

State of Florida Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

| Student Information: | udent Information: Date of Birth: | | Sex: Date of Enrollment: | | |
|--|--------------------------------------|---------------|--------------------------------|----------------------------|---|
| Full Name: | | | | | |
| Last Child's Physical Address | F | irst | Middle | | Nickname |
| Primary Hours of Care: | From | | То | | |
| Days of the Week in Car | e: M T | W Th | F S | Sa Su | |
| Family Information: | Child Liv | es With: | | | |
| Mother's Name: | | F | ather's Nam | ne: | |
| Address: | | <i>P</i> | Address: | | |
| Home Phone: | | | | | |
| Employer: | | | | | |
| Address: | | | Address: | | |
| Work Phone: | /Cell: | V | | | /Cell: |
| Custody: Mother | Father _ | E | 3oth | | Other |
| obtain emergency medic Doctor: | A | ddress: | | | |
| | | | | | |
| | | | | Phone: Phone: | |
| Hospital Preference: | | | | | FIIOHE |
| Please list allergies, spe | | | | s of concer | n: |
| Emergency Care Plan in | structions (if appli | cable): | | | |
| Emergency Contacts: Child will be released on The following people will case of illness, accident cannot be reached: | also be contacted or emergency, if f | d and are aut | horized to re son, the cust | emove the o odial paren | child from the facility in tor legal guardian |
| Name | Address | | Work# | 7 | Home# |
| Name | Address | | Work# | <i>‡</i> | Home# |
| Name | Address | | Work# | # | Home# |

| Name | Address | Work# | Home# |
|---|---|--|---|
| Helpful Informa | ntion About Child: | | |
| | | | |
| | | | |
| | and 7.2, of the Child Care Facil and immunization record (Form | • | |
| Section 7.3, Care Facility | of the Child Care Facility Handb Brochure, "Know Your Child Ca | ook, requires that parents rece are Facility" (CF/PI 175-24), or | eive a copy of the Child |
| that parent(s | of the Family Day Care Home/ L) receive a copy of the family da ler" (CF/PI 175-28). | | |
| Section 2.8, disciplinary a | of the Child Care Facility Handb and expulsion policies used by the | ook, requires that parents are ne child care facility, or | notified in writing of the |
| | of the Family Day Care Home/ L are notified in writing of the disc r. | | |
| this enrollment f | pelow indicates that you have re- orm is complete and accurate. I my child's records. | ceived the above items and the hereby grant permission for the | at the information on ne staff of this facility to |
| Signature of Par | ent/Guardian | | e |
| | | | |