



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

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#

**Community Christian Preschool
Community United Methodist Church**

Child's Physician Name _____

Phone _____

Office Address _____

Preferred Hospital _____

Known **Allergies** _____

Regular Medications _____

Insurance Company Covering Child _____

Policy Number: _____ Expiration Date _____

Consent to Medical Treatment/Transport for Further Medical Treatment:

We, the undersigned, are the parents, the parent having legal custody, or the legal guardian(s) of _____, a minor, and have given our consent for him/her to attend Community Christian Preschool, implemented by the staff of Community Christian Preschool in Casselberry, Fl. In the event that he/she is injured while attending such school and requires medical attention, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. We hereby authorize the Director, or lead Teacher to give such consent for us if we cannot be reached or if medical conditions warrant immediate treatment. In the event this person(s) gives consent for us, we agree to hold such person and Community United Methodist Church and its employees free and harmless of any loss, liability, claims, demands, or suits for damage arising from giving of such consent. We give consent that such necessary medical treatment/transport be performed at the closest appropriate medical facility. We also assume responsibility for any and all medical bills incurred.

Parent Name _____ Signature _____

Subscribed and sworn to before me this _____ day of _____

Notary Public

Commission Expires _____

Community Christian Preschool

Child Information Sheet

Please provide the following information and return to your child's Teacher.

Child's name: _____

Child's nickname: _____

Does the child live with:

Both parents	Parent & Step Parent	Single Parent	Grandparents
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What child calls parents? _____

	Name	Age	Name	Age	Name	Age
Brothers:						
Sisters:						

Pets: _____

Favorite color: _____

Favorite activity: _____

Does your child have a tendency to favor one hand over the other? If so which one. _____

Does your child have any fears? (Dogs, loud noises, having his or her picture taken, etc.) _____

Has your child been in preschool program before? _____

Has your child been left with anyone besides a family member? _____

What are your expectations for your child this school year? _____

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."

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.

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

I give permission for my child to be photographed for the following:

_____ Classroom use such as bulletin boards and class books

_____ School-wide such as slideshows and holiday program videos

_____ Promotional use such as website and brochures

Parent / Guardian Signature

Date

**Community Christian Preschool
is proud to announce the following
school spirit items available in the
preschool office for purchase:**

School Tote Bag \$8

The tote bag is the perfect for little children to carry school crafts home to share with their family. The bag is lined with a plastic interior for easy clean up when projects that are not completely dry are sent home with excited children.

Red School T-Shirts \$10

The t-shirts come in either size 2/4 or 6/8. The shirts are suggested for field trip days to help keep our group together.

Water Bottles \$2

The refillable water bottles are the perfect size to fit in the school tote bag in the outer mesh pocket. What a wonderful way to honor our planet by reducing waste while hydrating our little ones.

Child's Name: _____

Teacher's Name: _____

I would like the following:

_____ T-shirt (\$10) Size: 2/4 6/8

_____ Tote Bag (\$8)

_____ Water Bottles (\$2)

Total Money Enclosed: _____

(Please place all money and order form in an envelope or sandwich bag. All checks made payable to CCP.)

Thanks for your school spirit!