens during school hours, parents will be contacted and dismissed the appropriate guardian.

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AUTHORIZATION BUS TRANSPORTATION

I _____ authorize my
child _____ be transported on the
bus Chinto Martial Arts and Yin Yang Academy every day.

I _____ authorize my
Child _____ to get on the bus the
Chinto Martial Arts and Yin Yang Academy every Friday at park.

I _____ authorize my
Child _____ to get on the bus the

**Chinto Martial Arts and Yin Yang Academy during the vacations,
holidays and teacher planning day to any field trip that the
schools make.**

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Yin Yang Academy

After School Program

Name: _____ Dob: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Occupation: _____ Cell#: _____

Home #: _____ Work #: _____ E-mail: _____

Persons authorized to pick up child and emergency contacts:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

What is the main reason why you want to take Martial Art's Lessons?

How did you hear about us?

FOR OFFICE USE ONLY

Newspaper: _____ Name: _____ Registration Fee: _____

Sign/Flyer : _____ TV: _____ Group Lesson: _____

Student Referral: _____ Name: _____ Private Lessons: _____

Other: _____ Karate Uniform: _____

Do you have a medical problems that First week: _____

The instructor should be aware of? Total : _____

No _____ Yes _____ Deposit: _____

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If yes please explain: _____ Balance: _____

_____ All payment are non-return

I _____ authorize my child

_____ be transported on the bus

Yin Yang Academy.

CHINTO MARTIAL ART'S, INC. Reserve all rights to dimiss any student, at

Any time for misconduct or actions which may convey a bad image.

I hereby acknowledge that CHINTO MARTIAL ART'S, INC.Is not responsible

For any injuries suffered while on these premises.

Student Signature

Instructor

(Parent must sign if under 18 years old)



CHINTO MARTIAL ART'S, INC.

Enrollment Package

Licencia # C11MD1669

6031-6035 SW 8th Street

Miami, Fl. 33144

Office: (786)388 2400 Fax: (305)967 8762 E-mail:

sensei_diaz@msn.com

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