



3519 Easter Stanley Court ~ Tallahassee, Florida 32308
P: (850) 921-KIDS(5437) ~ F: (850) 921-4734

DHC Administrator Use Only

Date Application for Enrollment Received: _____
Date Registration Fee Received: _____
Proposed Date of Enrollment: _____
Actual Date of Enrollment: _____

APPLICATION FOR ENROLLMENT

Please print legibly and complete all sections

Student Information

Name: _____
Last First Middle Nickname

Date of Birth: _____ Gender: Male / Female

Address: _____
Address City State Zip Code

Primary Hours of Care: From: _____ to _____

Days Care is Provided: Monday Tuesday Wednesday Thursday Friday

Meals typically Served While in Care: Breakfast Lunch PM Snack

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: Mother / Father / Guardian

Medical Information

I hereby grant permission for The Dick Howser Center for Childhood Services, Inc staff to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Health Insurance Carrier: _____ Policy/Member ID: _____

Hospital Preference: Tallahassee Memorial Healthcare Capital Regional Medical Center

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 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
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Name	Relationship	Home Phone	Cell Phone	Work Phone
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Name	Relationship	Home Phone	Cell Phone	Work Phone
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Name	Relationship	Home Phone	Cell Phone	Work Phone
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Helpful Information About My Child:

It is helpful during a transition to a new child care center, when staff know a little bit about your child's previous experiences. Please list any previous child care experiences, personality traits, special concerns, etc.

Required by the Department of Children & Families

While registering my child for care at The Dick Howser Center for Childhood Services, Inc, staff reviewed the following flyers/brochures or policies in writing and verbally.

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and Immunization record (Form 680 or 681) before the first day of enrollment.

Section 402.3125(5), F.S., requires that parent/guardians receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24)

Section 65C-22.006(3)(c), F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility. The Discipline Policy for The Dick Howser Center for Childhood Services is in the Parent Handbook.

By signing below, you indicate that you have read and understand the above items and that all information on this enrollment form is complete and accurate.

Name of Mother/Guardian (Please Print): _____

Signature of Mother/Guardian: _____ Date: _____

Name of Father/Guardian (Please Print): _____

Signature of Father/Guardian: _____ Date: _____