

**State of Florida Department of Children and Families  
CHILD CARE APPLICATION FOR ENROLLMENT**



Child's Last Name, First Name    Birthdate    Gender    Enrollment Date    Start Date    Program

Child's Home Address    Custody:    Mother    Father    Both    Other

Child's Allergies    None    Allergies Listed Below

NOTE: Allergies must be notified prior to enrollment. Staff is not authorized to administer medication to children at any time.

**FAMILY INFORMATION**

Mother's Information: Can Mother Pick Up Child?    Yes    No    Father's Information: Can Father Pick Up Child?    Yes    No

Mother Name:	Father's Name:
Home Address:	Home Address:
Cellular Number:	Cellular Number:
Cellular Carrier:	Cellular Carrier:
Employment:	Employment:
Work Number:	Work Number:
Email:	Email:
Last 4 digits of SS#:	Last 4 digits of SS#:

**EMERGENCY CONTACTS INFORMATION**

Hospital Preference:

Name	Address	Relationship w/Child	Lives w/Child	Phone
Name	Address	Relationship w/Child	Lives w/Child	Phone
Name	Address	Relationship w/Child	Lives w/Child	Phone
Name	Address	Relationship w/Child	Lives w/Child	Phone
Name	Address	Relationship w/Child	Lives w/Child	Phone

I authorize, the emergency contacts listed above, the right to pick up my child from the facility.

**CHILD'S SCHEDULE & RATE INFORMATION**

My child's weekly tuition is \_\_\_\_\_ and the tuition payment is due in advance on the Friday before the following week starts. I agree to pay the weekly tuition and a late fee of \$8.00 if my payment is made after 2pm on the Monday of that following week. I understand that my child can attend past Tuesdays only if their tuition is paid in full. I agree that once enrolled, tuition is due weekly unless I choose to pay a weekly \$50 holding fee to reserve the enrollment space. It is further understood that a maximum of 2 holding fees is permitted in any calendar year.

**SUBSIDIZED CHILD CARE ADDITIONAL RATE INFORMATION**

Program    Start Date:    End End Date:    Parent Portion:    Daily Rate:

I understand that, in the School Readiness program, my child can be absent a maximum of 3 days per month without an additional fee and I agree to pay the daily rate for the days my child is absent over 3 days in any given month.

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_  
Section 65C-22-006(1)(2) (a-d) requires a current physical (Form 3040) and immunization (Form 680 or 681) within 30 days of enrollment. Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Center". Section IOM 12.025(4)2., F.A.C., requires that parents be notified in writing of the disciplinary practices used by the Child Care Facility. Kids Christian Academy requires receipt of the Parent Facility Handbook that includes center policies, information & rates. By signing below, I verify that I have receive the above items and that all information on this enrollment application is complete and accurate. I hereby grant permission for the staff of this facility to access my child's records.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_