

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  Sat  Sun

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: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferences: \_\_\_\_\_

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# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

**Helpful Information About Child:**

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• 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" (CF/PI 175-24), or

Section 65C-20.11(2)(c)(1), F.A.C., 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 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, or

Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

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

**Signature of Parent/Guardian**

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**Date**

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