

**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

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.

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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: \_\_\_\_\_