



State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

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

Full Name: Last First Middle Nickname

Child's Physical Address:

Program Type: Full Time Part-Time Drop-In

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack Dinner

Family Information: Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Email: Email:

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: 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 HM PHONE CELL PHONE

NAME HM PHONE CELL PHONE

NAME HM PHONE CELL PHONE

NAME HM PHONE CELL PHONE

Helpful Information About Child:

- I acknowledge that I have received, read, understand, and will adhere to the policies and procedures contained in the PlanetKid’s “A Welcome Guide: Parent Handbook” and all other registration materials.
- I understand that should any information change, it is my responsibility to have a corrected enrollment application updated, signed, and delivered to the front office.
- I read, understand, and accept PlanetKid’s Discipline Policy. The discipline policy can be located on pages 8-9 in the parent handbook.
- I read, understand, and accept PlanetKid’s Late Fee Policy. I acknowledge and accept that if late fees are charged, regardless of person picking up, that I will be responsible for paying all charges and that if late fees are not paid services can and will be suspended / terminated.
- I read, understand, and accept the one-time family registration fee at time of enrollment, and that there is an annual registration fee which is due each year following. It is understood that if fees are not paid enrollment can be suspended until payment.
- I acknowledge that I have received a copy of the Influenza Guide pamphlet. Additional copies can be obtained on PlanetKid’s website and the DCF website, www.myflorida.com/childcare.
- I acknowledge that I have received a copy of the “Know Your Child Care Facility” brochure. Additional copies can be obtained on PlanetKid’s website and the DCF website, www.myflorida.com/childcare.

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