

3319 Laster Stanley Court ~ Ialianassee, Florida 32308 P: (850) 921-KIDS(5437) ~ F: (850) 921-4734

DHC Administr	ator Use Only			
Date Application for Enrollment Received:				
Date Registration Fee Received:	<u> </u>			
Proposed Date of Enrollment:				
Actual Date of Enrollment:				

APPLICATION FOR ENROLLMENT

Please print legibly and complete all sections Student Information							
Name:	First	Middle	Э	Nickname			
Date of Birth:	Gend	er: O Male / O Fema	le				
Address:							
Address	City	State	Zip (Code			
Primary Hours of Care: From:	to	_					
Days Care is Provided: • • Monday	O Tuesday	O Wednesday	O Thursday	O Friday			
Meals typically Served While in Care:	O Breakfast	O Lunch	O PM Sno	ack			
Family Information							
Mother/Guardian:		Father/Guardian: _					
Address:		Address:					
Home Phone:		Home Phone:					
Cell Phone:		Cell Phone:					
Email:		Email:					
Work Phone:		Work Phone:					
Employer:		Employer:					
Address:		Address:					
Child mainly lives with: O Mother / O Fath	ner / O Guardian	ı					
Medical Information							
I hereby grant permission for The Dick How medical personnel to obtain emergency r	vser Center for C medical care if v	hildhood Services, Inc varranted.	staff to contact	the following			
Doctor:	Address:		Phone:				
Health Insurance Carrier:		Policy/Meml	oer ID:				
Hospital Preference: O Tallahassee Mem	orial Healthcare	o C	apital Regional M	ledical Center			
Please list allergies, special medical or die	tary needs, or ot	her 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 Dick Howser Center for Childhood Services, Inc in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Relationship	Home Phone	Cell Phone	Work Phone
Name	Relationship	Home Phone	Cell Phone	Work Phone
Name	Relationship	Home Phone	Cell Phone	Work Phone
Name	Relationship	Home Phone	Cell Phone	Work Phone
Helpful Information Abo	out My Child:			
·	nsition to a new child care center, wh any previous child care experiences		•	•
Paguired by the Depart	trop a set of Children a 9 Formailian			
kequired by the Depart	ment of Children & Families			
While registering my chi	iment of Children & Families ild for care at The Dick Howser Cente es or policies in writing and verbally.	r for Childhood Services,	Inc, staff revie	ewed the
While registering my chi following flyers/brochur Section 65C-22.006(2), F	ild for care at The Dick Howser Cente			
While registering my chi following flyers/brochur Section 65C-22.006(2), F (Form 680 or 681) before	ild for care at The Dick Howser Cente es or policies in writing and verbally. F.A.C., requires a current physical exact the first day of enrollment. In requires that parent/guardians rece	mination (Form 3040) and	d Immunizatic	on record
While registering my chifollowing flyers/brochur Section 65C-22.006(2), F (Form 680 or 681) before Section 402.3125(5), F.S. "Know Your Child Care Section 65C-22.006(3) (c	ild for care at The Dick Howser Cente es or policies in writing and verbally. F.A.C., requires a current physical exact the first day of enrollment. In requires that parent/guardians rece	imination (Form 3040) and sive a copy of the Child Continued in writing of the disc	d Immunizatio Care Facility B ciplinary prac	on record srochure, tices used by
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