



Brevard Zoo Nature Preschool Application Form

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

Program: \$140 a week. Please pick your first choice			
Monday, Wednesday		Tuesday, Thursday	

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:		Phone:	
Doctor:		Address:	
Phone:		Phone:	
Dentist:		Address:	
Phone:		Phone:	
Hospital Preference:			
Please list all allergies, special medical or dietary needs, or other areas of concern:			
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. <i>These individuals will be included on your child's pick-up list.</i>			
Emergency Contac Name		Emergency Contact Phone #	
Emergency Contac Name		Emergency Contact Phone #	

Return completed application to Zoo Administration Office. Attention: Sky Collier
Or email to Scollier@brevardzoo.org

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

Contact Name		Phone #	
Contact Name		Phone #	
Contact Name		Phone #	
Contact Name		Phone #	

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. ***Please initial to accept.***

I understand that at Wildlife Explorers Nature Preschool at Brevard Zoo class is held mainly outdoors. We are a free-play based school that values social, emotional, and physical development over traditional academics. ***Please initial to accept.***

I understand that to start school, my child must be able to use the bathroom independently, which includes pulling up and down clothes, wiping and handwashing. ***Please initial to accept.***

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 or until your child's spot can be filled. *Please initial to accept.*

Registration Fee: A \$100 non-refundable registration fee is required to secure your child's spot for the 2025-2026 school year. Once your registration is processed, you'll receive an email with a link to pay the registration fee.

Parent/Guardian Signature _____ **Date** _____

For Families New to the Program	
Please briefly explain why you think your family would be a good fit for Wildlife Explorers Nature Preschool at Brevard Zoo:	
Has your child participated in preschool before? Was this a positive or negative experience?	
Has your child participated in the Nature Explorers program?	<i>Please answer Yes or No</i>

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