



College Park Kiddie Kampus Enrollment Form

Child's Information:

Full Name: _____

Birthdate: ____/____/____

Social Security Number: _____-_____-_____

Child's Address: _____

Primary Hours of Care from: _____ a.m. to: _____ p.m.

Please list any allergies, special medical or dietary needs, or other areas of concern:

Mothers Information:

Mother's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____ S.S. # ____-____-____

Cell Phone: _____ Email: _____

Note: if you don't want emails sent to multiple addresses please only supply one per family

Employer: _____

Employers Address: _____

Fathers Information:

Fathers Name: _____

Address: _____

Home Phone: _____

Work Phone: _____ S.S. # ____-____-____

Cell Phone: _____ Email: _____

Note: if you don't want emails sent to multiple addresses please only supply one per family

Employer: _____

Employers Address: _____

Guardian/Step Parents:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____ S.S # ____ - ____ - ____

Cell Phone: _____

Employer: _____

Employer Address: _____

Guardian/Step Parents:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ S.S. # ____ - ____ - ____

Employer: _____

Employers Address: _____

Who does the child live with? _____

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

1) Name: _____

Address: _____

Home: _____ Work: _____

Cell: _____ Relation: _____

Emergency Contact: Yes: _____ No: _____

Permission to pick up: Yes _____ No: _____

2) Name: _____

Address: _____

Home: _____ Work: _____

Cell: _____ Relation: _____

Emergency Contact: Yes: _____ No: _____

Permission to Pick up: Yes: _____ No: _____

3) Name: _____

Address: _____

Home: _____ Work: _____

Cell: _____ Relation: _____

Medical Information

Just in Case:

I hereby grant permission for the staff of College Park Kiddie Kampus to contact the following medical personnel to obtain medical care if warranted.

Doctor: _____

Address: _____

Phone Number: _____

Dentist: _____

Address: _____

Phone Number: _____

Hospital Preference: _____

Insurance Information:

Social Security Number: _____ - _____ - _____

Carrier: _____

Group Number: _____

Address: _____

Phone Number to Company: _____

*Section 65C-22.00(2), F.A.C. requires a current physical examination (form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

*Section 402.3125(5), F.S. requires that the parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/Pl 175-24).

*Section 65C-22.006(3)(c)2., F.A.C., requires, you to have been given and read CPKK disciplinary policy.

*My signature below verifies receipt of the brochure on Influenza Virus, flu, a guide to parents.

*My signature below verifies that CPKK has permission to send emails and allow communication through Facebook pages as well.

*My signature below allows permission for College Park Kiddie Kampus to...

(Please initial each request individually)

_____ take pictures of your child and use in art work and hang on walls with in the facility,

_____ take pictures and post on CPKK Facebook pages.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate and you agree and allow CPKK to take photos of your child.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Today's Date: _____ Enrollment Date: _____ Start Date: _____