

THE LITTLE PLAYHOUSE FAMILY CHILDCARE ENROLLMENT FORM

Application Date _____ Enrollment Date _____

CHILD INFORMATION

FULL NAME _____ D.O.B. _____

CHILD'S HOME ADDRESS _____

HOURS OF CARE: From _____ To _____ M T W R F

FAMILY INFORMATION

Mother's Name _____

Address _____

Home Phone _____

Cell Phone _____

Employer _____

Address _____

Work Phone _____

Father's Name _____

Address _____

Home Phone _____

Cell Phone _____

Employer _____

Address _____

Work Phone _____

CUSTODY: Mother _____ Father _____ Both _____ Other _____

MEDICAL INFORMATION

I hereby grant permission for the staff at this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor _____ Clinic _____ Phone _____

Doctor _____ Clinic _____ Phone _____

Dentist _____ Clinic _____ Phone _____

Hospital Preference _____

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

FORM ACKNOWLEDGEMENTS

I have received a copy of Florida Department of Children & Families **Selecting a Family Day Care Home Provider** brochure. Parent Signature _____ Date _____

I have received a copy of The Little Playhouse Family Child Care Discipline Policy. Parent Signature _____ Date _____

I have received a copy of The Little Playhouse Family Child Care Parent Handbook. Parent Signature _____ Date _____

CHILD RELEASE INFORMATION

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 and make medical decisions in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name _____ Relationship to Child _____
 Work Phone _____ Home Phone _____ Cell Phone _____
 Name _____ Relationship to Child _____
 Work Phone _____ Home Phone _____ Cell Phone _____
 Name _____ Relationship to Child _____
 Work Phone _____ Home Phone _____ Cell Phone _____
 Name _____ Relationship to Child _____
 Work Phone _____ Home Phone _____ Cell Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child _____, should become ill or injured at the Little Playhouse Family childcare, I understand that the facility will
 (1) Contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached.
 Should the facility be unable to reach me and/or the person(s) designated, the facility is authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I agree to accept full responsibility for payment of medical services rendered including any transportation required.

Parent Signature _____ Date _____

ALTERNATE NUTRITION PLAN AGREEMENT

I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs. (Parents are required to provide any special foods/substitutions prescribed by their child's doctor/nutritionist.)

Indicate Special Dietary Requirements: _____

Mark P for Parent Provides or (c) for Center Provides

Breakfast		Dinner	
Lunch		Evening Snack	
Afternoon Snack			

PLEASE NOTE: Dinner and evening snack are only served to children staying past 6:00p.m. Parent provides dinner.

Parent Signature _____ Date _____

