



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: _____

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

Family Information: Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____/Cell: _____

Work Phone: _____/Cell: _____

Email: _____

Email: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

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

Emergency 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 Relationship Work# Home#

Helpful Information About Child:

- I acknowledge that I have received, read, and understand, and will adhere to the policies and procedures contained in the "A PlanetKid's Welcome Guide: Parent Handbook" (Located on PlanetKid website) 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 acknowledge that I have received, read, and understand PlanetKid's Payment Policies and understand payment is due at drop off/time of services regardless of person picking up or dropping off, and my child will not be able to attend with a balance on their account.
- I read, understand, and accept that there is a 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 understand that it is my responsibility to obtain a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment as it states in Sections 7.1 and 7.2, of the Child Care Facility Handbook. And that I will be required to keep this current while my child is enrolled with PlanetKid, until they are school age.
- I acknowledge that I have received a "Know Your Child Care Facility" brochure. (Located on PlanetKid website)
- I acknowledge that I have received a Parent Handbook which includes the disciplinary and expulsion policies used by the child care facility. (Located on PlanetKid website)
- I acknowledge that I have received a copy of the Influenza Guide pamphlet and the "Getting In & Out Of The Car Safety" parent advice pamphlet from DCF. (Located on PlanetKid website)

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

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 Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (children and adults): _____ **Last four digits of Social Security Number (SSN) of adult household member:** _____ **If no SSN, write "none."**

STEP 4: Contact information and adult signature
 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 Income:** \$ _____

Eligibility Determination: Free Reduced-Price Non-needy **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-needy Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____



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.