

State of Florida Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:	Date of Birth:	Sex: Da	te of Enrollment:
Full Name:			
Last	First	Middle	Nickname
Primary Hours of Care:	: From	To	
Days of the Week in C	are: M T W	Th F Sa	Su
Meals Typically Served	d While in Care: Br	AM Snack Lunch	PM Snack Sup Eve Snack
Family Information:	Child Lives \	With:	
Mother's Name:		Father's Name: _	
Address:		Address:	
	/Cell:		/Cell:
Custody: Mother	Father	Both	Other
obtain emergency med	lical care if warranted.	ess:	ving medical personnel toPhone:
		ess:	
		ess:	
			concern:
following people will als	so be contacted and are	e authorized to remove th	the persons listed below. The e child from the facility in case ent or legal guardian cannot be
Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#

Helpful Information About Child:				
 Section 65C-22.006(2), F.A.C., requires a current phy immunization record (Form 680 or 681) within 30 days 				
 Section 402.3125(5), F.S., requires that parents received Brochure, "Know Your Child Care Facility" (CF/PI 175) 				
Section 65C-20.11(2)(c)(1), F.A.C., requires that pare home brochure, "Selecting A Family Day Care Home				
 Section 65C-22.006(3)(c)2., F.A.C., requires that pare practices used by the child care facility, or 	ents are notified in writing of the disciplinary			
Section 65C-20.010(6)(c), F.A.C., requires that a writt discipline policy be available for review by the parent(
Your signature below indicates that you have received the this enrollment form is complete and accurate.	e above items and that the information on			
Signature of Parent/Guardian	Date			