

State of Florida Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth:		Sex: 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	∏F ∏Sa ∏Su
Family Information: Child's Live	s With:	_
Mother's Name:	Father'	s Name:
Address:	Address	s:
Home Phone:	Home P	Phone:
Employer:	Employe	er:
Address:	Address	s:
Work Phone: Cell:	Work Ph	hone: Cell:
Custody: Mother Father Bo	th Other (sp	pecify):
Medical Information: I hereby grant perm personnel to obtain emergency medical care		of this facility to contact the following medical
Doctor:	Address:	
Phone Number:		
Doctor:	Address:	
Phone Number:		
Dentist:	Address:	
Phone Number:		
Hospital Preference:		

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



	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
(Form 3040) andSection 7.3 of the	7.2 of the Child Care Facility Handboimmunization record (Form 680 or 68). Child Care Facility Handbook requir	81) within 30 days of enrollment. res that parents receive a copy of	the Child Care
	entitled "Know Your Child Care Facil milies.com/DCFFormsInternet/Searc		
parent(s) receive Home Provider"	e Family Day Care Home/ Large Fa e a copy of the family day care home (CF/PI 175-28) [also available on-lin milies.com/DCFFormsInternet/Search	e brochure entitled "Selecting A ne at	Family Day Car
parent(s) receive Home Provider" https://eds.myflfar • Section 2.8 of the	a copy of the family day care home (CF/PI 175-28) [also available on-lin	e brochure entitled "Selecting A ne at h/OpenDCFForm.aspx?FormId=8 res that parents are notified in writ	Family Day Car 41].

Emergency Care Plan Instructions (if applicable):