



## **PARENT AGREEMENT FORM**

*"Think. Reason. Question. Experiment."*

**12660 Sydney Road  
Dover, Florida 33527  
(813)-530-0032**

## **DISCLAIMER AND RELEASE FORM**

When your child's \_\_\_\_\_ are/is in me care, we will give he/she/them the same careful attention and supervision that we give to our owns.

Unfortunately, accidents and illness occur due to circumstances beyond me control. My insurance agent has advised me that We must disclaim all responsibility for accidents and illness occurring to \_\_\_\_\_ And obtain release from you as the parent/guardian. We would appreciate you signing the release at the bottom if you have any question please free to ask.

As part of the consideration for the center watching my child's \_\_\_\_\_ I hereby release the CENTER from all claims. I \_\_\_\_\_ might have resulting from me leaving my child's in their care.

\_\_\_\_\_  
Parents

\_\_\_\_\_  
Director

DATE: \_\_\_\_\_

**DISCIPLINARY POLICY:** Under any circumstances will your child be disciplined by using threats verbal or physical abuse or will be food be used in any relations to discipline.

## **PHOTO PERMISSION FORM**

I, \_\_\_\_\_, parents of \_\_\_\_\_

\_\_\_\_\_ give my permission for my child's to be

photographed and/or videotaped by teachers and staff of VANGUARD KIDS for

purposes of family enrichment.

*These pictures are only going to use by the CENTER and the PARENTS.*

\_\_\_\_\_  
**PARENTS**

\_\_\_\_\_  
**DIRECTOR**

DATE: \_\_\_\_\_

**FLORIDA DEPARTMENT OF CHILDRENS AND FAMILIES**

**DAYCARE SMOKING DISCLOSURE FORM**

*The Florida Administrative Code, Chapter 65C-20.010(1)(c) requires all family from a Daycare Center, need to inform to the Director if someone living with the child's \_\_\_\_\_, smoked.*

*There shall be no smoking in a room where children are present.*

*Any of our teachers and staff, smoke either.*

\_\_\_\_\_ *No family members smoke.*

\_\_\_\_\_ *One or more family members smoke.*

\_\_\_\_\_  
**PARENTS**

\_\_\_\_\_  
**DIRECTOR**

**DATE:** \_\_\_\_\_



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With:

Parent/Guardian Name: Parent/Guardian Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Relationship to the child: Relationship to the child:

Custody: Mother Father Both Other

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 medical or dietary needs, or other areas of concern:

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable):

**Emergency Contacts:**

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

**Helpful Information About Child:**

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- 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, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- 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, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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.

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Signature of Parent/Guardian Date