



ENROLLMENT INFORMATION

Florida 2007

Facility Name			Director's Name		
Child's Name <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth		Home Phone No.	
Child's Address			City		State
Date of Admission		Date of Withdrawal		Hours and days child will be in care	
Mother's Name		Home No.	Father's Name		Home No.
Address (if different)			Address (if different)		
Place of Employment		Work No.	Place of Employment		Work No.
Social Security #	Driver's License #	State	Social Security #	Driver's License #	State
Cell Phone No.		Pager No.		Cell Phone No.	
Cell Phone No.		Pager No.		Cell Phone No.	
Guardian's Name		Phone No.	Place of Employment		Work No.
Address			City		State
Name of person to call in case of emergency if parents / guardian cannot be reached:	Name:		Address:	Telephone No.	
	Relationship:				
I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons:					
Name		Name		Name	
Phone No.		Phone No.		Phone No.	
Check all that apply:					
1. <input type="checkbox"/> Transportation: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to be transported and supervised by facility's staff: <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school					
2. <input type="checkbox"/> Water Activities: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in water activities: <input type="checkbox"/> splashing pools <input type="checkbox"/> wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> other bodies of water provided by the facility					
3. <input type="checkbox"/> Field Trips: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in field trips:					
4. <input type="checkbox"/> School Age Children: My child attends the following school and his / her immunization record is on file at the school and all immunizations and tuberculosis test are current.					
Name of School / Grade				School Ph. No.	
School Address					
Receipt of KNOW YOUR CHILD CARE FACILITY and written Operational Policies: I acknowledge receipt of the Child Care Brochure and operational policies including those for discipline and guidance. Additionally, I acknowledge F.A.C. requires a current physical exam (Form 3040) and immunizations record (Form 680 or 681) within 30 days of enrollment.					

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, special medical or dietary needs, any medication prescribed for long-term continuous use, and any other information of which staff should be aware: (If none, write none.) _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:		
Physician	Address	Phone No.
Hospital	Address	Phone No.
Dentist	Address	Phone No.
I give consent for this facility to secure any and all necessary medical care for my child.		

By signing below, you verify that the all information on this enrollment form is complete and accurate.

Parent Signature: _____