



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 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 Eve Snack

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____/Cell: _____ Work Phone: _____/Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____

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 Preference: _____

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

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 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#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Helpful Information About Child:

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

I understand and have been made aware of the importance of vaccinations and Meningococcal disease (need to know information, a copy permanently posted in front room) and agree to provide FSIL with updated vaccine records.

I have been provided with the information detailing the causes., symptoms and transmission of the FLU virus every year during August and September. (copy permanently posted in front room) Y

Year: _____ **Month:** _____

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (Copy is permanently posted in front room)

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 and to know that food will never be used as punishment. (incident reports will be in writing and a copy given to the parent)

I understand that any food brought in to share with the class, must be store bought or prepared by a licensed catering company.

I understand that if public schools are closed due to weather we also will be closed. Please check your local broadcasting system. It is unlawful to remain open without electricity or a working phone, in these cases you will be called to pick your child up.

I understand FSIL will be taking pictures of my child and may or may not post them, no names will ever be used.

I do not want pictures of my child taken. Sign: _____

I understand and give permission for FSIL staff to dispense Tylenol or Benadryl to my child and I will receive a phone call in this event.

I do not want medicine given to my child in the case of an emergency. Sign _____

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

Signature Parofent/Guardian

Date