

## **Bright Futures Preschool & Learning Center**

## 13724 SW 84th Street Miami, FL 33183

PH: (305) 380-6760 FAX: (305) 631-2177

## **CHILD CARE APPLICATION FOR ENROLLMENT**

Student Information: Date of Birth:	Sex: Enrollment:
Full Name:	Nickname
Primary Hours of Care: From:	
Days of the Week in Care: M T W	Th
Family Information: Child's Lives With:	
Mother's Name:	Father's Name:
Address:	Address:
Home Phone:	Home Phone:
Employer:	Employer:
Address:	Address:
Work Phone: Cell:	Work Phone: Cell:
Custody: Mother Father Both	Other (specify):
<u>Medical Information</u> : I hereby grant permission for personnel to obtain emergency medical care if warrantees	or the staff of this facility to contact the following medical nted.
Doctor: Address	s:
Phone Number:	
Doctor: Address	s:
Phone Number:	
Dentist: Addres	s:
Phone Number:	
Hospital Preference:	
Please list allergies, special medical or dietary needs	

Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
(Form 3040) and	d 7.2 of the Child Care Facility Handboo d immunization record (Form 680 or 681 te Child Care Facility Handbook requires	) within 30 days of enrollment.	
<ul><li>(Form 3040) and</li><li>Section 7.3 of the Facility Brochure</li></ul>	d immunization record (Form 680 or 681	) within 30 days of enrollment. that parents receive a copy of " (CF/PI 175-24) [also available	the Child Care on-line at
<ul> <li>(Form 3040) and</li> <li>Section 7.3 of the Facility Brochurch https://eds.myflf</li> <li>Section 8.3 of the parent(s) received Home Provider</li> </ul>	d immunization record (Form 680 or 681 se Child Care Facility Handbook requires e entitled "Know Your Child Care Facility	within 30 days of enrollment. that parents receive a copy of (CF/PI 175-24) [also available DpenDCFForm.aspx?FormId=8 ily Child Care Home Handboo prochure entitled "Selecting A at	the Child Care on-line at 60], <b>or</b> ok requires that Family Day Car
<ul> <li>(Form 3040) and</li> <li>Section 7.3 of the Facility Brochurch the Facility Brochurch the Facility Brochurch the Facility Brochurch and Facility Brochurch Section 8.3 of the Facility Provider https://eds.myflf</li> <li>Section 2.8 of the Facility Brochurch the Facility Brochur</li></ul>	d immunization record (Form 680 or 681 to Child Care Facility Handbook requires e entitled "Know Your Child Care Facility amilies.com/DCFFormsInternet/Search/he Family Day Care Home/ Large Fandre a copy of the family day care home (CF/PI 175-28) [also available on-line	within 30 days of enrollment. that parents receive a copy of "(CF/PI 175-24) [also available DpenDCFForm.aspx?FormId=8 ily Child Care Home Handboo prochure entitled "Selecting A at DpenDCFForm.aspx?FormId=8 that parents are notified in writ	the Child Care on-line at 60], <b>or</b> ok requires that Family Day Car

Emergency Care Plan Instructions (if applicable):