

Temple Menorah Jewish Montessori

בית ילדים



State of Florida Department of Children and Families

Child Care Application for Enrollment

Student Information

Date of Birth: _____ Sex: ☐ M ☐ F Date of Enrollment: _____

Full Name: _____
LAST FIRST

Child's Physical Address: _____

City _____ State _____ Zip Code _____

Primary Hours of Care:

From _____ to _____ • Days of the Week in Care: ☐ M • ☐ T • ☐ W • ☐ Th • ☐ F

Meals Served While in Care: AM Snack and PM Snack

Family Information

Child Lives With:

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other

Mother's Name _____ Father's Name _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Email: _____ Email: _____

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: _____

City _____ State _____ Zip Code _____ Phone: _____

Doctor: _____

Address: _____

City _____ State _____ Zip Code _____ Phone: _____

Dentist: _____

Address: _____

City _____ State _____ Zip Code _____ Phone: _____

Hospital Preference: _____

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

CF-FSP 5219, Child Care Application For Enrollment, March 2009, 65C-22.006(3)(c)1, 65C-22.008(3)(u)3. and 65C-20.011(2)(a). F.A.C.

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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 _____ City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____

Helpful information About Child

Permission for Supervised Walks

By initialing the box below, I grant permission to Temple Menorah Jewish Montessori staff to walk my child across Carlyle Avenue to Olemberg Hall and to take nature walks in the immediate neighborhood. ☐

- 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).

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

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