# CHILD CARE APPLICATION FOR ENROLLMENT



Carrie Pietsch 407.465.5516 www.ckconnection.com

Today's Date Date of Enrollment

# CHILD INFORMATION

Last Name First Name Sex Child Lives with Middle Name Nickname Birth Date Allergies

### PARENTS OR GUARDIANS

Mother's Last Name Address City Zip Code Employer

Father's Last Name Address City Zip Code Employer Address correspondence to:

First Name Home Phone Cell Phone Email Work Phone

First Name Home Phone Cell Phone Email Work Phone

### Custody (Mother, Father, Both, Other)

#### **OTHER EMERGENCY CONTACT**

Name	Home Phone
Relationship	Work Phone
	Cell Phone

### **MEDICAL INFORMATION**

I hereby grant permission for the staff of Creative Kids Connection to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor	Phone
Address	
Dentist	
Doctor	Phone
Address	
Hospital Preference	

Helpful Information About Child:

• 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" (CF/PI 175-24), or

Section 65C-20.11(2)(c)(1), F.A.C., 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 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, or

Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Parent Signature

Date