

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 Enrolled: 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:

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

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

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- 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.

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Signature of Parent/Guardian

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Date