



**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

**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: \_\_\_\_\_

\_\_\_\_\_

Emergency Care Plan instructions (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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#	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#

Helpful Information About Child:

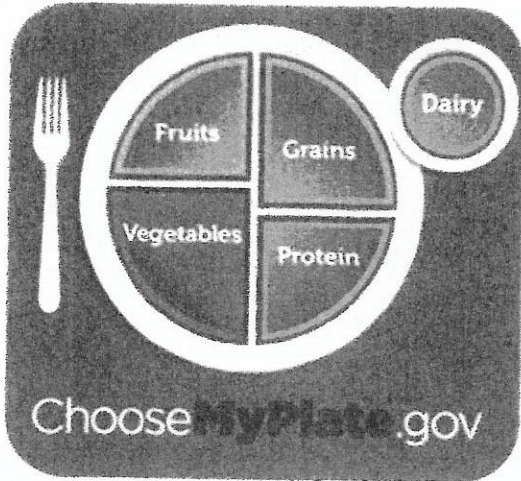
Four horizontal lines for writing.

- 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, "Know Your Child Care Facility" (CF/PI 175-24), 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, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
• 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.

Signature of Parent/Guardian

Date



This facility follows the guidelines laid out on [choosemyplate.gov](http://choosemyplate.gov) to ensure the nutritional needs are met for every child.

### Practicing Food Safety

- ✓ Offer finger foods to toddlers
- ✓ Watch young children while they are eating
- ✓ Insist children sit to eat or drink
- ✓ Encourage children to take their time and chew well
- ✓ Look for warning labels on food with high choking risks
- ✓ Be prepared to do first aid for choking quickly

[www.eatright.org](http://www.eatright.org)

### 8 Most Common Allergens

- ✓ Milk
- ✓ Eggs
- ✓ Peanuts
- ✓ Soy
- ✓ Wheat
- ✓ Tree Nuts
- ✓ Fish
- ✓ Shellfish

[www.kidshealth.org](http://www.kidshealth.org)

### Food Associated with Choking

- ✓ Whole/Round Hotdogs
- ✓ Popcorn
- ✓ Chips
- ✓ Pretzel Nuggets
- ✓ Whole Grapes
- ✓ Nuts
- ✓ Cheese Cubes
- ✓ And anything similar to the windpipe

Food for an infant must be cut into  $\frac{1}{4}$  in or smaller pieces

Food for a toddler must be cut into  $\frac{1}{2}$  inch or smaller pieces

DCF Handbook 3.9.3C

### What Areas of My Body Are Affected by an Allergy?

- ✓ Skin
- ✓ Gastrointestinal Tract
- ✓ Respiratory Tract
- ✓ Cardiovascular System

[www.kidshealth.org](http://www.kidshealth.org)

I have received a copy of the above policies related to food.

\_\_\_\_\_  
Parent/Guardian  
Signature

\_\_\_\_\_  
Date