

CHILD CARE ENROLLMENT FORM



Child Information:

Last Name: _____ First Name: _____ Nickname: _____

Address: _____

Date of Birth: _____ Date of Enrollment: _____ Sex: _____

Family Information:

Mother's Name: _____

Father's Name: _____

Soc. Sec # : _____

Soc. Sec # : _____

Address : _____

Address : _____

Zip: _____

Zip: _____

Home Phone: _____

Home Phone: _____

Cell. Phone: _____ Pager _____

Cell. Phone: _____ Pager _____

Work Phone: _____

Work Phone: _____

Medical Information:

I hereby grant permission for the staff of *All Aboard Day Care, Inc.* to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

EMS (911) Yes No

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

Contacts:

Your 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 *All Aboard Preschool* in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name: _____ Work#: _____ Home#: _____

Name: _____ Work#: _____ Home#: _____

Name: _____ Work#: _____ Home#: _____

Name: _____ Work#: _____ Home#: _____

Name: _____ Work#: _____ Home#: _____

Custody:

mother: father: both: other: _____

(over)

Helpful information about your child:



**Florida Department for
Children & Families information:**

Section 10-12.025(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 CENTER”.

Section 10M-12.025(4)2., F.A.C., requires that parents are notified in writing of the disciplinary practice used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date