

State of Florida Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:					Sex: ment:				_
									_
Full Name:									
Last Firs				Middle Nicknam				е	
Child's Physical Address:									
Primary Hours of Care: Fr	om		To _						
Days of the Week in Care:	M T	W	Th	F	Sa	Su			
Meals Typically Served Whil	e in Care:	Br Al	M Snack	κ L	unch	PM Sna	ack	Sup	Eve Snack
Family Information:						******			******
Mother's Name:									
Address:									
Home Phone:									
Employer:				•	3				
Address:									
Work Phone:	/Cell:		<u> </u>	Work	(Phone:	·		/Cell_	
Custody: Mother	_ Fathe	er		Both			Other .		
********	*****	******	*****	****	******	*****	******	*****	******
Medical Information: I hereby grant permission for obtain emergency medical			cility to	conta	act the f	following	j medi	cal pe	rsonnel to
Doctor:		Addre	ess:					Phone	2:
				Phone:					
Dentist:									
Hospital Preference:									
Please list allergies, special							cern:_		
**********			*****	++++	++++++				
Contacts: Child will be released only: The following people will al in case of illness, accident cannot be reached:	so be conta	cted ar	nd are a	autho	rized to	remove	the ch	nild fro	m the facility
Name	Address				Work	#			Home#
Name	Address				Work#	#			Home#
Name	Address				Work#	#			Home#
Name CF-FSP 5219, January 2008	Address				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 on this enrollment form is complete and accurate.
Signature of Parent/Guardian Date