



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT



Student Information:

Date of Birth: _____ Sex: _____

Date of Enrollment: _____

Full Name: _____

Last

First

Middle

Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served 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: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____/Cell: _____

Work Phone: _____/Cell: _____

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.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts:

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

Name	Address	Work#	Home#	Relationship to the Child
------	---------	-------	-------	---------------------------

Name	Address	Work#	Home#	Relationship to the Child
------	---------	-------	-------	---------------------------

Name	Address	Work#	Home#	Relationship to the Child
------	---------	-------	-------	---------------------------

* In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.



"LARGE ENOUGH TO MEET YOUR NEEDS AND SMALL ENOUGH TO NEED YOU"

Helpful Information About 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 (c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

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

Signature of Parent/Guardian

Date