

State of Florida Department of Children and Families
Childcare Application for Enrollment



Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment _____

Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____ Days: M T W TH F

Family Information:

Child Lives With: _____

*Custody: Mother Father Both Other _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Emergency Contacts:

Child will be released only to 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. Contacts will also will be called in case parents/guardians cannot be reached for reason of absence.

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

Other Helpful Information about my child:

Office Use Only: Access # _____ LifeCubby _____ RL _____ I/P _____ QB _____ Image use _____

**In cases where the child is the subject of a court order (e.g., Custody Order, Restraining Order, or Protection from Abuse Order) PCH must be provided with a Certified Copy of the most recent order and all amendments thereto. The orders of the court will be strictly followed. Each parent will be responsible for completing an enrollment packet with their information and emergency contacts.*

In the absence of a court order on file with PCH both parents shall be afforded equal access to their child as stipulated by law. PCH cannot, without a court order, limit the access of one parent by request of the other parent, regardless of the reason.

Medical Information:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child. In the event of an emergency and/or which time I cannot be reached, I give consent to transport by ambulance if the situation warrants it. I understand that I am responsible for providing my insurance information and for any fees incurred. I release Presbyterian Church in the Highlands leaders and employees from any liability for damages, losses, diseases or injuries incurred which may arise from the activities of this program.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Allergies/Reaction (Action Plan MUST be on File):: _____

Medications: _____

Please list and attach information from your Healthcare Provider regarding any special medical, dietary needs, behavioral or other areas of concerns and/or Emergency Care Plan.

Please read carefully and sign below that you acknowledge and have received the following:

- Section 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)
- 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.
- By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate and give consent to PCH staff having access to my child's records.
- By signing below, you also acknowledge that you have received a copy of the PCH Parent Handbook and agree to the policies and procedures outlined in the handbook. You also acknowledge that you have been oriented to the program with the items outlined on the front page of this packet and any questions regarding policies have been answered.

Signature of Parent/Guardian

Date

Photograph/Media Release: Please Initial By Selected Statement:


_____ I, the undersigned, do hereby grant permission to PCH to use the image of my child. Photos and/or video is only used internally and the LifeCubby App. Children's name will not be attached to images.

_____ Deny permission to use my child's image

The Following Forms must be signed in April and again in September

- Section 7.3, of the Child Care Facility Handbook, requires that annually, during the months of August and September, the child care facility must provide parents with the information detailing the causes, symptoms, and transmission of the influenza virus. Please refer to the brochure, CF/PI 175-70, Influenza Virus, Guide to Parents found in your parent handbook and review it during August and September for this important information
- HB 1079 amended s 402.305(9), F.S. requiring operators of child care facilities and homes to provide parents/guardians with information pertaining to the dangers of leaving a child in a vehicle, including tips for prevention, during the months of April and September. This information is provided in the parent handbook and I agree to follow the recommendations.

During the 2018 legislative session,
a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.


My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian: _____

Child's Name: _____

Date: _____

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.



Development Screenings/Assessments

- I am aware and give consent for my child to have developmental screenings/assessments, which may include, ASQ, ASQ-SE, the VPK Assessment, Teaching Strategies Gold and or other research based screening/assessments. I know that I will Have the results shared with me through a parent conference. Pictures and/or video may be included as part of the assessment. Child screenings/assessments results may be shared with the Early Learning Coalition of Polk County, United Way, and FL DOE

Child's Name _____ Date _____
 Parent/Guardian _____ Signature _____



Diaper Cream Permission Form

Child's Name: _____

Birth Date: _____

I give PCH permission to apply (please provide brand name) _____ diaper cream or ointment as per manufacturer's instructions to my child when:

There is a Rash/Redness

Every Diaper Change

After Each Bowel Movement

Other (please provide reason)

Parent/Guardian Signature

Date

Medication permissions, including sunscreen and diaper creams, are only valid for 1 year from signature date.



Sunscreen Permission Form

Child's Name: _____

Birth Date: _____

Please choose one of the following:

- I give PCH permission to apply _____ sunscreen as per manufacturer's instructions to my child during the hours of 10:00am. to 2:00pm.

I understand that if my child is on a covered playground, sunscreen will not be applied.

- I would like PCH to apply sunscreen that I have provided.

Sunscreen Brand and SPF:
Dosage/Instructions:
Times to be Given:

Parent/Guardian Signature

Date

Medication permissions, including sunscreen and diaper creams, are only valid for 1 year from signature date.