



State of Florida Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth:	Date of Sex: Enrollment:			
The state of the s	and and are auditorized to remove the debt lever the			
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			
Family Information: Child's Lives With:				
Family Information: Child's Lives With:	CONTRACTOR OF TAXABLE PARTY OF TAXABLE P			
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 (specify):			
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:	Coulines that parents mustive a copy of the Child Core			
Phone Number:	Facility' (CF/Pt-176-2A) (also evaluable on-line st			
Doctor: Address:				
Phone Number:	some brochere entitled Described A Femily Day Care			
House Provident (Crapt Francis) (one overchie)				
Dentist: Address:	with the first persons the modeled in writing of the			
Phone Number:				
Hospital Preference:	a Filming Life III Court Hours of the State			
Please list allergies, special medical or dietary needs, or	or other areas of concern:			

Emergency 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 Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

Helpful Information About Child:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care
 Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at
 https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that
 parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care
 Home Provider" (CF/PI 175-28) [also available on-line at
 https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

1	
	Date
Signature of Parent/Guardian	Date