

State of Florida  
Department of Children and Families

**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Enrolment: \_\_\_\_\_

Full Name \_\_\_\_\_

Last

First

Middle

Nickname

Child's 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

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**Family Information:**

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

Child Lives With: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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 care if warranted.

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

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

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferences \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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**Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contact and are authorized to 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#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Signature\_X \_\_\_\_\_ Date \_\_\_\_\_

Please list additional household members and their relationship to your child:

_____	_____
_____	_____
_____	_____
_____	_____

I, \_\_\_\_\_ attest the parent(s) listed on the front of this enrolment form and above named are the only household members.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Helpful Information about Child:**

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

Section 65C-22006[2], F.A.C, required a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrolment.

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-22006(4)©2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child facility.

By signing below, you verify that you have received the above items and that all information on this enrolment form is complete and accurate.

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

\_\_\_\_\_  
Date