



**INFINITE
POTENTIAL**

IPLA Preschool Enrollment Packet

Preschool / VPK Enrollment Packet
2026-2027 School Year

1900 12th Street South, St. Petersburg, FL 33705
727-954-4934 | Fax 727-954-5395 | info@iplakids.org

Student Name	Date Received
Applying For	Start Date
Parent/Guardian Name	Contact Number

Office note

Please review the packet before submission. Incomplete packets may delay enrollment, classroom placement, meal benefit eligibility, or access to care. Please contact the front office if you need help completing any section.

Enrollment Checklist

Please complete each required section and return the packet to the front office. Please complete each page carefully so enrollment records are accurate and ready for review.

- Child Enrollment Record complete
- Copy of birth certificate
- Current DH 680 immunization record or exemption
- Current physical/health exam record
- Known allergies/action plan, if applicable
- Medication authorization, if applicable
- Custody/legal documents, if applicable
- Child Care Food Program application completed and signed
- All signatures completed

Health records reminder

Preschool/child care records should include current immunization documentation and a current physical/health examination record. Additional action plans may be required for allergies, asthma, medication, seizures, or special health needs.

Health & Immunization Schedule Reference - Preschool / VPK

Before the first day of care, families must provide a current Florida Certification of Immunization (DH 680) or valid exemption, plus a current physical/health exam record. This page is a parent-friendly reference so families know when the main required vaccines are usually completed. The official DH 680 from the child's healthcare provider controls compliance.

Quick reminder

Children who are behind may need a temporary medical exemption or updated DH 680 showing the next due date. Please update the front office whenever new shots are completed.

Vaccine	Usual ages due / completed	Preschool / child care note
DTaP	2 months, 4 months, 6 months, 15-18 months; booster at 4-6 years before kindergarten.	Age-appropriate doses required.
Polio (IPV)	2 months, 4 months, 6-18 months; booster at 4-6 years before kindergarten.	Age-appropriate doses required.
Hepatitis B	Birth, 1-2 months, and 6-18 months.	Series must be documented on DH 680.
Hib	2 months, 4 months, sometimes 6 months, and 12-15 months depending on vaccine type.	Required for children 2 through 59 months; dose count depends on age and product.
Pneumococcal conjugate (PCV)	2 months, 4 months, 6 months, and 12-15 months.	Required for children 2 through 59 months.
MMR	1st dose at 12-15 months; 2nd dose at 4-6 years.	Age-appropriate measles, mumps, and rubella vaccination required.
Varicella	1st dose at 12-15 months; 2nd dose at 4-6 years.	Child care requires varicella after the 1st birthday unless provider documents chickenpox history on DH 680.

This page is a school enrollment reference only. Families should follow the child's healthcare provider and the official Florida DH 680 record.

Child Enrollment Record

Based on the current child care enrollment record fields used for licensed child care records. Complete all blanks before the child begins care.

Child Name - Last	First	Middle/Nickname	
Date of Birth	Sex	Enrollment Date	Age/Level/Classroom
Child Physical Address	City	State	ZIP
Child Lives With	Custody: Mother/Father/Both/Other		

Parent / Guardian Information

Parent/Guardian 1 Name	Relationship		
Address			
Home Phone	Cell Phone	Work Phone	Email
Employer	Employer Address		
Parent/Guardian 2 Name	Relationship		
Address			
Home Phone	Cell Phone	Work Phone	Email
Employer	Employer Address		

Emergency Contact & Release Information

Child will be released only to the custodial parent/legal guardian and authorized people listed below. If for any reason the custodial parent/legal guardian cannot be reached, the people below may be contacted in case of illness, accident, or emergency.

Emergency Contact 1 Name	Relationship	Phone
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Address

Emergency Contact 2 Name	Relationship	Phone
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Address

Emergency Contact 3 Name	Relationship	Phone
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Address

Health Care Resource

Family Physician / Health Care Resource	Phone
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Physician Address	City/State/ZIP
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Dentist	Phone
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Meals Typically Served While in Care

Breakfast
 AM Snack
 Lunch
 PM Snack
 Supper

Primary Hours of Care From	To	Days Attending
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Emergency care instructions, known allergies, special medical/dietary needs, concerns, or notes:

Parent/Guardian Verification

- I give permission to consult the child's physician/health resource in case of emergency if I cannot be reached.
- I received or was given access to Know Your Child Care Center information.
- I was notified in writing of disciplinary and expulsion policies used by the center.
- I was provided the food and nutrition policies used by the center.
- I guarantee the information on this enrollment record is complete and accurate.

Signature of Custodial Parent/Legal Guardian	Date
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Emergency Medical Release

In the event of an emergency, I authorize Infinite Potential Learning Academy and its representatives to seek emergency medical care for my child if I cannot be reached. I understand the school will make reasonable efforts to contact the parent/legal guardian and listed emergency contacts.

Child Name	Date of Birth	Grade/Classroom
Family Physician/Health Care Resource		Phone
Preferred Hospital	Health Insurance Company	
Policy Number	Expiration Date	
Dentist	Phone	No dentist selected

Allergies, medical conditions, medications, disabilities, special needs, or restrictions:

Does your child have permission for emergency medical transport? Yes No

Parent/Guardian Name	Phone	Email
Emergency Contact Name	Relationship	Phone
Parent/Guardian Signature	Date	

Notary Use Only, if required

State of Florida, County of _____ Date _____

Sworn to and subscribed before me by the parent/legal guardian listed above, who is personally known to me or produced identification.

Type of Identification Produced	Notary Public Signature
Notary Printed Name	Commission Expires

Authorized Pick-Up List

Children must be signed in and out. A child may only be released to a custodial parent/legal guardian or the approved adults listed below. Valid photo identification may be required.

Child Name

Grade/Classroom

Name	Relationship	Phone	Photo ID Verified
1.			[] Yes
2.			[] Yes
3.			[] Yes
4.			[] Yes
5.			[] Yes
6.			[] Yes
7.			[] Yes
8.			[] Yes
9.			[] Yes

Parent/Guardian Printed Name

Signature

Date

Food Experience & Allergy/Dietary Permission Form

Students may participate in classroom food experiences, celebrations, cooking activities, tasting lessons, and approved food-related activities. This form helps staff protect children with allergies, dietary restrictions, and medical needs.

Child Name

Grade/Classroom

My child DOES NOT have a food allergy or dietary restriction.

My child DOES have a food allergy or dietary restriction and may participate only with the limits listed below.

My child DOES have a food allergy or dietary restriction and may NOT participate in food-related activities without separate written approval.

Foods/allergens/restrictions and instructions for staff:

Emergency care instructions, if applicable:

Parent/Guardian Printed Name

Signature

Date

Parent Handbook & Policy Acknowledgment

I acknowledge that I have received or been given access to the Infinite Potential Learning Academy Parent Handbook. I understand that I am responsible for reading and following school policies, including arrival/dismissal, attendance, behavior guidance, discipline, fees, health and safety, communication, meals, and emergency procedures.

- I received or was given access to the Know Your Child Care Center information.
- I received or was given access to the food and nutrition policies used by the center.
- I received or was given access to the disciplinary and expulsion policies.
- I received or was given access to influenza and distracted adult/driver safety information when applicable.

Parent/Guardian questions or notes:

Child Name	Age/Grade Level		
Parent/Guardian Printed Name	Signature	Date	Contact Number

Code of Conduct & Positive Behavior Guidance

Infinite Potential Learning Academy uses age-appropriate, respectful behavior guidance that supports safety, emotional growth, accountability, and self-control. Staff will model appropriate behavior, provide clear expectations, redirect when needed, and partner with families when concerns arise.

Positive practices staff may use

- Modeling appropriate behavior through daily actions and words
- Establishing routines for meals, rest, transitions, and classroom expectations
- Giving clear, age-appropriate instructions
- Redirecting behavior and offering acceptable choices
- Providing reasonable, consistent consequences
- Communicating with families when behavior concerns continue

Practices that are not allowed

Physical punishment will not be used. Children will not be subject to discipline that is severe, humiliating, frightening, associated with food, rest, toileting, or intended to shame a child.

When additional support is needed

If behavior becomes unsafe, disruptive, or emotionally concerning, the school may call the parent/guardian, create an intervention plan, request a conference, or require temporary removal from the classroom or school environment when safety is at risk.

Guidance will consider the child's developmental level, communication needs, and social-emotional skills. Parents may be required to pick up a child from care if the child cannot safely remain in the group setting.

Parent/Guardian Printed Name

Signature

Date

Withdrawal / Suspension / Expulsion Policy

IPLA will make every reasonable effort to support children and partner with families. However, the school reserves the right to suspend, withdraw, or terminate enrollment when continued enrollment creates a safety concern, disrupts the learning environment, violates policy, or creates unpaid financial obligations.

Reasons enrollment may be paused or ended

- Nonpayment or excessive late payment of fees
- Repeated late pick-up or failure to follow sign-in/sign-out procedures
- Physical or verbal abuse by a parent/guardian, child, or visitor
- Unsafe behavior that places the child, other children, staff, or school property at risk
- Failure to provide required enrollment, health, immunization, custody, or emergency documents
- Failure to follow school policies after reasonable reminders or conferences
- The school determines it cannot meet the child's needs safely within current resources

Parent conference / intervention process

When appropriate, IPLA may hold a conference, document concerns, create a support plan, review progress, and determine next steps. Immediate removal may occur when safety or serious policy violations require it.

Parent/Guardian Printed Name

Signature

Date

Field Trip / Off-Campus Activity Permission

I give permission for my child to participate in school-approved field trips and off-campus activities during the school year. I understand that separate notices may be sent for specific trips, transportation details, fees, or special requirements.

Child Name

Grade/Classroom

My child may participate in school-approved field trips/off-campus activities.

My child may not participate without separate written permission.

My child has medical, allergy, or mobility needs staff should know before off-campus activities.

Medical/allergy/mobility notes:

Parent/Guardian Phone (Home)

Phone (Work)

Phone (Cell)

Alternate Contact Name

Phone

Relationship

Parent/Guardian Signature

Date

Emergency Preparedness & Reunification Plan

In the event of an emergency, Infinite Potential Learning Academy will follow its emergency preparedness plan and communicate with families as soon as it is safe and practical to do so.

Shelter at the Child Care Facility / School

When sheltering in place is safer than leaving campus, children will remain indoors, doors will be secured, attendance will be verified, and staff will keep children calm and supervised. Parents should not attempt to pick up children until the school provides instructions.

Evacuation to Another Site

If an evacuation is required due to hurricane, tornado, electrical emergency, gas leak, fire, or other unsafe conditions, each teacher will take attendance records and emergency contact information. Staff will use attendance sheets and contact information to notify families.

Primary reunification site

Enoch Davis Recreation Center, 1111 18th Avenue South, St. Petersburg, FL 33705. If that site is not available, the school will notify parents of the alternate location.

Method to Contact Parents

Parents/guardians will be contacted by phone, text, email, app message, or written notice posted at the facility as conditions allow. Children will only be released to a custodial parent/legal guardian or an approved authorized pick-up person with valid identification.

Parent/Guardian Acknowledgment

Child Name

Grade/Classroom

Parent/Guardian Printed Name

Signature

Date

Photo, Video, Press & Media Permission

Please choose whether your child may be photographed, recorded, or included in school-related print, website, social media, classroom, yearbook, press, or promotional materials. Student privacy will be respected and images will be used for school-related purposes only.

Child Name

Grade/Classroom

I GRANT permission for my child to be photographed/recorded for school-related use.

I DO NOT GRANT permission for my child to be photographed/recorded for school-related use.

Restrictions or notes:

Parent/Guardian Printed Name

Signature

Date

Movie / Video Permission

Occasionally, preschool students may view short educational videos, music/movement clips, or age-appropriate G-rated materials that support instruction, enrichment, rainy-day activities, celebrations, or special events. Anything outside this description requires separate parent notice/permission.

I give permission for my child to view age-appropriate school-approved videos/movies.

I do not give permission for my child to view videos/movies without separate written permission.

Parent/Guardian Signature

Date

Child Care Food Program Free and Reduced-Price Meal Application - Combo

Complete this application for preschool/child care food program records. Please use ink, print clearly, and return the signed form with the enrollment packet.

Center Name & Address

Infinite Potential Learning Academy
 1900 12th Street South, St. Petersburg, FL 33705
 727-954-4934 | info@iplakids.org

Child Name Date of Birth Classroom/Age Level

Primary Hours of Care: From To Days Attending: M T W Th F S S

[] Breakfast [] AM Snack [] Lunch [] PM Snack
 [] Supper [] Evening Snack [] None

Step 1 - List all infants, children, and students in the household

Child name	Date of birth	School / child care	Foster child?	Migrant / Homeless / Runaway?
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No

Step 2 - Assistance Programs

If any household member receives SNAP, TANF, or FDPIR benefits, list the case number below. Do not list an EBT card number.

SNAP / TANF / FDPIR Case Number Name of Household Member Receiving Benefits

Step 3 - Household Members and Income

If Step 2 does not apply, list all household members and gross income before taxes/deductions. Use the pay frequency that matches the income: weekly, biweekly, twice monthly, monthly, or annually.

Adult household member name	Earnings from work	Public assistance / child support / alimony	Pensions / retirement / Social Security	Other income	Frequency
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

Total Household Members

Last Four Digits of Social Security Number of Adult Signing Form or check if none

I do not have a Social Security number.

Step 4 - Certification and Signature

I certify that all information on this application is true and that all income is reported. I understand this information is given in connection with receipt of federal funds and may be verified.

Street Address

City

State

ZIP

Daytime Phone

Email Address

Printed Name of Adult Signing Form

Signature

Date

Optional - Child Ethnicity and Race

Hispanic or Latino

Not Hispanic or Latino

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

For Office Use Only

Free

Reduced-Price

Non-needy

Incomplete application

Direct certification/documentation

Income too high

Determining Official Signature

Date

Second Party Check Signature

Date

Instructions for Completing the Child Care Food Program Application

Step 1: List every infant, child, and student in the household. Mark foster, migrant, homeless, or runaway status when applicable.

Step 2: If a household member receives SNAP, TANF, or FDPIR, write the case number. Do not write an EBT card number.

Step 3: If there is no assistance program case number, list all adults in the household and all gross income before taxes and deductions. Include earnings, public assistance, child support, alimony, retirement, pensions, Social Security, and any other income.

Step 4: The adult household member must sign and date the form. If the household is reporting income, the adult signing must provide the last four digits of their Social Security number or check that they do not have one.

Program year reminder

Income eligibility guidelines are updated each program year. The office should use the current Child Care Food Program income eligibility guidelines when determining eligibility.

This institution is an equal opportunity provider. Please see the full USDA nondiscrimination statement provided by the school/center when required.

Final Submission Review

Before turning in this packet, please review the list below. Missing signatures or documents may delay enrollment processing.

- Child Enrollment Record complete
- Copy of birth certificate
- Current DH 680 immunization record or exemption
- Current physical/health exam record
- Known allergies/action plan, if applicable
- Medication authorization, if applicable
- Custody/legal documents, if applicable
- Child Care Food Program application completed and signed
- All signatures completed

Parent/Guardian Printed Name

Signature

Date

Office Staff Initials

Date Packet Complete