



2645 Blanding Boulevard Middleburg, FL 32068
904.282.6691 904.406.1255 fax
License # C04CL0002

OFFICE Use Only:
_____ Enrollment Date
_____ Database Input
_____ Database Updated

Please Print

Date of Birth: _____ **Gender:** F/M

Full Legal Name: _____
Last First Middle Nickname

Child's Physical Address: _____
Street City State Zip Code

Days of the week in care: **M T W T H F** Primary Hours of Care: _____ to _____

NOTE: 10 hours per day or 50 hours a week are the maximum your child can be at the center.

Family Information: Child Lives With: _____ Primary Payor: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Parent/Guardian: _____ Parent/Guardian: _____

Relationship to Child: _____ Relationship to Child: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

E-mail Address: _____ E-mail Address: _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. Per DCF, **we must have 3 contacts listed below other than the parents/primary guardians.** 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.

1. _____
Name Relationship Cell # Work# Home#

Address City/State Zip Code

2. _____
Name Relationship Cell # Work# Home#

Address City/State Zip Code

3. _____
Name Relationship Cell # Work# Home#

Address City/State Zip Code

Medical Information: (please complete)

Please list allergies, special medical or dietary needs, or other areas of concern: _____

I hereby grant permission for the center staff to contact medical personnel to obtain emergency medical care, if warranted.

Hospital Preference: _____

Religious Background:

What church does your family attend? _____

Denomination _____

In what church activities do members of your family participate?
Worship Services/ Sunday School/Awanas/Choir/Other _____

How often do you attend Church? __Weekly __Monthly __Quarterly __Annually __Special Occasions

Release Information/Acknowledgements:

Read & initial by each statement below.

_____ Rule 65C-22.006(2), F.A.C., and Section 65C-20.011(1), F.A.C., require a current physical examination (DH3040) and immunization record (DH680 or DH681) within 10 days of enrollment.

_____ I have received a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY" as required in Section 402.3125(5), F.S., as outlined in the Parent Handbook.

_____ I have received a written copy of the disciplinary practices used by the center as required in Section 65C 22.006(4) (c) 2. F.A.C., and I'm aware they are outlined in the Parent Handbook for my reference.

_____ I understand the "Getting In; Getting Out" car safety precautions developed by the Prevention Unit of the Office of Family and Community Services, as outlined in the Parent Handbook.

_____ I understand the Rilya Wilson Act Requirements pursuant to s. 39.604, Florida Statutes, that a child who is under court-ordered protective supervision or in out-of-home care is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption, as outlined in the Parent Handbook.

_____ As required by state law, I received a copy of the brochure "Influenza Virus, The Flu, A Guide to Parents," which provides parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September, as outlined in the Parent Handbook.

_____ Weekly tuition is due at the start of each week & monthly tuition is due by the 5th of each month. A \$25 late fee will be charged for weekly tuition received after 6 p.m. Tuesday or monthly tuition paid after the 5th of the month. Your child may be withdrawn from our program if tuition is 2 weeks late.

_____ I hereby give KidsFirst permission to charge the back-up credit card or bank account on file through Tuition Express if I leave a balance due on my account upon withdrawal of my child from KidsFirst.

_____ KidsFirst Learning Center has permission to photograph and video my child for classroom purposes and promotion of the center.

_____ KidsFirst staff has permission to walk with my child to the Worship Center, the Theater, Prevatt Chapel and around the church grounds.

_____ I will provide a color copy of Photo IDs to KidsFirst for everyone on my child's contact list.

By signing below, you verify that you have received the above items and agree to all information on this enrollment form. You acknowledge that all information you have written on this form is complete and accurate.

Signature of Parent/Guardian

Date