

A Children's Kastle Early Learning Center

CHILD CARE APPLICATION FOR ENROLLMENT

*** Student Information:**

Child's Full Name: _____

Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Does Child's Address Match Mother or Father? *Circle one or both.*

Days Of The Week Enrdled: Monday Tuesday Wednesday Thursday Friday

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

*** Family Information:**

Mother's Name: _____

Father's Name: _____

E-mail _____

Email: _____

Address: _____

Address: _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Cell: _____

Cell: _____

Employer: _____

Employer: _____

Phone Number: _____

Phone Number: _____

Home Phone: _____

Home Phone: _____

Address: _____

Address: _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

***Custody** Mother Father Both Other _____

***Alternate Contacts** *(Other than listed above)*

Name: _____

Cell _____ Work _____

Name: _____

Cell _____ Work _____

Name: _____

Cell _____ Work _____

Name: _____

Cell _____ Work _____

*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.

***Medical Information** **I hereby grant permission for the staff the center to perform medical treatment or contact the following medical personnel to obtain emergency medical care if warranted.*

Doctor: _____

Phone: _____

Address: _____ City _____ St _____ Zip _____

Doctor: _____

Phone: _____

Address: _____ City _____ St. _____ Zip _____

Dentist: _____ Phone: _____

Address: _____ City _____ St. _____ Zip _____

Hospital

Preference: _____

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

***Help Us Get To Know Your Child:**

Previous Childcare Experience, Include Likes, Dislikes, and Expectations, likes, dislikes, fears:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5) F.S. requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility". (CF/PI 175-24), or

Section 65C-20.116(2)(c)1, F.A.C., 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 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of disciplinary practices used by the child care facility, or

Section 65C-20.010(6)(c)., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

*Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date