

2023-2024 Wildlife Explorers, Nature Preschool Application Form



Student Information:

Full Name: _____
Last First Middle Nickname
Age: _____ Date of Birth: _____ Identifies male: _____ Identifies female: _____
Date of Enrollment: _____
Street Address: _____
City _____ State _____ Zip _____

Program:

Please choose one option.

Monday, Wednesday, Friday _____ (\$195 a week)

Tuesday, Thursday _____ (\$130 a week)

Family Information:

Mother's Name: _____	Father's Name _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Employer: _____	Employer: _____
Address: _____	Address: _____
Work Phone: _____	Work Phone: _____
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 all allergies, special medical or dietary needs, or other areas of concern: _____

Return completed application to Zoo Administration Office.

Attention: Jenny Thiem

In the event of an emergency, a parent/guardian will be contacted first. Please list a second emergency contact person in the event the parent/guardian cannot be reached. *These individuals will be included on your child's pick-up list.*

Emergency Contact Name _____

Emergency Contact Phone # _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Contacts:

Child will only be released to the custodial parents or legal guardian, emergency contacts and the persons listed below.

Name	Address	Cell#	Home#

To attend preschool at Brevard Zoo, each child must have on record a STATE OF FLORIDA School Entry Health Exam (Form 3040). In addition, Form DH 680 or DH681, *Florida Certification of Immunization*, must be used to document receipt of immunizations required for entry and attendance in Florida schools, childcare facilities, and family daycare homes. **Immunization forms must be on file within 30 days of enrollment.** It should be noted that some children in care may not have current immunizations due to certain exemptions. _____

Initial here to accept.

I understand that Wildlife Explorers Nature Preschool at Brevard Zoo is mainly an outdoor, free-play school that values social, emotional, and physical development. _____

Initial here to accept.

Please briefly explain why you think your family would be a good fit for Wildlife Explorers Nature Preschool at Brevard Zoo:

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Has your child participated in preschool before? Was this a positive or negative experience?

Has your child participated in the Zooper Kids program? _____

I agree to make weekly or monthly payments for my child to attend Brevard Zoo's Nature Preschool. A fee will be charged for late tuition payments. Refunds will not be issued. Once enrolled, you are obligated to pay to the end of the semester.

Initial here to accept.

Registration Fee

A \$200 registration fee is required to secure your spot for the next year. \$100 of that fee will be credited towards your first payment in August. Payment may be made when a spot for your child becomes available.

Parent/Guardian Signature _____ **Date** _____

For office use only

Initial once paid: _____ Registration Fee (\$200) _____ First week Tuition (\$195/\$130) or _____ first month

TOTAL DUE: \$ _____ **Method of Payment:** Cash __ Check __ Credit Card __

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Attention: Jenny Thiem