CHILDCARE ENROLLMENT FORM

International Children's Academy
585 E 49th Street, Hialeah, Fl 33013

STUDENT INFORMATION:

Date of Enrollment:_____

Date of Birth: _____ Sex: _____

Full Name: _____ Nickname: _____

[*LAST, FIRST, MIDDLE*] *[OPTIONAL]*

Child's Physical Address: _____

Child Lives With: _____ Custody: [ ] Mother [ ] Father [ ] Both [ ] Other _____

PARENT/GUARDIAN #1 [Primary Payer]

Full Name: _____ Relationship to Child:_____

Cell Phone: _____ Phone Carrier: _____

Email: _____

Home Address: _____

Employer: _____ Work Phone: _____

Work Address: _____

PARENT/GUARDIAN #2

Full Name: _____ Relationship to Child:_____

Cell Phone: _____ Phone Carrier: _____

Email: _____

Home Address: _____

Employer: _____ Work Phone: _____

Work Address: _____

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.]

Child's Allergies or Dietary Needs: _____

_____

Primary Physician: _____ Phone: _____

Pediatric Dentist: _____ Phone: _____

Hospital Preference: _____

Medications: _____

EMERGENCY 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]

Full Name: _____ Phone Number: _____

Authorized [ ] Pickup [ ] Emergency Contact Only [ ] Both Relationship to Child: _____

Full Name: _____ Phone Number: _____

Authorized [ ] Pickup [ ] Emergency Contact Only [ ] Both Relationship to Child: _____

Full Name: _____ Phone Number: _____

Authorized [ ] Pickup [ ] Emergency Contact Only [ ] Both Relationship to Child: _____

Full Name: _____ Phone Number: _____

Authorized [ ] Pickup [ ] Emergency Contact Only [ ] Both Relationship to Child: _____

Full Name: _____ Phone Number: _____

Authorized [ ] Pickup [ ] Emergency Contact Only [ ] Both Relationship to Child: _____

•Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 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) [also available on-line at https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspxFormId=860], •Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility,

Your signature below indicates that you 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 _____

STUDENT MEDICAL RELEASE

Student's Name: _____ Date of Birth: _____

Parent/Guardian: _____ Relationship: _____

Parent/Guardian: _____ Relationship: _____

Emergency Contact Phone Number: _____

List all known medical conditions, including food allergies and/or drug allergies and its symptoms. In addition, include any and all over-the-counter and/or prescription drugs taken regularly.

CONDITION or ALLERGY	SYMPTOMS	MEDICATIONS

Has your child attended school before? [ ] NO [ ] YES If so, where?_____

Have you noticed allergic reactions in your child? [ ] NO [ ] YES Triggers/Symptoms _____

Does your child have an EPI Pen? [ ] NO [ ]YES

If Yes, copy of doctor's order is required. Parent is responsible for providing the Epi-pen.

Does your child have asthma? [ ] NO [ ] YES Does your child carry an inhaler? [ ] NO [ ] YES

If Yes, copy of doctor's order is required. Parent is responsible for providing the inhaler.

Has your child ever undergone developmental screening? [ ] NO [ ] YES If so, at what age? _____

What was the outcome? _____

Do you have any concerns about your child's development, learning abilities, or behavior? _____

_____

IN THE EVENT OF AN EMERGENCY OR NON-EMERGENCY SITUATION REQUIRING MEDICAL TREATMENT OR ATTENTION, I, PARENT OF THE ABOVE NAMED CHILD, HEREBY GRANT PERMISSION FOR ANY AND ALL MEDICAL AND/OR DENTAL ATTENTION TO BE ADMINISTERED TO MY CHILD IN CASE OF ACCIDENTAL INJURY OR ILLNESS, SCHOOL STAFF, THE USE OF AN AMBULANCE, AND THE ADMINISTRATION OF ANESTHESIA AND/OR SURGERY, UNDER THE RECOMMENDATION OF QUALIFIED MEDICAL PERSONNEL.

Parent/ Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____