



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment _____

Child's Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____ Zip Code: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F

Meals Typically Served While in Care: Br Lunch PM Snack

Family Information: ~~Child Lives With:~~

Parent's Name: _____ Parent's Name: _____

Address: _____ Zip _____ Address: _____ Zip _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell# _____ Work Phone: _____ Cell# _____

Email: _____ Email: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to release medical information to the following individuals and to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Individuals: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, current medications, 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/Relationship	Address	Work#	Home#	Cell#
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Name/Relationship	Address	Work#	Home#	Cell#
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Name/Relationship	Address	Work#	Home#	Cell#
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Name/Relationship	Address	Work#	Home#	Cell#
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Helpful Information About Child:

Name of Child's Insurance Carrier: _____

Medical Insurance Policy Number: _____

Policyholder's Name: _____ Group Number: _____

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.

The Discipline Policy of Methodist Children's Village is included in the Parent Manual.

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

Print Name of Parent/Guardian

Driver's License # : _____