



Date of Enrollment _____

CHILD'S IDENTIFICATION RECORD

Student Information:

Child's Full Legal Name _____

Child's Preferred Name _____ Sex _____ Birth Date ____/____/____

Address _____ City _____ Zip _____ Phone _____

Family Information:

Who has legal custody? _____ Relationship _____

Address _____ City _____ Zip _____ Phone _____

Child lives with _____

Parent/Guardian's Name _____ Cell Phone _____ Phone _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Phone _____

Address _____ City _____ Zip _____

Parent/Guardian's Name _____ Cell Phone _____ Phone _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Phone _____

Address _____ City _____ Zip _____

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: Additional contacts can be added by attaching an additional page to this form.

Name _____ Address _____

City _____ Zip _____ Phone _____

Name _____ Address _____

City _____ Zip _____ Phone _____

Child is _____ Provider's Household Member _____ Related to Provider _____ Not related to provider

Complete next page

Helpful Information about Child:

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

Is there any other information that you would like us to know?

Emergency Care Plan instructions (if applicable):

Medical Information:

Hospital Preference: _____

Child's Physician/Health Care Resource _____ Phone _____

Address _____ City _____ Zip _____

Child's Dentist _____ Phone _____

Address _____ City _____ Zip _____

My child's hours in care are as follows: _____ am/pm to _____ am/pm.

My child has a varied schedule _____

My child is in care on:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

Meals typically served while in care:

___ Breakfast ___ AM Snack ___ Lunch ___ PM Snack ___ Dinner ___ Eve Snack

___ I have received the "Know Your Child's Family Child Care Home" brochure.

___ I have been notified in writing of the family day care home disciplinary and expulsion policies.

___ I hereby grant permission for child care personnel to have access to my child's records.

Signature of Parent / Legal Guardian

Date

(Signature verifies that enrollment information is complete and accurate.)

Note to Parent/Guardian: This form contains information required by licensing regulations to protect your child in an emergency situation and must be filled out completely.

PLEASE ATTACH CHILD'S HRS-H 3040 STUDENT HEALTH EXAMINATION FORM AND DH 680 IMMUNIZATION FORM

EMERGENCY MEDICAL RELEASE

***A new notarized form is required when there is a change in legal guardianship**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child,

_____. In the event of an emergency at which time I cannot be reached, I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____
(Month) (Day) (Year)

- by means of physical presence or
- online notarization

By _____, who is personally known to me or who has produced
(Name of Affiant)

_____ as identification.
(Type of Identification)

Signature of Notary: _____ SEAL OF NOTARY

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