

State of Florida

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: Date of Enrollment

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child 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

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:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

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

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. 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:

Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#

**Helpful Information About Child:**

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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 parents(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 copy of the family day care provider's discipline policy be available for review by the parent(s).

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date

# FLORIDA DEPARTMENT OF HEALTH

## CHILD CARE FOOD PROGRAM

### FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to \_\_\_\_\_. If you need assistance filling out this form, call this number: \_\_\_\_\_.

#### PART 1 – INFORMATION ON CHILD:

NAME AND ADDRESS OF CCC/OSHCC: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Last Name

First Name

Date of Birth

#### PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS: Complete this part and Part 4.

Food Assistance Program Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

#### PART 3 – ALL OTHER HOUSEHOLDS: If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS		INCOME AMOUNT & FREQUENCY				
		List pay frequency (i.e., annually, monthly, twice a month, biweekly, or weekly) after each amount.				
List the Names of <u>Everyone</u> in Your Household (include child listed in Part 1 above)	Check Box if Foster Child	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (including personal use income of a foster child)	Check Box if Person has NO INCOME
Last Name, First Name	<input type="checkbox"/>	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	<input type="checkbox"/>
1. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

#### PART 4 – SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.

Signature of Adult Household Member \_\_\_\_\_ Date Signed \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Street Address, City, State, Zip Code

Last Four Digits of Social Security Number \_\_\_\_\_ Write NONE if you don't have a Social Security Number

**PENALTIES FOR MISREPRESENTATION:** I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

#### PART 5 (Optional) - RACIAL IDENTITY OF CHILD

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander ☐ White

#### ETHNIC IDENTITY OF CHILD

☐ Hispanic or Latino  
☐ Not Hispanic or Latino

**Privacy Act Statement:** Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules.

#### For Contractor Use Only:

☐ Food Assistance Program/TANF household Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_  
☐ Foster Child Income Frequency: Weekly / Biweekly / Twice a Month / Monthly / Annual (circle one)

**Note:** If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Eligibility Determination: ☐ Free ☐ Reduced ☐ Non-needy

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other (Reason) \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_





## Child Care Food Program

### Child Participation Form

Name of Child: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

**If child care hours are the same every day, please complete this chart.**

Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

**OR**

**If child care hours are not the same every day, please complete this chart.**

Monday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

☐ **Check here if your child has no regularly scheduled hours of care**

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

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



# **CONSENT FOR EMERGENCY TREATMENT**

**I HEARBY GIVE MY PERMISSION FOR MY CHILD:**

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**DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_**

**TO BE GIVEN EMERGENCY TREATMENT (FIRST AID AND CPR) BY A QUALIFIED STAFF MEMBER AT THE HOMEFRONT DAYCARE, AS NEEDED.**

**I ALSO GIVE MY PERMISSION FOR MY CHILD TO BE TRANSPORTED BY AMBULANCE AND TREATED BY EMT STAFF AS NEEDED TO AN EMERGENCY CENTER IN THE CASE OF AN EMERGENCY THAT CAN NOT BE HANDLED AT THE CENTER AND DEEMED NECESSARY BY THE STAFF.**

**IN THE EVENT THAT I CANNOT BE CONTACTED, I FURTHER CONSENT TO THE MEDICAL, SURGICAL, AND HOSPITAL CARE TREATMENT AND PROCEDURES TO BE PERFORMED FOR MY CHILD BY A LICENSED PHYSICIAN OR HOSPITAL WHEN DEEMED IMMEDIATELY NECESSARY OR ADVISABLE BY THE PHYSICIAN TO SAFEGUARD MY CHILD'S HEALTH.**

**IN THE CASE OF THE EMERGENCY AND IF EMERGENCY TRANSPORTATION IS NEEDED, I \_\_\_\_\_ AGREE TO PAY ALL COSTS INVOLVED EITHER WITH INSURANCE OR PRIVATELY.**

## **INFORMATION THAT MIGHT BE NEEDED IF AN EMERGENCY ARISES:**

**CHILDS PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_**

**PREFERRED HOSPITAL IF THERE IS A CHOICE:**

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**MEDICAL INSURANCE:**

NAME OF COMPANY: \_\_\_\_\_

INSURANCE #: \_\_\_\_\_

(Please provide a copy of your insurance card)

DATE OF LAST TETANUS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AND / OR

MOTHERS NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AT LEAST ONE OF THE SIGNATURES **MUST** BE NOTORIZED:



## Space Coast Step By Step Early Learning Center LLC Contract/Rate Agreement

This contract is between Step By Step Early Learning Center LLC and

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Name

To provide childcare for:

\_\_\_\_\_  
Child's Name

Beginning on:

\_\_\_\_\_  
Date childcare services will begin

### **Tuition Rates**

#### Full Time

Full-time childcare is defined to be 25-50 hours per week. Tuition is due and payable on Monday for the following week's care regardless of the child's attendance.

The weekly full-time tuition rate for the above listed child will be \$\_\_\_\_\_ per week for \_\_\_\_\_ hours.

### **Contracted Hours**

The provider shall provide child care services and the Parent shall pay for such services as follows:

Monday: \_\_\_\_\_ to \_\_\_\_\_  
Tuesday: \_\_\_\_\_ to \_\_\_\_\_  
Wednesday: \_\_\_\_\_ to \_\_\_\_\_  
Thursday: \_\_\_\_\_ to \_\_\_\_\_  
Friday: \_\_\_\_\_ to \_\_\_\_\_

The weekly tuition rate is based on the contracted hours listed above. Any change to these hours may result in a change in the tuition rate. You are

required to notify me at least two weeks in advance of any changes in the contracted hours.

### **Registration**

The following forms must be completed and received by the provider before care begins:

- \*Signed Childcare Contract w/Registration Fee and First week tuition
- \*Emergency Medical Form
- \*Photo Release
- \*Field Trip Permission Form
- \*Discipline Policy
- \*Copy of Immunization Records
- \*Copy of Child's Birth Certificate
- \*Copy of Health and Physical Form
- \*Registration Form

The information on these forms must be kept current. If there is any change, the parents do hereby agree that they shall notify the provider immediately.

By signing this contract, you agree to and have read the business policies and expectations as outlined in the Parent Handbook. You also agree to the terms set forth above with respect to the start date for childcare services, the weekly rate and the contracted hours for childcare services.

\_\_\_\_\_  
Signature of parent or guardian Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Provider Date \_\_\_\_\_

### **Field Trip Permission**

I hereby request that my child, \_\_\_\_\_,  
be permitted to participate in photographs, excursions, field trips,  
or any other activities that would involve taking the child outside  
of the daycare or any other school activity under proper  
supervision for his/her benefit in attendance at this facility.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Persons signing contract are responsible for payment.***

***I understand this is a legally binding contract, and I have read it  
and understand it.***

Parent/Guardian (Mother) \_\_\_\_\_

Parent/Guardian (Father) \_\_\_\_\_

### **CHILD ABUSE & NEGLECT**

As a childcare provider, it is my responsibility to report any and all suspected  
child abuse and/or neglect. I cannot turn my back on a child that has been  
abused. Therefore, if I assume that there is any kind of child abuse committed  
on any child in my care, and if I perceive or think that anything questionable is  
present as far as abuse or neglect is concerned, I will IMMEDIATELY contact the  
Police Department as well as Children's Protective Services.

By signing this form, you agree that it is in the best interest of your  
child(ren).

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Space Coast Step <del>By Sep</del> Early Learning Center LLC	Date



## **Child Pickup Authorization**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phones:** \_\_\_\_\_

**CODE WORD:** \_\_\_\_\_

**Additional persons who may pick up child/children on a less frequent basis:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phones:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phones:** \_\_\_\_\_

**Any person(s) NOT authorized to pick up my child/children:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Any person unfamiliar to me will be required to show proof of identification and state the code word. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

**Mother's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Father's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## CHILDREN'S BIOGRAPHY

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Phone#: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Phone#: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Has your child had previous child care? (circle one) YES or NO

Where was your child enrolled?

\_\_\_\_\_

What was the reason for leaving?

\_\_\_\_\_

\_\_\_\_\_

If no previous child care experience, has your child been exposed to other children often? Please specify:

\_\_\_\_\_

Have you ever left your child with a caregiver, baby-sitter? \_\_\_\_\_

How do they react when you leave them? \_\_\_\_\_

\_\_\_\_\_



What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

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What do you expect from this Learning Center?

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Would there be any restrictions to play or activities?(inside or outside)

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Age your child began to: Sit \_\_\_\_\_, Crawl \_\_\_\_\_, Walk \_\_\_\_\_

Age your child began to: Talk \_\_\_\_\_ Any difficulties with speech?  
Yes or No.

If yes to above question, please specify:

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Have you made any special arrangement for child's care during illness? Yes or No.

Please specify:

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What is your child's favorite food?

What food does your child dislike?

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Does your child eat with a spoon \_\_\_\_\_ fork \_\_\_\_\_ hands \_\_\_\_\_ ? (check all that apply)

Can your child be relied upon to indicate bathroom wishes?

Does your child have any fears related with toileting?

Does your child have any "accidents"?

What words does your child use for: Bowel movement \_\_\_\_\_  
urination \_\_\_\_\_

What words does your child use for describing his private parts?

What time does your child awaken?

What time does your child go to sleep at night?

Do they sleep through the night?

Does your child sleep in a bed or crib, other?

Does your child sleep alone or with someone else?

Are there any siblings? Please name them and specify ages and gender.

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Has your child had experience playing with other children? \_\_\_\_\_

Please give a brief description of your child's disposition. Is he friendly by nature, aggressive, shy, withdrawn, imaginative, demanding?

Etc. \_\_\_\_\_

How does your child show his/her feelings?

When afraid:

When happy:

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When angry:

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When intolerant:

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What forms of discipline are most often used in child's home?

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How does your child feel about daycare and being left by his/her mommy/daddy?

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Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

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What language(s) are spoken at home?

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Does your child have any security objects such as a blankie, soother, bottle, toy etc. ?

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How does your child behave when he is sick?

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How is your child most easily settled when upset or afraid?

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What are your child's favorite activities, toys, books, or games?

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Are there any other comments or information you would like to let me know about?

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Parent Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

let me know

let me know

