



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:**

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- 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](http://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](http://www.myflorida.com/childcare).
- I acknowledge that I have received a copy of PlanetKid’s Payment Policy.

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

# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: \_\_\_\_\_

Center Name & Address: \_\_\_\_\_

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: ( ) \_\_\_\_\_

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?**  
 If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

FAP/SNAP Case Number: \_\_\_\_\_  
 or TANF Case Number: \_\_\_\_\_

**STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

**A. Children's Income** -- sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Total children's income: \$ \_\_\_\_\_ How often received? (check only one):  
 Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

**B. Adult Household Members and Income** -- list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biv. Monthly / Twice a Month Annually	\$ _____ / Weekly Biv. Monthly / Twice a Month Annually	\$ _____ / Weekly Biv. Monthly / Twice a Month Annually
	\$ _____ / Weekly Biv. Monthly / Twice a Month Annually	\$ _____ / Weekly Biv. Monthly / Twice a Month Annually	\$ _____ / Weekly Biv. Monthly / Twice a Month Annually
	\$ _____ / Weekly Biv. Monthly / Twice a Month Annually	\$ _____ / Weekly Biv. Monthly / Twice a Month Annually	\$ _____ / Weekly Biv. Monthly / Twice a Month Annually

**STEP 4: Contact information and adult signature**

Total Household Members (children and adults): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: | | | | If no SSN, write "none."  
 By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Daytime phone #: ( ) \_\_\_\_\_  
 Street Address, City, State, Zip Code

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**OPTIONAL: Child's ethnic and racial identities** We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_  
**FOR CONTRACTOR USE ONLY:**

Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child  Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_

Eligibility Determination:  Free  Reduced-Price  Non-need  How Often Income is Received (Frequency):  Weekly  Biweekly  Twice a Month  Monthly  Annually  
 NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-need Status:  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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## PLANETKID PAYMENT POLICIES

### Payment Due:

All tuition is due at the beginning of each week. Your child will not be able to attend if there is any outstanding balance, balance must be paid in full prior to attending.

### Auto-Pay Option:

We offer an option to enroll in our auto-pay program that qualifies you for a 5% discount on weekly tuition (drop-in does not qualify for our auto-pay program). Our auto-pay program will charge your credit card on the Friday of the week your child attends. You must present a valid credit card at time of enrollment to receive the discount. If your credit card is declined for any reason there will be a \$25.00 late fee added to your account and you will not be eligible for the 5% discount that week. If your credit card is declined 3 times in a 1-year period, you will not be eligible for our auto-pay program. You must present a new valid credit card to re-enroll in our auto-pay program.

### Drop-In Payments:

Drop-In payment is due at pick-up, a late fee of \$25.00 will be added to your account if payment is not made on day services are rendered.

### Late Fee's:

A \$25.00 fee will be added to any late payment or declined credit card payment.

### ELC Payments:

Co-payments are due at the beginning of each week. Co-payments may not be prorated, so even if your child only attends a partial week, or a single day that week, you are still responsible for the weekly co-payment.

### Late Pick up's:

A fee of \$5.00 for the first minute and \$1.00 each minute thereafter will apply to all late pick-up's. Please note, 60 minutes after closing, if we are unable to reach a parent or guardian we will contact DCF and local law enforcement for the safety and protection of your child.