



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: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

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

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

**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 \_\_\_\_\_

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: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ 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	Address	Work#	Home#

**Helpful Information About Child:**

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Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY."

Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

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

**I, \_\_\_\_\_, have read The Learning Village  
Preschool Parent Handbook and I understand and agree to follow the policies  
listed in the handbook.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



# THE LEARNING VILLAGE

## Getting To know You Form

1. Child's Name \_\_\_\_\_
2. Child's Birthday \_\_\_\_\_
3. Child's Brothers & Sisters \_\_\_\_\_
4. Is any language other than English spoken in your home? \_\_\_\_\_  
If so please describe \_\_\_\_\_
5. What are your child's favorite activities? \_\_\_\_\_
6. Does your child have a pet? \_\_\_\_\_
7. What are your child's favorite foods? \_\_\_\_\_
8. What are your child's least favorite? \_\_\_\_\_
9. Does your child have any allergies? \_\_\_\_\_
10. Has your child been in pre-school before? \_\_\_\_\_
11. Has your child had group play experience? \_\_\_\_\_
12. Does your child play well alone? \_\_\_\_\_
13. Does your child have any special fears? \_\_\_\_\_
14. Do you have any concerns about any aspect of your child's development? \_\_\_\_\_
15. What do you hope will be included in your child's pre-school program? \_\_\_\_\_
16. MY CHILD IS SPECIAL BECAUSE \_\_\_\_\_