

Florida Department of Health  
Child Care Food Program

**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: Br AM Snack Lunch PM Snack Supper Eve Snack

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**Family Information:**

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_

Child Lives With: Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Both Parents \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\*  
**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 (if applicable): \_\_\_\_\_

\_\_\_\_\_

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**Emergency 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 Address Work# Home#

\_\_\_\_\_  
Name Address Work# Home#

\_\_\_\_\_  
Name Address Work# Home#

\_\_\_\_\_  
Name Address Work# Home#

**Helpful Information About Child:**

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- 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 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.

**1<sup>st</sup> year:**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Subsequent years:**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date