



Bright Futures

Pre-School & Learning Center
13724 SW 84 St. Miami, FL 33183
(305) 380-6760

2013-2014

Child Care Application For Enrollment

Student Information:

Date of Birth: Sex:
Date of Enrollment S.S. #

Full Name: Last First Middle

Child's Address City Zip

Family Information:

Child Lives with:

Mother's Name: Fathers Name:
Address: Address:
Home Phone: Home Phone:
Employer: Employer:
Address: Address:
Work Phone: Work Phone:
Cell Phone: Cell Phone:
Social Security Number: Social Security Number

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:

Doctor: Address Phone
Dentist: Address Phone

Medical Insurance Company
Policy Number

Hospital Preference

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

Other persons to contact in case of illness or accident:

Name Address Phone Work
Name Address Phone Work
Name Address Phone Work

Emergency contact: N/A Mother Father Both Other

Signature: _____

Helpful Information About Child:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (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 Facility" (CF/PI 175-24), or
- Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28). Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or
- Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).
- Section 402.3125(5), F.S., requires that parents receive a copy of the "Influenza Virus, Guide to Parents" (CF/PI 175-70)

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

*Please be advised that during the year your child may be photographed or video taped at various school events. With your consent, the photograph or video may be released for use by the media, newspapers, brochures, videos, television, promotional purposes or etc...

Please indicate your preference below.

____ Yes. My child's photograph/video may be reproduced and released for use.

____ No. My child's photograph/video may not be reproduced and released for use.