Child's Enrollment / Information Form

CHILD'S NAME: _____ PREFERRED NAME: _____

DOB: _____ GENDER: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

HOME/CELL PHONE: _____ HOME/CELL PHONE: _____

EMPLOYER: _____ EMPLOYER: _____

WORK PHONE: _____ WORK PHONE: _____

EMAIL: _____ EMAIL: _____

LEGAL GUARDIAN NAME (if different from above): _____

CUSTODIAL PARENT (CIRCLE ONE): MOTHER FATHER JOINT

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:

1._____
NAME RELATIONSHIP PHONE

2._____
NAME RELATIONSHIP PHONE

ALTERNATE NUTRITION PLAN AGREEMENT

I understand and approve the use of the Alternate Nutrition Plan (MyPyramid). I agree to provide meals and/or snacks which meet my child's nutritional and dietary needs.
Indicate any Special Dietary Requirements: _____

(Mark "P" for Parent Provides or "C" for Center provides)

_____	_____	_____	_____	_____	_____	_____
Breakfast	A.M. Snack	Noon Meal	P.M. Snack	Dinner	Evening Snack	Formula

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List any additional information which would be beneficial for the child care provider to know about your child:

_____

_____

Please note that the Director has full responsibility for placing your child in the proper class. Any special requests must be in writing and attached to this application.

REGISTERING FOR:

THREE-YEAR-OLD: _____ M, W, F _____ M-F

VPK: _____ M-F AFTERSCHOOL: _____ M-F

OFFICE USE ONLY: Date: _____ Time: _____ Check #/Cash: _____ Amount: _____

****DISCLAIMER – Attending LVC Children's Center does not guarantee placement at Limona Elementary. We have no affiliation with Limona Elementary. ****

EMERGENCY MEDICAL RELEASE FORM

I hereby grant permission for Limona Village Chapel Children's Center childcare staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. **Attempt to contact a parent or guardian.**
2. **Attempt to contact the child's physician listed below.**
3. **Attempt to contact you through any of the persons listed on the emergency information below.**
4. **If we cannot contact you or your child's physician, we will do any or all of the following:**
    a. **Call 911**
    b **Have the child transported to the nearest health facility by ambulance.**
5. **Any expenses incurred under the above will be borne by the child's family.**
6. **Limona Village Chapel Children's Center will not be responsible for anything that may happen as a result of false material or personal information given at the time of the enrollment.**

Child's Name: _____Date of Birth: _____

Child's Address: _____City/Zip: _____

Parent/Guardian's Information:

Mother's Name: _____ Father's Name: _____

Contact Number: _____ Contact Number: _____

Person(s) to contact (in the event parent/guardian is unavailable)

1. Name: _____ Relationship: _____ Contact Number: _____

2. Name: _____ Relationship: _____ Contact Number: _____

Physician to contact: _____ Physician's Number: _____

Health Insurance Name and Policy Number:
_____

Dentist to contact: _____ Dentist's Number: _____

Dental Insurance Name and Policy Number:
_____

Medication (currently being taken):
_____

Allergies, Other conditions or Special Needs:
_____

My signature on this document acknowledges that all information provided is accurate.

Signature of Parent or Guardian: _____ Date: _____

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Acknowledged before me this _____ day of _____, 20____.

_____Personally Known_____ OR Produced Identification _____
Notary Public, State of Florida

AUTHORIZATION TO USE INSECT REPELLANT

No insect repellant shall be applied by child care personnel without the signed permission of parent or guardian. Please check ONE of the following statements:

_____ I choose to provide the school with my child's own insect repellant to be applied prior to outside play.
Brand name: (examples: Off, Cutter) _____

_____ I choose to NOT use insect repellant on my child prior to outside play.

Parent's Signature: _____

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I do / do not give permission for Limona Village Chapel Children's Center (LVC Children's Center) to take photos and videos of my child engaged in a variety of activities in their learning environment. I understand that any photos taken by LVC Children's Center **will not** be posted to any Social Media site.

Parent's Signature: _____

AUTHORIZATION FOR MEDICATION

No prescription medication shall be given by child care personnel without the signed permission of parent or guardian. Please complete this form:

Name of Medication or Prescription Number: _____
Amount of Medication to be given: _____
Time Medication is to be given: _____
Parent Signature: _____

Office Staff Only:
Date and time medication given: _____ Amount given and staff initials: _____