

## 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	•	
<ul> <li>Section 7.3, Care Facility</li> </ul>	of the Child Care Facility Handb Brochure, "Know Your Child Ca	ook, requires that parents rece are Facility" (CF/PI 175-24), <b>or</b>	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).		
<ul> <li>Section 2.8, disciplinary a</li> </ul>	of the Child Care Facility Handb and expulsion policies used by the	ook, requires that parents are ne child care facility, <b>or</b>	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