

APPLICATION FOR ENROLLMENT

Child information:

FIRST/MIDDLE/LAST

NICKNAME

DATE OF BIRTH

M/F

ADDRESS/CITY/STATE/ZIP

Primary hours of care needed:

FROM

TO

Child ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE | <input type="checkbox"/> HISPANIC |
| <input type="checkbox"/> ASIAN/PACIFIC ISLANDER | <input type="checkbox"/> MULTIRACIAL |
| <input type="checkbox"/> BLACK NON-HISPANIC | <input type="checkbox"/> WHITE NON-HISPANIC |

Family information:

Custody: Parent or Guardian 1 Parent or Guardian 2 both other _____

If custody is shared with another parent/guardian living separately, please describe the arrangement.

Parent or Guardian Information:

1. _____ RELATIONSHIP TO CHILD _____
PARENT/GUARDIAN NAME
ADDRESS/CITY/STATE/ZIP _____
HOME PHONE _____ CELL PHONE _____
EMPLOYER _____ OCCUPATION _____
ADDRESS/CITY/STATE/ZIP _____
WORK PHONE _____ EMAIL ADDRESS _____

2. _____ RELATIONSHIP TO CHILD _____
PARENT/GUARDIAN NAME
ADDRESS/CITY/STATE/ZIP _____
HOME PHONE _____ CELL PHONE _____
EMPLOYER _____ OCCUPATION _____
ADDRESS/CITY/STATE/ZIP _____
WORK PHONE _____ EMAIL ADDRESS _____

Medical and emergency 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	_____ DOCTOR	_____ DENTIST
_____ ADDRESS	_____ ADDRESS	_____ ADDRESS
_____ CITY/STATE/ZIP	_____ CITY/STATE/ZIP	_____ CITY/STATE/ZIP
_____ PHONE	_____ PHONE	_____ PHONE
_____ MEDICAL INSURANCE	_____ MEDICAL INSURANCE	_____ DENTAL INSURANCE
_____ POLICY #	_____ POLICY #	_____ POLICY #
_____ GROUP #	_____ GROUP #	_____ GROUP #
_____ SUBSCRIBER'S NAME	_____ SUBSCRIBER'S NAME	_____ SUBSCRIBER'S NAME

HOSPITAL PREFERENCE

If doctor cannot be reached, what action should be taken?

CALL (NAME, RELATIONSHIP, PHONE) EMERGENCY HOSPITAL

 OTHER

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

Emergency contacts:

A 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. Please have one out-of-town contact number, so that if phone lines are down in a parent's work area, someone within the family's network can be contacted.

_____ NAME	_____ NAME	_____ NAME
_____ RELATIONSHIP TO CHILD	_____ RELATIONSHIP TO CHILD	_____ RELATIONSHIP TO CHILD
_____ ADDRESS	_____ ADDRESS	_____ ADDRESS
_____ CITY/STATE/ZIP	_____ CITY/STATE/ZIP	_____ CITY/STATE/ZIP
_____ WORK PHONE	_____ WORK PHONE	_____ WORK PHONE
_____ HOME PHONE	_____ HOME PHONE	_____ HOME PHONE
_____ CELL PHONE	_____ CELL PHONE	_____ CELL PHONE

SCHOOL DISCIPLINE POLICY

The goal of our school discipline policy is to establish and maintain a safe and positive environment so that all students can learn and grow. Through clear and consistent rules, teachers will promote positive guidance and discipline techniques. Teachers will encourage children to take responsibility for their own actions, respect people and property, and cooperate with one another.

Aggressive physical behavior toward staff or children is unacceptable. Teachers will intervene immediately if a child becomes physically aggressive. Positive guidance, including encouraging more acceptable behavior, will be the first technique for managing a challenging or disruptive child. In addition, teachers may:

- Separate the children involved
- Immediately comfort the victim and care for any injuries
- Notify parents or legal guardian of children involved in incident
- Review the adequacy of caregiver supervision, appropriateness of facility activities, and administer corrective action if there is a recurrence.

Teachers are strictly prohibited from using physical, psychological and verbal punishment. Physical restraint will not be used except as necessary to ensure a child's safety. In those rare cases staff may gently hold a child only for as long as necessary to control the situation.

Medicine or drugs which affect behavior are prohibited except as prescribed by the child's health care provider and only with specific instruction from a medical professional.

Source: Model Child Care Health Policies – American Academy of Pediatrics, Pennsylvania Chapter

ADDITIONAL INFORMATION REQUIREMENTS

All of the following documents must be submitted for verification purposes along with this application:

- Birth certificate
- Copy of legal ID, Florida License (for all legal guardians)
- If a child has a diagnosed disability, the Individualized Educational Plan (IEP) or Individualized Family Support Plan (IFSP) must be included
- All about my child questionnaire

Sections 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 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 submitted/received the above items and that all information on this enrollment form is complete and accurate. For assistance completing this form, please contact the United Way Center for Excellence in Early Education Demonstration School family and community partnership coordinator at 305-631-7600. We look forward to caring for your child and getting to know your family.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE