



Enrollment Form (Please Print and use a separate for each child)

Date: _____

First Day of Attendance: _____

Child Information

Child's Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Sex: M or F Age: _____

Parent/Guardian Information

Mother's Full Name: _____ Marital Status: _____

Subdivision: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Home phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Full Name: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Legal Custody: **Mother** YES _____ NO _____ **Father** YES _____ NO _____

PRINT NAME: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____



Emergency Contacts Form(Please Print and use a separate for each child)

Child Information

Child's Name: _____ Date of Birth: _____

Authorized Information

Please list below the person you authorize to pick up your child in case of an illness, accident, or emergency if for some reason the custodial parent or legal guardian cannot be reached.

Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____



Medical Information

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Hospital Preference: _____ Food Allergies: _____ Medical Condition: _____

CHILD'S HEALTH RECORD: A copy of your child's immunizations and current physical is required and must be submitted on/prior to first day of attendance.

In case of a medical emergency, I understand that my child will be transported to _____ by the local emergency unit for treatment if the local emergency resource feels it necessary.

Eating

Eating habits: _____ Child can feed Him/Herself: YES or NO

Does your child have any dietary restrictions, including those for medical, religious, or cultural reason? YES or NO- Please Explain: _____

What is your child's favorite food? _____

What food does your child dislike? _____

Diapering/Toileting

In Diapers: _____ In Pull-ups: Toilet Trained: _____

What word does your Child/Family use for urination? _____

What word does your Child/Family use for bowel movement? _____

Can your child be relied upon to indicate bathroom wishes? _____

Sleeping

Describe your child's sleeping arrangement: _____

Does your child go to sleep: Easily _____ With Difficulty _____ With Blanket _____ With Stuffed Animal _____

How long does your child typically sleep? _____

What time does your child goes to sleep at night? _____



What time does your child awaken?

About your Child

Has your child been in a Preschool setting before? _____ Childcare _____ Homecare _____ Relative _____

Was it a positive experience?

How does your child feel about Preschool and being left by mommy/daddy?

Are there any recent traumatic situations your child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your child afraid of: Lighting _____ Storms _____ Loud noises _____ Balloon pop _____ Other _____

What language(s) are spoken at home?

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24),
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility or Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

PRINT NAME: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____