

1



Resilient Environment Department
Consumer Protection Division
Child Care Licensing and Enforcement Section
1 North University Drive • Plantation, Florida 33324 • 954-357-4800

CHILD ENROLLMENT INFORMATION

PASSWORD

Name of Child: _____ First Date of Attendance: _____

Address: _____ Birth Date: _____

Sex: _____ Preferred Name: _____

List of Known Allergies: _____

Special Needs: _____

Mother

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Place of Employment

Name: _____ Phone: _____

Address: _____ Email: _____

Father

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Place of Employment

Name: _____ Phone: _____

Address: _____ Email: _____

Guardian

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Place of Employment

Name: _____ Phone: _____

Address: _____ Email: _____

Child's Physician

Office Name: _____ Email: _____

Address: _____ Phone: _____

May facility consult the above physician if parent/guardian cannot be reached? Yes No

Other persons to be notified in case of illness or accident

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Person(s) permitted to remove child: Mother Yes No Father Yes No

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name of Person Enrolling Child (Print)

Signature of Person Enrolling Child

Date of Enrollment