



Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## REGISTRATION REQUIREMENTS DOCUMENT CHECKLIST

You **MUST** have **ALL** required documents with you in order to successfully complete the enrollment process.

**ENROLLMENT/APPLICATION**

**PHYSICAL FORM (DH3040 "YELLOW FORM")**

Must be done in the U.S. within the previous 12 months prior to enrollment.

**SHOT RECORD (DH680 "BLUE FORM" signed, dated & current...not expired)**

Completed by a Florida physician. For more information, contact the Collier County Health Dept., 3339 Tamiami Trail, Bldg. H (Government Complex) PH: 239-252-8595

**OFFICIAL BIRTH CERTIFICATE OR PASSPORT** Birth Certificate must have official seal from the state/country where it was issued. (VPK Only: Must be 5 years old on or before Sept. 1)

**PARENT OR GUARDIAN DRIVER LICENSE**

Parent/legal guardian registering a student must present valid photo ID at time of enrollment.

**PROOF OF CUSTODY** (required if child is not living with both natural parents)

**REGISTRATION FEE**                       Credit Card on File                       Check # \_\_\_\_\_

**FIRST WEEK PAYMENT**                       Credit Card on File                       Check # \_\_\_\_\_

**FEE AGREEMENT**

**PARENT ORIENTATION CHECKLIST**

**CREDIT CARD AUTHORIZATION** (to keep in file)

**AUTOMATIC PAYMENT FORM** (if applicable)

**CHILD PHOTO** (can be emailed to GailM@collierchildcare.org)

**PARENT AND GUARDIAN FAMILY SURVEY**

**SCHOOL READINESS CERTIFICATE** (if applicable)

**(VPK ONLY) PROOF OF FLORIDA RESIDENCY**

Provide ONE of the following: Electric bill, lease, mortgage, driver license, paystubs

**VPK ONLINE REGISTRATION CONFIRMATION** (if applicable)

**VPK CERTIFICATE**

**SCHOLARSHIP APPLICATION**



Early Childhood Development Center
Application for Enrollment

Child Information: Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: M F Date Enrolled: \_\_\_/\_\_\_/\_\_\_

Full Name: Last First Middle Nickname

Parent/Guardian Child Lives With: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_
Custody: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_

Mother's name: \_\_\_ Father's Name: \_\_\_

Address: \_\_\_ Zip \_\_\_ Address: \_\_\_ Zip \_\_\_

Home: \_\_\_ Home: \_\_\_

Mobile: \_\_\_ Mobile: \_\_\_

Employer/School: \_\_\_ Employer/School: \_\_\_

Address: \_\_\_ Address: \_\_\_

Work: \_\_\_ Work: \_\_\_

Email: \_\_\_ Email: \_\_\_

Contacts: Child will be released only to the parent or legal guardian and any individuals listed below. The following people are authorized to remove the child from the facility in case of illness, accident and/or emergency or if for some reason the custodial parent or legal guardian cannot be reached.

Name Contact #s Relationship to child

Name Contact #s Relationship to child

Name Contact #s Relationship to child

Name Contact #s Relationship to child

Name Contact #s Relationship to child

Medical Information: I hereby, grant permission for the staff of this CCCR to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_ Phone: \_\_\_
Address: \_\_\_

Dentist: \_\_\_ Phone: \_\_\_
Address: \_\_\_

Hospital Preference: \_\_\_

Please list allergies, special medical concerns (a medical plan will be required to administer relief medication):

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Helpful information about child: (Please complete the family survey)

How did you hear about our program? Magazine\_\_\_\_ Mail\_\_\_\_ Social Media\_\_\_\_ Friend\_\_\_\_ TV\_\_\_\_ Radio\_\_\_\_  
Other\_\_\_\_\_

**Please read and initial that you understand and/or have received the following:**

- \_\_\_\_ Section 65C-22006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681).
- \_\_\_\_ Section 402.3125(5), F.S., requires that parents read the Child Care Facility brochure posted, ***Know Your Child Care Center.***
- \_\_\_\_ Section 65C-22.006(4)(c)2, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.
- \_\_\_\_ ***The Parent Handbook*** has been explained to me and I have received a copy. I understand my responsibilities with respect to my child's enrollment at this center.
- \_\_\_\_ I have read the brochure posted on ***Influenza Virus, The Flu, A Guide to Parents.***
- \_\_\_\_ I give permission for my child to participate in properly supervised campus field trips sponsored by this center. I understand I will be notified in advance when they are planned.

**Participation in Food Related Activities:** Section 65c-22.005(1)(c)(2)

- \_\_\_\_ My child **DOES NOT** have a food allergy or dietary restrictions and I give permission for my child to participate in food related.
- \_\_\_\_ My child **DOES** have a food allergy or dietary restrictions. My child **MAY** participate in activities, but may not eat or handle the following items (requires a doctor's note). \_\_\_\_\_

**Photo Release:**

- \_\_\_\_ I **DO** give permission for my child's picture to be displayed in the center, social media, press articles and on CCCR website.
- \_\_\_\_ I **DO NOT** give permission for my child's picture to be displayed in the center, social media, press articles and the CCCR website.

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Parent/ Guardia Initials	Date of Review	Administrator Initials	Date of Review
Parent/ Guardia Initials	Date of Review	Administrator Initials	Date of Review
Parent/ Guardia Initials	Date of Review	Administrator Initials	Date of Review
Parent /Guardina Initials	Date of Review	Administrator Initials	Date of Review