

persons listed below. The following people will also be contacted & 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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Name	Address	Work#	Home#
Custody: Mother_____	Father_____	Both_____	Other_____

Helpful Information about Child:

Chapter 65C-22.006(2), Florida Administrative Code, requires a current **physical examination** (HRS-H Form 3040) and **immunization record** (DH Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), Florida Statutes, requires that parents receive a copy of the Child Care Facility Brochure, **“KNOW YOUR CHILD CARE CENTER”**.

Chapter 65C-22.006(4)2., Florida Administrative Code, requires that parents are notified in writing of the disciplinary practices used by the child care facility.

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

Signature of Parent/Guardian

Date