



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/Initial Nickname

Child's Address: _____

Primary Hours of Care: From: _____ To: _____

Family Information:

Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Employer's Addr: _____

Employer's Addr: _____

Work Phone: _____

Work Phone: _____

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: _____

Doctor: _____

Address: _____

Dentist: _____

Address: _____

Hospital Preference _____

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

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 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 Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Custody: Mother _____ Father _____ Both _____ Other _____

Helpful Information About Child:

The Following applies to child care facilities only:

The facility must provide parents with a copy of the Department's informational brochure, in accordance with section 402.3125(5), Florida Statutes, and obtain a signed statement to that effect [Florida Administrative Code (FAC), Chapter 65C-22.006(4)].

Chapter 65C-22.001(8)(a), FAC, states that parents must be notified in writing of the disciplinary practices used by the child care facility, and verified with a signed statement, FAC Chapter 65C-22.006(4).

The signature on this form is acceptable as the referenced signed statement.

By your signature, you verify that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Chapter 65C-22.006(2), Florida Administrative Code, requires a current physical examination (Form 3040) and immunization record (Form 680) within 30 days of enrollment (preschool only). Individual facilities may require these forms within a lesser time, or prior to enrollment.

**Parent – Program Agreement Form
In Loving Hands, Inc.**

Emergencies:

In all emergencies, the center has permission to take such reasonable measures as are, in the judgment of the teacher or director, necessary for the welfare and safety of the child.

Dismissal:

The center reserves the privilege of dismissing any child if, after entering he/she seems unable to participate in group experiences.

Conduct:

Liability for a child's conduct while under the care of the center is the parent's responsibility.

Both parties, In Loving Hands and the Parent or Guardian, understand and agree that:

1. This agreement is a contract binding for both operator and parent.
2. The contract may be terminated by either the parent or the center with notification of intention at least 2 weeks in advance, or at any time by mutual agreement of both parties.

Signatures of Parents or Guardians

Date

Director's Signature

Mother:

Father:

DL# _____
SS# _____

DL# _____
SS# _____