



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT
ABC Child Care & Learning Center LLC

Student Information: Date of Birth: Sex: Date of 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 Th F Sa Su

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With:

Parent/Guardian Name: Parent/Guardian Name:

Address: Address:

Home Phone: / E-mail: Home Phone: / E-mail:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Relationship to the child: Relationship to the child:

Date of Birth: SS# Date of Birth: SS#

Custody: Mother Father Both Other

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:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

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

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable):

**Emergency Contacts:**

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

**Helpful Information About Child:**

• Please initial each one (This is required) •

\_\_\_\_\_ I agree that I have logged onto the Daycare website at www.abcbaker.com and received & read the Student - Parent Handbook & Parent Expulsion Policy and will follow all the rules.

\_\_\_\_\_ I am aware that ABC Learning Center has a \$120 dollar registration fee per child each year. (This does not apply to FREE 4 hr. VPK Program) & a \$10.00 Curriculum fee each month (August - May) for the 2 and 3 year old class. •

\_\_\_\_\_ I am aware that ABC Learning Center will Auto Draft my Payment and any fees due every Monday Morning. I also give my consent for my payment to be Auto Drafted.

• \_\_\_\_\_ I am aware that ABC Learning Center's hours of operation are from 6:15a.m to 6:00p.m. If I am late picking up my child I will be charged \$5.00 a minute.

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, 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 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date