CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:	Date of E	Birth:	Sex:	
	Date of E	nrollment:		
Full Name:				
Last	First	Middle	Nickname	
Child's Physical Address:				
Primary Hours of Care: From		To		
Days of the Week in Care: M				
Meals Typically Served While in Co				
Family Information:		The second second control of the second seco		
Mother's Name:				
Address:				
Home Phone:				
Employer:				
Address:			/Cell	
Work Phone:/Ce				
Custody: Mother			Other	
I hereby grant permission for the s obtain emergency medical care Doctor:	if warranted.			
Doctor:	Address:		Phone:	
Dentist:				
Hospital Preference:				
Please list allergies, special medic			concern:	
Contacts: Child will be released only to the of the following people will also be of in case of illness, accident or emercannot be reached:	contacted and	are authorized to rem	nove the child from the facility	
Name Addre	SS	Work#	Home#	
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Name Addre	SS	Work#	Home#	
Name Addres	SS	Work#	Home#	

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.
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-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.
Your signature below indicates that you have received the above items and that the information this enrollment form is complete and accurate.
Signature of Parent/Guardian