Charlotte Rose Home Learning Tutoring Enrollment Packet

Parent/Guardian Information

Parent/Guardian #1

Full Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Parent/Guardian #2

Full Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Child(ren) Information

(Please complete for each child enrolling)

1. Name: _____ DOB: _____ Age: _____
2. Name: _____ DOB: _____ Age: _____
3. Name: _____ DOB: _____ Age: _____
4. Name: _____ DOB: _____ Age: _____
5. Name: _____ DOB: _____ Age: _____

Program Schedule Preferences

Please select either the Morning or Afternoon session for each child. Each session is held independently, with morning students dismissed before the afternoon group arrives, allowing for a calm and orderly transition.

Morning Session (Example: 9:00 AM – 12:00 PM)

Children attending:

_____

_____

_____

Afternoon Session (Example: 1:00 PM – 4:00 PM)

Children attending:

_____

_____

_____

Emergency Contacts

(Please list at least two if possible)

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____
4. Name: _____ Phone: _____ Relationship: _____
5. Name: _____ Phone: _____ Relationship: _____

Authorized Pick-Up List

(Only individuals listed below will be permitted to pick up your child)

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____
4. Name: _____ Phone: _____ Relationship: _____
5. Name: _____ Phone: _____ Relationship: _____

Pick-Up & Release Policy (Important)

To ensure the safety of every child:

Each child will be assigned a Student Identification Number

A child will ONLY be released to individuals listed on the authorized pick-up list.

If someone not listed arrives:

The child will NOT be released unless the parent/guardian is contacted and provide these information:

Identity must be confirmed by verifying:

Child's full name

Child's date of birth

Student Identification Number

Name of the person picking up

We WILL accept drop-off of enrolled students from individuals not listed on the authorized pick-up list. However, we will NOT release the child to them at pick-up unless they are approved or verified by a parent/guardian.

Medical & Special Considerations

(Please include details for EACH child as needed)

1. Child Name: _____

Allergies: _____

Medications: _____

Additional Notes: _____

2. Child Name: _____

Allergies: _____

Medications: _____

Additional Notes: _____

3. Child Name: _____

Allergies: _____

Medications: _____

Additional Notes: _____

4. Child Name: _____

Allergies: _____

Medications: _____

Additional Notes: _____

5. Child Name: _____

Allergies: _____

Medications: _____

Additional Notes: _____

Liability Waiver & Emergency Medical Consent

Emergency Medical Authorization

In the event of an accident, injury, or medical emergency involving my child(ren), I authorize Charlotte Rose Home Learning and its staff to:

- Provide basic first aid as needed
- Contact emergency medical services (911)
- Arrange for transportation to the nearest medical facility
- Communicate with medical personnel to ensure appropriate care

I understand that every reasonable effort will be made to contact a parent/guardian or emergency contact prior to or as soon as possible after care is provided.

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____

Consent to Emergency Medical Treatment

I acknowledge and consent that:

- If I cannot be reached in a timely manner, emergency medical care may be provided to my child(ren) when necessary to protect their health or safety
- I understand that, under Florida law, medical professionals may provide emergency care to a minor without parental consent if delay would endanger the child's well-being
- I agree to accept financial responsibility for any medical services rendered

This aligns with Florida statutes allowing emergency treatment when delay would pose risk to a minor's health.

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____

Medical Information Disclosure

I certify that:

- All medical conditions, allergies, medications, and special needs for each child have been fully disclosed in this enrollment form
- I will notify the program of any updates or changes immediately

I understand that accurate medical information is critical for the safety and care of my child(ren).

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____

Liability Acknowledgment

I understand that participation in Charlotte Rose Home Learning includes activities such as:

- Indoor learning and group interaction
- Outdoor play and nature-based exploration
- Hands-on educational activities

I acknowledge that these activities carry inherent risks, including but not limited to minor injuries.

By enrolling my child(ren), I agree that:

- I will not hold Charlotte Rose Home Learning or its staff liable for injuries that may occur during normal, supervised activities
- Staff will act with reasonable care and supervision at all times
- This agreement does not waive liability for gross negligence or intentional misconduct

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____

Good Faith Emergency Care

I understand that:

- In emergency situations, staff may act in good faith to provide care until professional medical help arrives
- Florida law protects individuals who provide emergency care in good faith from civil liability when acting reasonably under the circumstances

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____

Emergency Contact Responsibility

I agree to:

- Provide accurate and up-to-date emergency contact information
- Ensure that at least one listed contact is reachable during program hours
- Keep phone numbers current at all times

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____

Parent/Guardian Consent & Agreement

By signing below, I confirm that:

- I have read and understand this Liability Waiver & Emergency Medical Consent
- I give permission for Charlotte Rose Home Learning to act in the best interest of my child(ren) in emergency situations
- I acknowledge and accept the terms outlined above

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____

Emergency Transportation & Alternate Release Authorization

Emergency Transportation Authorization

In the event of an emergency where a parent/guardian or authorized pick-up person cannot be reached, I give permission for Charlotte Rose Home Learning staff to:

- Transport my child(ren) if necessary for their safety or well-being
- Arrange for safe drop-off at an appropriate location if required

I understand that this will **ONLY occur in urgent or emergency situations** when no other reasonable option is available.

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____

Alternate Drop-Off Conditions

I acknowledge and agree that:

- The decision to transport or relocate a child will be made **at the sole discretion of staff**, based on the child's safety and best interest
- Drop-off locations may vary depending on the situation and may include:
    - Emergency contacts
    - Safe designated locations
    - Medical facilities or care providers

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____

Authorized Release Requirement

- A child **will NOT be released** to any individual who is not listed on the authorized pick-up list
- This includes emergency transportation situations

Exception (Emergency Verification Only):

If an unlisted individual is to receive the child, the following MUST be verified directly with a parent/guardian:

- Child's full name
- Child's date of birth
- Name of the person picking up
- Any additional identifying information requested by staff

If proper verification cannot be completed, **the child will NOT be released**.

Liability Acknowledgment (Transportation)

I understand that:

- Emergency transportation or relocation may carry inherent risks
- Staff will act in good faith and with reasonable care when making decisions

By signing below, I acknowledge that:

- Charlotte Rose Home Learning is not responsible for unforeseen events that may occur during emergency transportation when acting in good faith and in the child's best interest
- This authorization is intended for **emergency use only** and not routine transportation

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____

Parent/Guardian Consent for Emergency Transportation

I give permission for Charlotte Rose Home Learning staff to transport and/or make emergency placement decisions for my child(ren) under the conditions outlined above.

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____

Program Understanding & Acknowledgment

Charlotte Rose Home Learning Tutoring is a **Charlotte Mason-inspired tutoring and homeschool support program** designed to assist families in their homeschool journey.

We provide a structured, nurturing environment where children can engage in guided learning, exploration, and meaningful educational experiences. However, we are **not a school** and do not replace the parent's role in their child's education.

Parent/Guardian Responsibility

By enrolling in this program, I understand and acknowledge that:

- I am responsible for establishing and maintaining my child's **Home Education Program** in accordance with Florida law
- My child(ren) must be registered as homeschool students through the appropriate county school district (Notice of Intent) if required by age
- I remain the **primary educator of my child(ren)** and am responsible for:
    - recordkeeping
    - evaluations
    - compliance with state homeschool requirements

Role of Charlotte Rose Home Learning

I understand that Charlotte Rose Home Learning Tutoring:

- Provides **academic support, guidance, and enrichment**
- Offers a Charlotte Mason-inspired learning environment
- Supports, but does not replace, the parent's legal responsibility for education

Acknowledgment of Program Structure

I understand that:

- This program operates as a **tutoring and homeschool support service**
- Attendance in this program does not constitute enrollment in a public or private school
- Participation is intended to **supplement and support** my child's homeschool education

Parent/Guardian Agreement

By signing below, I acknowledge that:

- I understand the nature and purpose of this program
- I accept full responsibility for my child's homeschool education in accordance with Florida law
- I agree to provide required documentation (including Notice of Intent, if applicable)

Signatures:

Parent/Guardian #1: _____ Date:_____

Parent/Guardian #2: _____ Date:_____

Additional Guardian (if applicable):_____ Date:_____