

# Bugaboos Kids Club & Learning Center

## Childcare Application for Enrollment

### Student Information:

Date of Birth\*: \_\_\_\_\_ Sex\*: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Full Name\*: \_\_\_\_\_  
First\* Middle Last\* Nickname

Child's Home Address: \_\_\_\_\_  
Street Address\* City\* Zip\*

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: M Tu W Th F

Meals: B L Pm Snack

### Family Information (leave address blank if same as child):

Parent 1 Name\*: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Relation to Child\*: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

City, Zip\*: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Cell Phone\*: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail\*: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

City, Zip: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Custody: Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Other \_\_\_\_\_

Lives With: Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Other \_\_\_\_\_

Are you in/Do you plan to enroll in School Readiness/4Cs Financial Aid program? Yes \_\_\_\_\_ No \_\_\_\_\_

### 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: \_\_\_\_\_

Emergency Care Plan: Please list **allergies**, special medical or dietary needs, or other areas of concern:

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Bugaboos Kids Club & Learning Center will be monitoring your child's learning and growth as he/she reaches new milestones. We need to know if your child was a **full-term baby or premature**. If your child was born early, **please tell us how many weeks early for adjustment of milestones.** \_\_\_\_\_

Is there a family history of childhood deafness or hearing impairment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_

Is there a family history of childhood vision impairments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_

Other helpful information about your child:

\_\_\_\_\_

\_\_\_\_\_

**Contacts:**

Child will be released only to the custodial parent or legal guardian (listed above) 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:

Full Name	Relationship to child	Cell/Home#
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Work#	Lives With?	Emergency?	Pickup?
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Full Name	Relationship to child	Cell/Home#
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Work#	Lives With?	Emergency?	Pickup?
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Full Name	Relationship to child	Cell/Home#
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Work#	Lives With?	Emergency?	Pickup?
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Full Name	Relationship to child	Cell/Home#
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Work#	Lives With?	Emergency?	Pickup?
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**Bugaboos Requires: Parents to PROVIDE A LABELED BLANKET, LABELED CRIB SHEET, WIPES & 2 CHANGES OF CLOTHING for EACH child. All blankets, sheets and soiled clothing will be sent home on Fridays to be cleaned & returned on Monday.**

The following applies for my child, \_\_\_\_\_ (select one).

\_\_\_\_\_ My Child does **NOT** have a food allergy or dietary restriction.

\_\_\_\_\_ My Child **DOES** have a food allergy or dietary restriction. They may participate in activities but may not eat or handle the following items: \_\_\_\_\_.

\_\_\_\_\_ My child **DOES** have a food allergy or dietary restriction. They may **NOT** participate.

\_\_\_\_\_ Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040- "Yellow") and Immunization record (Form 680 or 681 "blue") 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).

\_\_\_\_\_ Section 65C-22.006(3)(c)2., F.A.C., requires that parents be notified in writing of the disciplinary practices used by the childcare facility.

**Yes / No** I would like to have my child, \_\_\_\_\_ have insect repellent applied to exposed areas before going outside daily. I understand that I will need to provide insect repellent for my child (labeled with name please).

**Yes / No** I would like to have my child, \_\_\_\_\_ have sunscreen applied to exposed skin areas before going outside daily. I understand that I need to provide sunscreen for my child (Labeled with name please).

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

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Signature of Director**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Printed Name of Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**