# Child Kare Solutions Enrollment Application

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

Full Name: _____
Last First Middle Nickname

Physical Address: _____

Primary Care Hours: From _____ to _____

Days of week in care: □ M □T □W □Th □F

Meals Typically Served while in care: □Breakfast □Lunch □Snack

*Family Information:* Child Lives with: _____

Mother's Name: _____ Father's Name _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Cell Carrier:_____ Cell Carrier:_____

Email: _____ Email: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Custody: Mother □ Father □ Both □ Other □

*Medical Information*

Physician: _____ Address: _____ Phone: _____

Dentist: _____Address:_____Phone:_____

Hospital Preference:_____

Medical Information (i.e., allergies, medical conditions, dietary restrictions) _____

_____

_____

*AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT*

If my child, _____, should become ill or injured at Child Kare Solutions, I understand that Child Kare Solutions will: (1) Contact me immediately and (2) Contact the person(s) designated, they are authorized to contact

My child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

_____

Signature Relationship Date

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*Contacts:* Child will be released only to the custodial parent or guardian and the person(s) 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 guardian cannot be reached.

_____

Name Relationship Contact Number

_____

Name Relationship Contact Number

_____

Name Relationship Contact Number

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*List any additional information which would be beneficial for the Child Kare Solutions to know about your child:*

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HILLSBOROUGH COUNTY ORDINCANE requires that parents must receive a copy of the "KNOW YOUR CHILD CARE FACILITY BROCHURE", information on the INFLUENZA (FLU) VIRUS, and the parents are notified in writing of the "DISCIPLINARY PRACTICES" used by Child Kare Solutions. The parent's/legal guardian's signature certifies receipt of the Child Care Facility brochure, influenza information, discipline policies, alternate nutrition plan agreement and that all information on this form is complete and accurate.

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Signature of Parent or Legal Guardian Date

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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.***