1 BROWARD COUNTY FLORIDA

Public Works and Environmental Services Department
CONSUMER PROTECTION DIVISION
Child Care Licensing and Enforcement
One North University Drive, Suite A203, Plantation, Florida 33324
954-357-4800 • Fax 954-765-4804

CHILD ENROLLMENT INFORMATION

PASSWORD

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

Family Information: Child Lives With: _____

Mother's/Guardian's Name: _____ Father's/Guardian's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

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

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): _____

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 Number: _____

Hospital Preference: _____

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

_____

_____

Emergency Care Plan Instructions (if applicable):_____

_____

_____

Emergency Contacts: The following people will be contacted in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name:_____ Address:_____
Work Phone: _____ Home Phone: _____

Name:_____ Address:_____
Work Phone: _____ Home Phone: _____

Person(s) Permitted to Remove Child: Child will be released only to the custodial parent or legal guardian and the persons listed below.

Mother ☐Yes ☐ No Father ☐Yes ☐No

Name:_____ Address:_____
Relationship: _____ Phone: _____

Name:_____ Address:_____
Relationship: _____ Phone: _____

Name:_____ Address:_____
Relationship: _____ Phone: _____

Helpful Information About Child: _____

_____

_____

- Sections 7-43 and 7-67 of the Child Care Ordinance require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 15 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled “Know Your Child Care Facility” (CF/PI 175-24) **or**
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled “Selecting A Family Day Care Home Provider” (CF/PI 175-28)].
- Section 2.8 of the Child Care Facility Handbook and Section 2.3 of the Family Day Care Home/Large Family Child Care Home Handbook require that parents are notified in writing of the disciplinary and expulsion policies used by the child care provider
- Section 7-67(c) of the Child Care Ordinance requires that the family child care home must provide written notification of the family child care home's scheduled hours of operation.

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

I hereby grant permission for the staff of this facility to have access to my child’s records.

_____ _____
Signature of Parent/Guardian Date