



Nature Preschool Application Form

Thank you for your interest in Brevard Zoo's Nature Preschool! Please ensure you fill out the entire form and return the completed application to the Zoo Administration Office, Attention: Sky Collier. You may also email the completed application to scollier@brevardzoo.org.

Student Information

Last Name: _____ Middle: _____ First: _____
Nick Name: _____ 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

| | |
|-------------------------|-------------------------|
| Parent One Name: _____ | Parent Two Name: _____ |
| Address: _____ _____ | Address: _____ _____ |
| Home Phone: _____ | Home Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Email: _____ | Email: _____ |
| Employer: _____ | Employer: _____ |
| Address: _____ | Address: _____ |
| Work Phone: _____ | Work Phone: _____ |

Custody: Parent One Parent Two Both Other



Nature Preschool Application Form

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: _____

Doctor: _____ Address: _____ 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. **These individuals will be included on your child's pick-up list.**

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

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: _____

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. _____



Nature Preschool Application Form

I understand that at Brevard Zoo Nature Preschool at Brevard Zoo 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 (returning families)/ \$200 (new families) 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 Brevard Zoo 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? Yes No

Are you a member of Brevard Zoo? Yes No

Return completed application to the Zoo Administration Office, Attention: Sky Collier, or email to scollier@brevardzoo.org.