

Bright Futures Preschool
13724 SW 84 St. Miami Fl 33183
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Email:brfuture@bellsouth.net

## **Child Care Application For Enrollment**

Student Information Date	of Birth:	Sex :		
Date of Enr	ollment:	S.S.#		
Full Name:Last	First		Middle	
Child's Address		City	Zip	
Family Information:	Child Lives with:		Custody:	
Mother's Name:		Father's Name	e:	
Address:		Address:		
Home Phone:		Home Phone:		
Employer:		Employer:		
Address:		Address:		
Work Phone:		Work Phone:		
Cell Phone :	Cell Carrier	Cell Phone:		Cell Carrier
Email		Email		
Medical Information I hereby grant permission for emergency medical care if war	the staff of this facilit arranted.	y to contact the	following me	dical personnel to obtain
Doctor:	Address:		Phone: _	
Medical Insurance Company:		Policy #:		
Hospital Preference:				
Please list any allergies,	special medical or	dietary need	s, or other	areas of concern:
Other persons to contact in C	case of emergency:			
Name:	Address		Phone	· ·
Name:	Address		Phone	
Name:	Address		Phone	

Helpful Information About Child:				
<ul> <li>3040) and immunization record (For Section 402.3125(5), F.S., requires Facility Brochure, "Know Your Child</li> <li>Section 65C-20.11(2)(c)(1), F.A.C., family day care home brochure, "Se (CF/PI 175-28). Section 65C-22.006 notified in writing of the disciplinary</li> <li>Section 65C-20.010(6)(c), F.A.C., recare provider's discipline policy be a</li> </ul>	requires that parent(s) receive a copy of the electing A Family Day Care Home Provider" $\delta(3)(c)2.$ , F.A.C., requires that parents are practices used by the child care facility, <b>or</b> equires that a written a copy of the family day available for review by the parent(s). that parents receive a copy of the "Influenza to)			
Signature of Parent/Guardian	Date			
at various school events. With your conse	our child may be photographed or videotaped ent, the photograph or video may be released res, videos, television, promotional purposes			
Please indicate your initial preference belo	DW.			
Yes. My child's photograph/video m	ay be reproduced and released for use.			
No. My child's photograph/video ma	ay not be reproduced and released for use			
Parent Name	Parent Signature			

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