FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

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 Address: _____

Primary Hours of Care From: To:

****

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

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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: _____

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

_____

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Contacts:
Child will be released only to the custodial parent or legal guardian & the persons listed below. The following people will also be contacted & 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 #

_____
Name Address Work# Home #

_____
Name Address Work# Home #

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Custody: mother ____ father ____ both ____ other ____

By signing below, you verify that all information on this enrollment form is complete and accurate.

_____ _____
Signature of Parent/Guardian Date

CF-FSP 5219, Dec. 2002

Child's Name _____

(Last) (First) (MI) (Nickname)

I hereby certify that the above named child is in good health and capable of participating safely in YMCA programs. I have read and understand the goals and objectives of the YMCA programs and hereby grant permission for the above named to participate fully in all activities, with the exception listed:

_____

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1. Our camp staff will be trained in basic first aid. Does the YMCA staff have your permission to utilize proper first aid procedures, if your child requires it? (circle one) YES NO

2. Please list any physical or emotional difficulties that should be brought to our attention for the safety and comfort of your child (example: bee sting and ant bite allergies, epilepsy, asthma, physical handicap, ADD, ADHD, etc.):

_____

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Emergency Medical Release

If emergency medical care is deemed necessary, and I cannot be contacted, I authorize the YMCA to act on my behalf in granting permission of my child to receive emergency treatment or surgery. In such a situation, I authorize medical personnel to perform the emergency procedures required.

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YMCA Child Care does not use corporal punishment at any time. From time to time children need guidance and correction when behavior is not appropriate. The Department of Children and Families requires that parents are notified in writing of the disciplinary practices used by the child care facility. The parent's or legal guardian's signature below verifies the parents or guardians have been notified in writing of the disciplinary practices of the child care facility.

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The Department of Children and Families requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER. The parent's or legal guardian's signature below verifies receipt of the child care brochure.

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In consideration of the acceptance of my child in a YMCA program, I for myself, my executors, administrators and assigned, do hereby release and discharge the YMCA from all claims of damages, demands, actions, whatsoever in any manner arising or growing out of my child's participation in a YMCA program.

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I understand that from time to time my child will be transported for field trips on school bus vehicles; I hereby certify that my child is in normal health and capable of participating safely in YMCA program activities. I understand that the YMCA DOES NOT carry insurance on its participants.

I understand and agree that the YMCA may photograph and/or video tape my child for the purpose of the children's entertainment and/or the promotion of the program.

My signature below indicates that I have read and agree to all statements above:

_____ _____

(Signature of parent or legal guardian) (Date)