



CHILD'S IDENTIFICATION RECORD

Student Information:

Date Enrolled _____

Child's Full Legal Name _____

Child's Preferred Name _____ Sex _____ Birth Date ___/___/___

Address _____ City _____ Zip _____ Phone _____

Family Information:

Who has legal custody? _____ Relationship _____

Address _____ City _____ Zip _____ Phone _____

Child lives with _____

Parent/Guardian's Name _____ Cell Phone/Pager _____ Phone _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Phone _____

Address _____ City _____ Zip _____

Parent/Guardian's Name _____ Cell Phone/Pager _____ Phone _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Phone _____

Address _____ City _____ Zip _____

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: Additional contacts can be added by attaching an additional page to this form.

Name _____ Address _____

City _____ Zip _____ Phone _____

Relationship to the child _____

Name _____ Address _____

City _____ Zip _____ Phone _____

Relationship to the child _____

Child is Provider's Household Member Related to Provider Not related to provider

My child's hours in care are as follows: _____ am/pm to _____ am/pm.

My child is in care on: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Dinner Eve Snack

My child has a varied schedule _____

I have received the "Know Your Child's Family Child Care Home" brochure.

I have been notified in writing of the family day care home disciplinary and expulsion policies.

I hereby grant permission for child care personnel to have access to my child's records.

Signature of Parent / Legal Guardian

Date

(Signature verifies that enrollment information is complete and accurate.)

Complete next page

Helpful Information about Child:

Please list allergies, special medical or dietary needs, or other area of concerns: _____

Emergency Care Plan Instructions: (if applicable) _____

Any additional info we should know. _____

Medical Information:

Child's Physician/Health Care Resource _____ Phone _____

Address _____ City _____ Zip _____

Hospital Preference _____ City _____

Medical Ins, Co _____ Policy # _____ Expiration _____

Child's Dentist _____ Phone _____

Address _____ City _____ Zip _____

Signature of Parent / Legal Guardian

Original Date

Signature of Custodial Parent / Legal Guardian

Updated Date

Signature of Custodial Parent / Legal Guardian

Updated Date

Note to Parent/Guardian: This form contains information required by licensing regulations to protect your child in an emergency situation and must be filled out completely.

PLEASE ATTACH CHILD'S HRS-H 3040 STUDENT HEALTH EXAMINATION FORM AND DH 680 IMMUNIZATION FORM.

***A new notarized form is required when there is a change in legal guardianship**

***Sign in the presence of the Notary.**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____
(Month) (Day) (Year)

by _____, who is personally known to me

or who has produced _____ as identification.

Signature of Notary: _____