

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	Last First		rst	Middle				Nickname	
Child's Physical Address:									
Primary Hours of Care:	From:			To:					
Days of the Week in Care:	М	Т	W	Th	F	Sa	Su		
Meals Typically Served Whil	e in Care:	Bre	akfast	MS	Lui	nch	AS	Supper	
FAMILY INFORMATION									
Parent/Guardian Name: Address: Home Phone: Employer: Address: Work Phone: Relationship to the Child: Custody: Mother	/Cell: Fa	ather		Parer Addre Home Emple Addre Work Relati	ess: Phone oyer: ess: Phone: onship	lian Nan	hild:	/Cell: Other	
			MEDIC	AL INFO	RMATI	ON			
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:	
Dentist:			Address:					Phone:	
Hospital Preference:									
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):									



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EMERGENCY CONTACTS:

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

Name	Address	Work Number	Home Number				
Name	Address	Work Number	Home Number				
Name	Address	Work Number	Home Number				
Name	Address	Work Number	Home Number				
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, "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, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 7.3, C.4, requires that parents are provided with information detailing the causes, symptoms, and transmission of the influenza virus during the months of August and September.
- Section 7.3, C.5, requires that parents are provided with information regarding the potential for distracted adults to fail to drop off a child at the facility and instead leave then in the adult's vehicle upon arrival at the adult's destination during the months of April and September.
- 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. I hereby grant permission for the staff of this facility to have access to my child's records and agree to notify the facility of my child's absence by a designated time as set by the child care facility.

Name of Parent/Guardian	Date