



CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: F M
Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Address: _____

Email Address: _____

Primary Hours of Care: From: _____ To _____

Days of Week in Care: M T W Th F

Meals Served While in Care: Br AM Snack Lunch PM Snack Eve Snack

Family Information:

Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Ph #: _____ Home Ph #: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work #: _____ Work #: _____

Cell Ph #: _____ 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: _____ 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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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.)



EMERGENCY CONTACTS

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: _____
