



Student Enrollment Form

Student Information

Date of Birth: _____ Sex: F M
Date of enrollment: _____

Name:

Last First Middle

Child's Physical Address: _____

Circle: Full Time Part Time If part time what days: M T W Th F

Classroom: VPK AM VPK PM Before After Before & After

If in school and needs transportation, please provide school name: _____

Family Information: Best email to reach: _____

Mother's Name: _____ Father's Name _____

Address: _____ Address: _____

Day Phone: _____ Day Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personal to obtain emergency medical care if warranted.

Doctor: _____ Phone: _____ Hospital preference: _____

Are there any allergies, special medical or dietary needs, or other areas of concern? Yes No

If yes, please list: _____

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 any reason, the custodial parent or legal guardian cannot be reached.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

If any of the above information changes you must let administration know as soon as it happens. Also, if you would like to add an authorized person, you must let us know ahead of time.

Important Information:

Section 65C-22.006(2), F.A.C., requires a current physical examination(Form3040) and immunization record(form 680 or 681)within 30 days of enrollment.

Section (402.3125), 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.D., 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

Date

CF-FSP 5219