



State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: Sex
Date of Enrollment:

Full Name: Last First Middle/Initial Nickname

Child's Address:

Primary Hours of Care: From: To:

Family Information:

Child Lives With:

Mother's Name:

Father's Name:

Home Address:

Home Address:

Home Phone:

Home Phone:

Employer:

Employer:

Employer's Addr:

Employer's Addr:

Work Phone:

Work Phone:

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:

Doctor:

Address:

Dentist:

Address:

Hospital Preference

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

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 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 #

Custody: Mother Father Both Other