



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

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

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

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

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ /Cell: _____ Work Phone: _____ /Cell: _____

Relationship to the child: _____ Relationship to the child: _____

Custody: Mother _____ Father _____ Both _____ Other _____

email _____

email _____

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: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable): _____



Emergency Contacts:

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

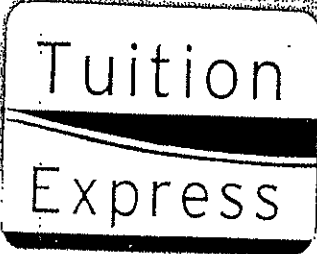
Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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

Signature of Parent/Guardian

Date



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express - an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges on the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 business days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Card Number _____ Expiration Date _____ *CVV code*

Cardholder Signature _____ Date _____

Check if you wish to make online payments

optional if you would like to have fees & weekly automatic deductions.

Official Use Only
Received
Employee Signature

A service of



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SOFTWARE®