

**start date:\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Student Information** |  |  |  |  |  |
| Child's Name |  |  |  |  |  |
|  | (Last Name) | (First Name) | (Middle Name) |  |  |
| Child's Address |  | City/State/Zip |  |  |  |
| Date of Birth | Sex ( M F ) | Child's Social Security # |  |  |  |
|  |  |  |  |  |  |
|  Mother/Guardian: |  |  |  |  |  |
|  | (Last Name) |  | (First Name) |  |  |
| Address |  | Drivers License# |  |  |  |
| E-mail Address |  | City/State/Zip |  |  |  |
| Employer |  | Occupation/Position |  |  |  |
| Address |  | Home # | Cell# |  |  |
| City/State/Zip |  | Work # |  |  |  |
|  |  |  |  |  |  |
|  Father/Guardian: |  |  |  |  |  |
|  | (Last Name) |  | (First Name) |  |  |
| Address |  | Drivers License# |  |  |  |
| E-mail Address |  | City/State/Zip |  |  |  |
| Employer |  | Occupation/Position |  |  |  |
| Address |  | Home # | Cell# |  |  |
| City/State/Zip |  | Work # |  |  |  |

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| --- | --- |
| Parents Marital Status: Married Divorced SinglePrimary Residence: Both Mother Father GuardianIf divorced who has legal custody? Or who is the custodial parent? Mother Father May the non-custodial parent pick up the child? Yes No

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| ***Discovery Emporium, Inc. must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.*** |
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|  ***Acknowledgement of receipt of school "Discipline Policy" & I have read "KNOW YOUR CHILDCARE FACILITY" & "Influenza Virus" Brochures and I/WE consent to Health & Development Screening.*** ***\_\_\_\_\_\_\_Initials.*** |
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| **Authorized Pickup/ Emergency Contact Information:** |  |  |  |  |  |
| ***Additions or changes to the following MUST be done in writing or given DIRECTLY to the office. "Authorized pickups" MUST***  |
| ***bring photo identification or the child cannot be released. Listed below are authorized to assume responsibility for my child in an***  |
| ***emergency situation where parents cannot be reached. Please list contacts in the order in which you would like them to be called.*** |
|  |  |  |  |  |  |  |  |
| Emergency Contact (1) Name: |   |   |   |  |  |   |  |
|   | (Last Name) |   | (First Name) |   |   |  |
| Relationship to Child |   | Address |   |   |   |   |  |
| E-mail Address |   | City/State/Zip |   |   |   |   |  |
| Employer |   | Home # | Cell# |   |   |   |  |
| Address |   | Work # |   |   |   |   |  |
|  |  |  |  |  |  |  |  |
| Emergency Contact (2) Name: |   |   |   |  |  |   |  |
|   | (Last Name) |   | (First Name) |   |   |  |
| Relationship to Child |   | Address |   |   |   |   |  |
| E-mail Address |   | City/State/Zip |   |   |   |   |  |
| Employer |   | Home # | Cell# |   |   |   |  |
| Address |   | Work # |   |   |   |   |  |
|  |  |  |  |  |  |  |  |
| Emergency Contact (3) Name: |   |   |   |  |  |   |  |
|   | (Last Name) |   | (First Name) |   |   |  |
| Relationship to Child |   | Address |   |   |   |   |  |
| E-mail Address |   | City/State/Zip |   |   |   |   |  |
| Employer |   | Home # | Cell# |   |   |   |  |
| Address |   | Work # |   |   |   |   |  |
|  |  |  |  |  |  |  |  |
| Emergency Contact (4) Name: |   |   |   |  |  |   |  |
|   | (Last Name) |   | (First Name) |   |   |  |
| Relationship to Child |   | Address |   |   |   |   |  |
| E-mail Address |   | City/State/Zip |   |   |   |   |  |
| Employer |   | Home # | Cell# |   |   |   |  |
| Address |   | Work # |   |   |   |   |  |
|  |  |  |  |  |  |  |  |
| Emergency Contact (5) Name: |   |   |   |  |  |   |  |
|   | (Last Name) |   | (First Name) |   |   |  |
| Relationship to Child |   | Address |   |   |   |   |  |
| E-mail Address |   | City/State/Zip |   |   |   |   |  |
| Employer |   | Home # | Cell# |   |   |   |  |
| Address |   | Work # |   |   |   |   |  |
|  |  |  |  |  |  |  |  |
| Additional comments:  |   |   |   |   |   |   |  |
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| **Medical Information:**  |  |  |  |  |  |  |  |
| Allergy/Condition Name: | Severity:[Mild /Moderate/Severe] | Treatment: |  |  |  |
|   | [Mild /Moderate/Severe] |   |   |   |   |  |
|   | [Mild /Moderate/Severe] |   |   |   |   |  |
|   | [Mild /Moderate/Severe] |   |   |   |   |  |
|   | [Mild /Moderate/Severe] |   |   |   |   |  |
|   | [Mild /Moderate/Severe] |   |   |   |   |  |
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| **Medication Authorization: The staff will administer medication upon written authorization of the child's physician.**  |  |  |
| Florida Law requires that: 1) All prescription and non-prescription medication must be in the original container |  |  |
|  2) Medicine must be labeled with the name of the physician, child and medication |  |  |
|  3) Must clearly state medication directions on label |  |  |  |  |  |
|  4) Must be dispensed according to the directions on the label. |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***In Case of Emergency, I hereby permit a member of Discovery Emporium, Inc. to seek any and medical treatments*** |  |  |
| ***that may be necessary and transport to the nearest emergency facility available. I further allow any physicians,*** |  |  |
| ***ambulance personnel or emergency room personnel to administer necessary medical treatment to my child*** |  |  |
| ***if I am unableto be reached or the situation necessitates immediate treatment. I understand that accidents do***  |  |  |
| ***happen and Discovery Emporium, Inc. and any of its staff cannot be held liable for any injuries sustained to my child***  |  |  |
| ***while in the care of Discovery Emporium, Inc. I also understand that I am responsible for all medical payments in which***  |  |  |
| ***my insurance does not cover.*** |  |  |  |  |  |  |  |
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| **Discipline Policy:** |  |  |  |  |  |  |  |
| ***Corporal Punishment will NEVER be used at Discovery Emporium, Inc. Positive reinforcement is used to***  |  |  |
| ***encourage appropriate behavior. When necessary: redirection, time-out or a call to the parents may be used.*** |  |  |
| ***We reserve the right to dismiss a child immediately, or when used needed, form our program if we feel the child***  |  |  |
| ***is a danger to him/her self or to others. Discovery Emporium, Inc. will NEVER withhold food, rest or toileting.***  |  |  |
| ***Spanking or any form of physical punishment is prohibited. Children at Discovery Emporium, Inc. will***  |  |  |
| ***NEVER be subjected to discipline which is severe, humiliating or frightening.*** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Parent Signature/Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) (print name)Parent Signature/Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) (print name) |  |  |  |  |  |  |  |
| **My signature validates that I have read and received a copy of the Know Your Child Care Facility Brochure,** |  |
| ***Childcare Provider published by the Department of Children and Families, I have original copies of my centers***  |  |
| **discipline policy and handbook and read and understand them. I also understand that I am required to provide my child's up to date Physical and Immunization forms to Discovery Emporium, Inc., annually or as needed.** |  |