



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

E-mail: _____

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: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

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

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: _____

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 Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

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.

Signature of Parent/Guardian

Date



Permission for *Food-related Activities & Special Occasion* food consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ give/decline permission for my child _____
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

___ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

___ My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.

___ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

___ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

(Parent or Guardian)

(Date)



EMERGENCY MEDICAL RELEASE

Please Print Information

Child's Full Name: _____ **Birthdate:** _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ **Cell Telephone** _____ **Work Telephone** _____

Home Telephone _____ **Cell Telephone** _____ **Work Telephone** _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ **Expiration Date:** _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ **Cell Telephone** _____ **Work Telephone** _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has

produced _____ as identification. **SEAL OF NOTARY**
(Name of Affiant) (Type of Identification)

Signed: _____
(Signature of Notary)

BEHAVIORAL GUIDANCE POLICY

Our goal at "**First Steps PreSchool**" is to encourage good behavior in children, so they may learn and play together.

♥ We will explain the rules to our children and provide them with clear expectations and boundaries.

♥ We will focus on **solutions to conflicts**, rather than punishment.

♥ The children will have the opportunity to discuss options toward resolving their conflict. We will help them by providing the words to enable the children to label their feelings.

♥ When necessary, a child may be removed from an aggressive situation in order to redirect his or her attention to a more positive activity.

♥ The children will be given logical consequences which will be followed through with kind firmness by teachers.

♥ We will give the children limited choices in which all alternatives are acceptable. If an alternative is chosen that is not a choice given, the child will be told that the choice is not on the list. The child will be encouraged to choose from the choices given. Being given choices meets the child's need for power and belonging, which develops a healthy self-image.

♥ In some cases, a child may be asked to sit quietly in the "Thinking Time" Area for a few minutes. The child will be allowed to re-join the group, when he or she feels better and is able to follow the rules. This action will be accompanied by conversation to identify feelings and appropriate solutions to conflicts. This positive time is future-oriented and encourages children to make positive decisions about self-control and responsibility.

♥ We prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest or toileting. Spanking or any other form of physical punishment by all care personnel.

By following these guidelines, we will work toward helping our children feel encouraged, invite cooperation and practice mutual respect.

I have read and understand the "**Behavioral Guidance Policy**".

Name: _____

(Parent/Guardian Signature: _____ Date: _____)



PHOTO USE AUTHORIZATION

I, _____ the Parent/Guardian of the minor child, _____ do hereby authorize the use of photography which depicts my child in a group of children from "**First Steps PreSchool**", or individually. This authorization extends to "**First Steps PreSchool**" ONLY, and does NOT grant authorization to any other party whatsoever, private or public. "**First Steps PreSchool**" is limited to the use of photography only as follows: in brochures for the school, newspaper releases, school and church websites, as well as First Steps facebook page. I waive any right to remuneration for any use of any photographs taken.



Dated this _____ day of _____, 200_____

(Parent/Guardian Signature)