

State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Class: _____
Start date: _____
Registration: _____
Tuition/Drop In: _____

Student Information: Date of Birth: _____ Sex: _____ S.S. Number: _____
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

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With: _____

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

S.S. Number: _____

S.S. Number: _____

D.L. Number: _____

D.L. Number: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____/Cell: _____

Work Phone: _____/Cell _____

Email: _____

Email: _____

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: _____

May the Childcare call another physician if unable to contact the above? ☐ Yes ☐ No

Persons permitted to remove child: Father- ☐ Yes ☐ No Legal Custody? ☐ Yes ☐ No

No

Mother- ☐ Yes ☐ No ☐ Yes ☐ No

Guardian- ☐ Yes ☐ No ☐ Yes ☐ No

☐ No

* IF NO TO THE ABOVE, CUSTODY PAPERS MUST BE ON FILE IN THE FACILITY TO LEGALLY ENFORCE.*

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	Phone	Relationship
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Name	Phone	Relationship
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Name	Phone	Relationship
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Please sign and return

Additional Helpful Information About Child: Please use this page for any comments you may have in reference to information you feel will be of help to us in caring for your child.

I am aware that Kingdom Kids Christian Childcare utilizes recordings and/or taping of my child such as digital recordings, videotaping, audio recordings, while in the center for observation and security purposes. _____(initials)

From time to time we may take pictures. Mostly we take pictures for display on our classroom walls and our parents' personal use. In the age of the internet, we have a website and a Facebook page and occasionally we like to post photos on these sites.

1. I grant to Kingdom Kids the right to take photographs of my child/children and my family in connection with their childcare experiences at the facility and on outings to be given to me (as photos or gifts). Accept _____ Decline _____

2. I agree that Kingdom Kids may use such photographs of my child/children without names for such purposes as publicity, illustration, advertising, and Web content (ex. website, Facebook). Accept _____ Decline _____

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."

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

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 Updated	Date
Signature of Parent/Guardian Updated	Date