



Childcare of Brandon Application of Enrollment

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

Full Name _____
Last First Middle Nickname

Child's Physical Address: _____

Enrollment Location: Brandon Town Center Bloomingdale Hills Lithia Big Bend

Primary Hours of Care: From: _____ to _____

Days of the Week in Care: M T W TH F

Meals Typically Served while in Care: Breakfast Lunch PM Snack

Family Information: Child lives with: _____

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Contact #: _____	Contact #: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Work #: _____	Work #: _____
Custody: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____	

Medical Information: Thereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. *NOTE: *Physical & Immunization Record should accompany child.*

Physician: _____	Address: _____	Phone #: _____
Dentist: _____	Address: _____	Phone #: _____

Hospital Preference: _____

Medical Alert Information (i.e., allergies, medical and/or special needs/conditions): _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at **Childcare of Brandon**, I understand that **Childcare of Brandon** will: (1) Contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached. Should **Childcare of Brandon** be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Signature Relationship Date



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	Relationship	Address	Contact #
_____	_____	_____	_____
Name	Relationship	Address	Contact #
_____	_____	_____	_____
Name	Relationship	Address	Contact #
_____	_____	_____	_____

List any additional information which would be beneficial for the child care provider to know about your child. Please also list any traditions, skills or talents you would be willing to share with your child's class:

Distributed by the Hillsborough County Childcare Licensing Program

HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the "KNOW YOUR CHILD CARE FACILITY/FCCH BROCHURE", information on the INFLUENZA (FLU) VIRUS, and the parents are notified in writing of the "DISCIPLINARY PRACTICES" and "EXPULSION POLICY" used by the Child Care Facility/FCCH. The parent's/ legal guardian's signature certifies receipt of the Child Care Facility/FCCH brochure, influenza information, discipline policies, alternate nutrition plan agreement and that all the information on this form is complete and accurate.

Signature of Parent or Legal Guardian Date

Your signature below indicates the following:

- that you have received the above documentation and that all information on this enrollment form is complete and accurate, and
- that you acknowledge that all Childcare of Brandon personnel have access to your child's records.

Signature of Parent or Legal Guardian Date

Signature of Parent or Legal Guardian Date

Referred by:
