

VANGUARD KIDS APPLICATION OF ENROLLMENT



STUDENT INFORMATION:

Date of Birth: Sex: Date of Enrollment:

Full Name:

Child's Physical Address:

Primary Hours of Care: From: to:

Days of the Week in Care: M T W TH F

Meals Typically Served While in Care: Breakfast Lunch PM Snack

FAMILY INFORMATION:

Child lives with:

Mother's Name: Father's Name:

Address: Address:

Contact #: Contact #:

Email: Email:

Employer: Employer:

Work #: Work #:

Custody: Mother Father Both Other:

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	Relationship	Address	# Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



MEDICAL INFORMATION:

Physician: Address: Phone #:

Dentist: Address: Phone #:

Hospital Preference:

Medical Alert Information (allergies, medical and / or special needs / conditions):

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, should become ill or injured at Vanguard Kids, I understand that Vanguard Kids will: (1) Contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached. Should Vanguard Kids be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Signature: Relationship: Date:

List any additional information which would be beneficial for the childcare provider to know about your child. Please also list any traditions, skills or talents you would be willing to share with your child's class:

Distributed by the Hillsborough County Childcare Licensing Program

HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the "KNOW YOUR CHILDCARE FACILITY/FCCH BROCHURE", information on the INFLUENZA (FLU) VIRUS, and the parents are notified in writing of the "DISCIPLINARY PRACTICES" and "EXPULSION POLICY" used by the Childcare Facility/FCCH. The parent's / legal guardian's signature certifies receipt of Childcare Facility/FCCH brochure, influenza information, discipline policies, alternate nutrition plan agreement and that all the information on this form is complete and accurate.

Signature of Parent or Legal Guardian

Date

I acknowledge that I have received the document entitled "Family Handbook." I confirm that I have read and understand the contents of the "Family Handbook" and will respectfully follow the Vanguard Kids policies and procedures.

Signature of Parent or Legal Guardian

Signature of Director