

Associates Of Christian Schools International
TLC Kids Care
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____

Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Address: _____

Primary Hours of Care: From: _____ To: _____

Family Information: Child Lives With: _____

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

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: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

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	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Custody: Mother Father Both Other _____

Helpful Information About Child:

Section 10-12.025(2), F.A.C., required 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 CENTER".

Section 10M-12.025(4)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

There may be times when pictures and/or video we have taken during program activities are used for classroom projects which are displayed and may be sent home with the children. Please sign below if your child may be included in the pictures.

I/We give permission: _____

I/We do not give permission: _____

TLC Kids Care Early Education Center
Student Social History Information

CONFIDENTIAL
For Staff Use to Better Understand Your Child ONLY

Child's Name: _____

Prefers to be called: _____

D.O.B.: _____

Family Situation:

Parents are: Married Divorced Separated Deceased

Primary Caregiver: _____

People Living at Home: _____

Any Custody Arrangements: _____

Languages Spoken at Home: _____

Habits:

Bedtime Hour: _____

Wakeup Hour: _____

Nap Schedule: _____

Meal Schedule: _____

Snack Schedule: _____

Bottle Schedule: _____

Toileting:

Potty Trained: Yes No Learning

Words Used for Toileting: _____

Sleep Needs: Binkie Blanket Pillow Snuggle Toy Mat Crib

Eating: High Chair Table Feeds Self Needs Help Uses Utensils

How does your child...

Express his anger: Uses Words Hits Bites Temper Tantrums

Other _____

Adjust to new surroundings: Easily Adaptable Takes Awhile Traumatic Experience

Act toward other children: Shy Friendly Domineering Fearful Apathetic

Act toward other adults: Shy Friendly Fearful Apathetic

Most effective discipline used at home: _____

Any "special words": _____

Fears: _____

Reactions: _____

Previous outside care: Pre-School Daycare Private Babysitter

Other: _____

Child's Experience: Positive Negative

Allergies: _____

Illnesses: _____

Medications: _____

Any issues of concern or special needs: _____

TLC Kids Care
1835 Taylor Rd.
Port Orange, FL 32128
(386) 788-0489
www.TLCKidsCareONLINE.com

PARENT PERMISSION FORM

I hereby certify that I am the parent/guardian of _____ and give permission for the following; (please initial to authorize)

PHOTO RELEASE _____

I give permission for my child's photograph or video image to be taken while he/she is in care of preschool personnel. Such images may be posted on the website, in classrooms or other appropriate places within the center, used in center presentations or promotional materials, or distributed to staff or clients. I understand that I may terminate this permission at any time.

CONSENT FOR TREATMENT

AUTHORIZATION FOR EMERGENCY MEDICAL CARE _____

In order to meet all legal requirements, I hereby authorize the Director of the preschool, or the person in charge in the event of her absence, to give consent for any and all necessary emergency medical treatment while said child is in said individual's custody.

AUTHORIZATION FOR TRANSPORT _____

In the event of serious illness or accident, and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I also assume all responsibility for payment.

RELEASE OF RECORDS _____

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

AUTHORIZATION TO TRANSPORT _____

In the event of an emergency that requires the preschool to vacate the premises and all emergency contacts are unreachable, I hereby authorize the Director of the preschool or the person in charge in her absence, to transport my child to a safe environment until I can be reached.

RELEASE OF LIABILITY

I hereby release TLC Kids Care, and all of its representatives, of any and all liability in the case my child becomes accidentally injured while on the premises.

Parent/ Legal Guardian _____

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public, State of Florida at Large
Notary Commission expires _____