



# 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

**Family Information:** Child Lives With: \_\_\_\_\_ Custody: Mom \_\_\_ Dad \_\_\_ Other \_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Care Plan instructions (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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**Helpful Information About Child:**

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- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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 and the Department of Children and Families to have access to my child's records. \_\_\_\_\_(Initial)

I understand payment is due each Monday prior to services being rendered and if I fail to pay my child will not be permitted to stay nor will their space be held until payment can be arranged. \_\_\_\_\_(Initial)

I understand that I am to notify Hart 2 Hart Academy no later than 8:30 AM if my child will not be in attendance. If I do not comply I understand a fee of \$5.00 per occurrence may be incurred. \_\_\_\_\_(Initial)

By filling out this form, I certify that I have received a copy of Hart 2 Hart Academy's Student manual, Disaster Preparedness guide, and Discipline policy, Guidance and Expulsion policy, know your child care facility, and also do agree to abide by the policies contained therein. \_\_\_\_\_(Initial)

Also, please be on notice that in order to ensure the safety and security of the children, our facility will be under video and audio surveillance at all times. These recordings are not available for public use and will only be released pursuant to subpoena or request from law enforcement. \_\_\_\_\_(Initial)

I give permission for my child \_\_\_\_\_ to be photographed to display in scrapbooks, social media (private site), bulletin boards and/or to be used in promotional materials. I understand it is my responsibility to update this form in the event I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. \_\_\_\_\_(Initial)

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

\_\_\_\_\_  
Date