DCF-Department of Children & Families



CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:	dent Information: Date of Birth: Date of Enrollment:			Μ	
Full Name:					
Last	First		Middle	Nickname	
Child's Address:					
Email Address:					
Primary Hours of Care:	From:	То			
Days of Week in Care:	мтwт	h F			
Meals Served While in Care:	Br AM Sna	ack Lunch	PM Snack	Eve Snack	
Family Information:	Child Lives Witl	n:			
Mother's Name:		Father's	Name:		
Address:					
Home Ph #:		Home P	h #:		
Employer:			er:		
Address:					
Work #:		Work #:			
Cell Ph #:					
Custody:Mother	Father	Both	Other		

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:

1.	Doctor:	2. Doctor:	
	Address:	Address :	
	Phone:		
	Hospital Preference:	Phone #:	
	Dentist:	Please list allergies, special medical or dietary	
	Address:	needs, or other areas of concern:	
	Phone #:		

Please tell us of any medical conditions or behavioral issues that we should be aware of:

CONTACTS:

Child will be released only to the custodial parent or legal guardian and the persons listed below. If for some reason parent/guardian cannot be reached, the following people will be contacted in case of illness, accident or emergency and are authorized to remove child/ren from facility:

Name (relationship)	Address	Cell/Home/Work #'s
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Name (relationship)	Address	Cell/Home/Work #'s

Helpful information about your child:

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"

Section 65C-22.006(4)©2, F.A.C.' requires that parents are notified in writing the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Please use for additional information: (ex. Phone numbers, address, etc.)

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NAME OF CHILD:_____

1.	Name:	
	(Parent(s)/Guardian)	
	Home Ph:	
	Work Ph:	
	Cell Ph:	
	Relationship to Child:	
	Address:	
2.	Name:	
	Home Ph:	
	Work Ph:	
	Cell Ph:	
	Relationship to Child:	
	Address:	
3.	Name:	
	Home Ph:	
	Work Ph:	
	Cell Ph:	
	Relationship to Child:	
	Address:	

SICK POLICY: If your child becomes ill in our care, you will be called to pick up your child as soon as possible. If your child runs a fever of 100 or more your child cannot return to school for 24 hours. We will not administer any over the counter medicine since this may mask signs of illness.

Please list any allergies your child has:

Please tell us of any medical conditions:

PHOTO RELEASE:

_____I do give my permission to have my child's picture taken. The photo will be used in the classroom activities, promotions, and class year book.

I do not give my permission to have my child's picture taken.

DISCIPLINE POLICY: Our policy is to redirect and/or talk to the child explaining why the behavior is inappropriate. If this fails, a "quiet time" (time out) will be used. The amount of "quiet time" used depends on the age of the child. One minute per year is the guideline that is followed. If the problem continues and redirection and talking is unsuccessful, the parent/guardian will be notified for pick up. If the behavior is not corrected after an acceptable amount of time, the child may be requested to withdraw from the center. Spanking or any other form of physical punishment is prohibited. Children will never be subjected to humiliation, frightening, or discipline associated with food, rest or toilet.

Parent/Guardian's Signature

Date

DATE OF ILLNESS	SIGNS OF ILLNESS	PERSON CONTACTED	RETURN DATE