Johnson's All Care Application of Enrollment

Student Information: Date of Birth: _______________ Sex: _________ Date of Enrollment: _________________

Full Name____
Last First Middle Nickname

Child's Physical Address:____

Enrollment Location: ☐ Brandon

Primary Hours of Care: From: ____________ to ____________

Days of the Week in Care: ☐ M ☐ T ☐ W ☐ TH ☐ F

Meals Typically Served while in Care: ☐ Breakfast ☐ Lunch ☐ PM Snack

Family Information: Child lives with: ______________________________

Mother's Name: ______________________ Father's Name: ______________________

Address: ______________________ Address: ______________________

Contact #: ______________________ Contact #: ______________________

Email: ______________________ Email: ______________________

Employer: ______________________ Employer: ______________________

Work #: ______________________ Work #: ______________________

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other: ______________________

Medical Information: Thereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. *NOTE: *Physical & Immunization Record should accompany child.*

Physician: ______________________ Address: ______________________ Phone #: ____________

Dentist: ______________________ Address: ______________________ Phone #: ____________

Hospital Preference: ______________________ ______________________

Medical Alert Information (i.e., allergies, medical and/or special needs/conditions: ______________________

____

____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, ______________________________ , should become ill or injured at ***Johnson's All Care***, I understand that ***Johnson's All Care*** will: (1) Contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached. Should ***Johnson's All Care*** be unable to reach me and/or 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

Emergency Information Card

Child's Start Date: ______________________________

Child's Full Name ____________________________________ Birthdate____________
Address ____
City __________________________ State ___________Zip Code
Emergency Phone ________________ Emergency Contact Person ________________
Mother's Name
Employed By ______________________________ Cell # ______________
Email address ______________________________ Work# ______________ ext#_____
Father's Name ______________________________ Cell #
Employed By ______________________________ Work# ______________________
Email Address ______________________________ ______________ ext#_____
Physician Name ____

______________________________ Office # ________________

Medical Information/List of Allergies/Special Needs: (if not applicable, document "N/A")

____

____

____

In ***Case of Emergency***, please list persons authorized to pick up your child other than parents:

Relationship:________________ Name ____________________ Contact Phone #__________

Relationship:________________ Name ____________________ Contact Phone # __________

Persons authorized to pick up your child (non-emergency) basis other than parents

Relationship: ________________ Name ____________________ Contact Phone # __________

Relationship: ________________ Name ____________________ Contact Phone # __________

I give consent to transport my child by ambulance if the situation warrants and give consent to the hospital to which my child is transported to administer necessary treatment in the event of an emergency and I cannot be reached.

Parent's Signature: ____________________________ Date: ______________

* Legal Documentation of special custody must be on record in the child's file

This form MUST be completed by the parent/guardian and returned as soon as possible. Electronic submission of this form via e-mail is with the understanding that I am in agreement with the information indicated above and any updates to this information is the responsibility of the parent/guardian to inform Child Care of Brandon.

Childcare of Brandon

Copyright 2015 Childcare of Brandon, all rights reserved.

Contacts: Child will be released only to the custodial parent or legal guardian 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.

Name	Relationship	Address	Contact #
Name	Relationship	Address	Contact #
Name	Relationship	Address	Contact #

List any additional information which would be beneficial for the child care provider to know about your child. Please also list any traditions, skills or talents you would be willing to share with your child's class:

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

Signature of Parent or Legal Guardian Date

Your signature below indicates the following:

- **that you have received the above documentation and that all information on this enrollment form is complete and accurate, and**
- **that you acknowledge that all Childcare of Brandon personnel have access to your child's records.**

Signature of Parent or Legal Guardian Date

Signature of Parent or Legal Guardian Date

Referred by: