



4804 Blanding Blvd.

Jacksonville, FL 32210

(904) 250-5826

**Application for registration for childcare**

Date of birth: \_\_\_\_\_ Registration Date \_\_\_\_\_ Gender: M F

Full name: \_\_\_\_\_

Last First Nickname of the middle

Child's address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Main hours of service: From: \_\_\_\_\_ to \_\_\_\_\_

Days of the week in daycare: M T W T H F S

Meals served during pick-up: Br AM Snack Breakfast PM Snack Dinner

**Family Information:** The child lives with: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

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

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

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

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

Ph Cell #: \_\_\_\_\_ Ph Cell #: \_\_\_\_\_

Police custody: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other

**Medical information:**

I hereby authorize the personnel of this facility to contact the following medical personnel for emergency medical care if required:

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

Hospital Preference: \_\_\_\_\_

Please list any allergies, special medical or dietary issues, or behavioral issues that we should be aware of

**Contacts**

A child will only be released to the custodial parent or legal guardian and the person listed below. If, for any reason, the parent or guardian cannot be reached, the following persons will be contacted in the event of illness, accident or emergency and are authorized to remove children from the facility:

Name	(relationship)	Cell Address	/Home/Work #
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Name (relationship) Cell Address /Home/Work #

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Name (relationship) Cell Address /Home/Work #

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Name (relationship) Cell Address /Home/Work #

Useful information about your child:

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Section 65C-22.006(2), F.A.C., requires a physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

- Section 402.3125(5), F.S., requires parents to receive a copy of the Child Care Facilities brochure entitled "Know Your Child Care Facility" (CF/PI 175-24)
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents be informed in writing of the disciplinary practices used by the child care facility

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

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Parent/Guardian Signature Date Parent/Guardian Signature Date

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Driver's License# State Driver's License# State

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Date of birth Parent/guardian Date of birth Parent/guardian of birth

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SS Last 4 # SS Last 4#

**\*\*Please initial each section that applies to your child\*\***

- I have received and reviewed the ALS Parent Handbook regarding all policies and procedures
- I have read and signed the Ministry of Children and Families' flu vaccine form.
- I have read and signed the Withdrawal Policy Agreement and I understand the policies

**\*I understand that I am responsible for any monies not paid by the program I am in (ELC/ECS/NACCRRRA)**

- I am in the SR/ECS school preparation program and I have reviewed and signed the contract.
- I am in the VPK program and I have reviewed and signed the contract.
- I am in the NACCRRRA program and have reviewed and signed the contract.