



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



Student Information:

Date of Birth: _____ Sex: _____ Ethnicity _____

Date of Enrollment: _____ Age: _____

Full Name: _____

Last	First	Middle	Nickname
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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:

() Mother () Step-Mother () Legal Guardian (Check One)

Name _____ Address _____

Employed by _____ Occupation _____

Cellphone _____ Work Phone _____

Email Address _____

Marital Status: () Single () Married () Divorced () Widowed () Separated

() Father () Step-Father () Legal Guardian (Check One)

Name _____ Address _____

Employed by _____ Occupation _____

Cellphone _____ Work Phone _____

Email Address _____

Marital Status: () Single () Married () Divorced () Widowed () Separated

If parents are divorced or separated, with whom does the child live with? (Include address if different from above) _____

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 discrimi-

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: _____

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

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable):

Helpful Information About Child:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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