



**Childcare Application for Enrollment**

**Student Information**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Enrollment: \_\_\_\_\_ School: \_\_\_\_\_

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 Ev

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**Family Information:** Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

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**Medical Information**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical services if warranted. I give my consent to transport by ambulance if the situation warrants.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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

**Helpful Information About the Child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pick up authorization and emergency contacts:**

Child will be released to the custodial parent or legal guardian and the persons listed below. Check the box next to the people that will be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency. Please make sure to add yourself as an emergency contact. Any additions to this list must be made in writing and CANNOT be made by phone.

for Emergency Contact

<input type="checkbox"/>	Name	Male / Female	Date of Birth	Contact Phone
	Address		City	State

<input type="checkbox"/>	Name	Male / Female	Date of Birth	Contact Phone
	Address		City	State

<input type="checkbox"/>	Name	Male / Female	Date of Birth	Contact Phone
	Address		City	State

<input type="checkbox"/>	Name	Male / Female	Date of Birth	Contact Phone
	Address		City	State

<input type="checkbox"/>	Name	Male / Female	Date of Birth	Contact Phone
	Address		City	State

<input type="checkbox"/>	Name	Male / Female	Date of Birth	Contact Phone
	Address		City	State

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680) within 30 days of enrollment. ***(for preschool/VPK programs only)***

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care" (CF/PI 175-24) and the Influenza Virus Brochure, "The Flu: A Guide for Parents." (CF/PI 175-7).

Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or Section 65C-20.010(6)(c), F.A.C., requires that a written copy of the family day care provider's discipline policy be provided for review by the parent(s).

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

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



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Names of the  
agency. Please  
made by

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Number

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Zip Code

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Number

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Zip Code

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Number

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Zip Code

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Number

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Zip Code

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Number

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Zip Code

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Number

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Zip Code

or 681) within

Facility"

Child care  
may be available

is complete