#

**Application for 3 & Pre**

**Early Learning Program**

**Currently only enrolling 3-year-olds**

**Kids Incorporated’s Budd Bell Early Learning Center**

is located at 306 Laura Lee Avenue Tallahassee,

FL 32301.

Our program partners with families to provide quality early education and care services in a classroom setting Monday-Friday 7:30 a.m. – 5:30 p.m.

**How to Apply**

**NOTE:** An application is not considered complete without the required documents attached. The application must be complete to be reviewed for eligibility, waitlist and enrollment.

**In-Person:** Submit the application and all required documents in person at Budd Bell Early Learning Center located at 306 Laura Lee Ave Tallahassee FL 32301. Copies of all documentation can be made on site. It is best to schedule an appointment with the Site Director to go over the application and documents. Only a parent or legal guardian may complete and sign this application.

**Online:** Complete and submit the application and upload all needed documents from the Kids Incorporated of the Big Bend website through the Kids Incorporated Procare portal. Once the application is received and reviewed, the Site Director will contact you by phone or email to discuss any additional documentation that may be required.

**Via email:** This paper application can be emailed to rcornejo@kidsincorporated.org.

* **This is an application to waitlist your child or children and is not a guarantee of enrollment into the program*.*** If you need assistance completing this application, please call Budd Bell Early Learning Center Site Director Floor 1 at 850-219-0037 ext. 131.

Thank you for your interest in Kids Incorporated of the Big Bend’s 3 and Pre program!

[**http://www.kidsincorporated.org**](http://www.kidsincorporated.org)

 

Child Care Tuition and Fees

1. Regular tuition: $900/month due on the 1st of the month.
2. Late tuition payment fee: $25 charged on the 3rd, $25 charged on the 4th termination after the 5th.
3. One-time enrollment fee due at the time the child is enrolled: $125
4. Returning student fee (charged annually for students who are re-enrolling): $75
5. Supply Fee due at enrollment and annually in August: $75.
6. Families are encouraged to apply for subsidized child care tuition with the Early Learning Coalition of the Big Bend.

**Attach the following documentation in order for Kids Incorporated to determine eligibility:**

* 1. Proof of Identity – Photo ID (Driver’s License. Passport, Military ID, etc.)
	2. Proof of age of child enrolling (birth certificate or hospital documentation proving live birth signed by a hospital official or the application for a social security card)
	3. Current Early Learning Coalition (ELC) certificate, if your applicant (child) is currently on Subsidized Child Care through the Early Learning Coalition
	4. Most current Well Child Check Form 3040 and Immunization form 680 or 681

**Primary Parent/Guardian’s Information (Fill out if you are applying for a child)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Last Name Age Date of Birth SEX

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Address: Street Apt. City/State/Zip Phone #

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I prefer to be contacted by: (check all that apply)**

|  |  |
| --- | --- |
| 🞏 Phone call | 🞏 Email |
| 🞏 Text | 🞏 Mail |

**Second Parent/Guardian’s Information (Fill out if you are applying for a child)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Last Name Age Date of Birth SEX

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Address: Street Apt. City/State/Zip Phone #

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Child’s Information (Fill out if you are applying for a child)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Last Name Age Date of Birth SEX

**Custody:**

|  |  |
| --- | --- |
| 🞏 Mother | 🞏 Father |
| 🞏 Both | 🞏 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Medical Information:** I hereby grant permission for the staff of Budd Bell Early Learning Center to contact the following medical personnel to obtain emergency medical care if warranted.

**Doctor**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone number

**Doctor**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone number

**Dentist**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone number

**Hospital Preference**

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Name Address Phone number

**List any allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you applied for Subsidized Child Care through the Early Learning Coalition (ELC)? ☐ Yes ☐ No

If yes, did you qualify? ☐ Yes ☐ No If yes, are you on ELC’s waiting list? ☐ Yes ☐ No

I certify that I am the parent or legal guardian of the child applying for childcare, and that to the best of my knowledge all information is correct. I understand that if I deliberately misrepresented this information, my family may not be eligible for services. I authorize Kids Incorporated’s Budd Bell Early Learning Center to verify this information with any necessary sources.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature Date**