



DLC STUDENT ENROLLMENT FORMS

Student Information: Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Date of Birth: _____ Age _____ Sex: _____ Ethnic Group: _____

Child's Address: _____ ZIP _____

Child's Last 4 Social Security Number: _____

How did you hear about DLC? _____ Referred From: _____

Primary Hours of Care From: _____ To: _____

FOR SCHOOL AGE STUDENTS:

School: _____ Bus #: _____

Student ID#: _____ Grade: _____

.....
Family Information:

Child Lives With: _____	How many in household: _____
Parent's Name: _____	Parent's Name: _____
Last 4 SS#: _____ DOB: _____	Last 4 SS#: _____ DOB: _____
Education Level: _____	Education Level: _____
Address: _____	Address: _____
Home/Cell Phone: _____	Home/Cell Phone: _____
Employer: _____	Employer: _____
Full Time/Part Time: _____	Full Time/Part Time: _____
Work Phone: _____	Work Phone: _____
Address: _____	Address: _____
Email: _____	Email: _____
Income Range: _____	Income Range: _____

.....
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: _____

Hospital Preference: _____

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

Emergency Care Plan Instructions (if applicable): _____

Contacts:

Child will be released only to the custodial parent or legal guardian & the persons listed below. The following people will also be contacted & 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	Address	Work #	Home #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Helpful Information About Child:

List any Allergies your child may have:

- *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 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.*

By your signature, you verify that all information on this enrollment form is complete and accurate.

Signature of Parent/Legal Guardian

Date

Section 65C-22.006(2), Florida Administrative Code, requires a current physical examination (form 3040) and immunization record (Form 680) within 30 days of enrollment. (Preschool only). Individual facilities may require these forms within a lesser time, or prior to enrollment.

DAILY MEDICATION LIST

Please complete the following for ALL medications your child currently takes:

Child's name: _____

1. Medication name: _____

Amount of medication to be given: _____

Times medication is to be given: _____

Number of times medication is to be given: _____

How medication is to be given:

By mouth _____

By G-tube _____

Other (specify) _____

2. Medication name: _____

Amount of medication to be given: _____

Times medication is to be given: _____

Number of times medication is to be given: _____

How medication is to be given:

By mouth _____

By G-tube _____

Other (specify) _____

3. Medication name: _____

Amount of medication to be given: _____

Times medication is to be given: _____

Number of times medication is to be given: _____

How medication is to be given:

By mouth _____

By G-tube _____

Other (specify) _____

4. Medication name: _____

Amount of medication to be given: _____

Times medication is to be given: _____

Number of times medication is to be given: _____

How medication is to be given:

By mouth _____

By G-tube _____

Other (specify) _____

Parent/Guardian signature _____ Date _____

Child Day Care Licensing

Alternate Nutrition Plan Agreement

Name of facility: DLC Nurse & Learn, License #C04DU0129

Name of Child: _____

Indicate Special Dietary Requirements: _____

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(Mark P for Parent Provides, or C for Center Provides)

Breakfast

A.M. Snack

Noon Meal

P.M. Snack

Formula

Signature of Parent/Legal Guardian

Date

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutritional Plan.

Signature of Program Director

Date

HRS-CYF Form 5010, May 02 (Replaces HRS-SES Form 4004; obsoletes DFS-S-2052) (Stock Number: 5749-000-5019-4)

ATTENTION PARENTS/GUARDIANS: PEANUT-FREE ZONES

Due to some of our students having peanut allergies, please be aware that DLC Nurse and Learn, Inc., has been designated a peanut-free school.

For the assurance of the health and safety of our students, no peanut products are to be brought to school (either as food item or craft/activity) or shared with other students.

Thank you for your understanding and cooperation.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

DLC Nurse & Learn, Inc.
4101-1 College Street
Jacksonville, Florida 32205
(904) 387-0370

BIRTH HISTORY FORM

Child's Name: _____ DOB: _____ Age: _____

Please fill out the information below to the best of your knowledge. This will help us assist you in the best manner possible.

Birth Weight: _____ lbs. _____ oz.

Was your child full term at birth? YES or NO

If no, how many weeks along in pregnancy were you when the child was born? _____ weeks.

How was your child delivered? Normal Delivery C-Section

What were the Apgar Scores? _____

Did your child have to be in the Neonatal Intensive Care Unit? YES or NO

If yes, how long? _____

Did your child have to be Incubated? YES or NO

If yes, how long? _____

Did your child have any Reflux problems at time of birth or very shortly thereafter?

Yes or NO

If yes, please explain at the bottom of this page.

Did your child have any Trauma after birth? Yes or NO

If yes, please explain at the bottom of this page.

Has your child been given any specific diagnoses? If so, what are they? _____

Are there any other circumstances surrounding the birth or development of your child that you feel would be important for us to know? If so, please explain below.

Explanation(s): _____

(We will gladly give you another sheet of paper to continue explanations on if you need more room.)

Signature of Parent/Legal Guardian: _____

Date: _____

MEDICAL INFORMATION SHEET

Name: _____

Brief Medical History: _____

Diagnosis and surgeries (include year) _____

Medications: _____

Known Allergies: _____

Circle present abilities:

Standing:	can stand by self	needs help	can't stand alone
Walking:	can walk by self	needs help	can't walk alone
Sitting:	can sit by self	needs help	can't sit alone
Toileting:	can toilet by self	needs help	isn't potty trained
Eating:	can eat by self	needs help	does not eat by mouth

Describe speech: _____

➤ Use back of page for additional information.

Ages & Stages

DLC Nurse & Learn wants to make sure all of our students are getting the best possible education in the classroom. For children not already evaluated through Early Steps, we will be utilizing the Ages & Stages questionnaire. This is a checklist of skills that will be discussed with parents to keep children on track.

I give permission for DLC Nurse & Learn to administer the Ages & Stages questionnaire on my child.

Parent/Guardian Signature: _____

Date: _____

You will be contacted to schedule a new student conference to review the enrollment package. This will be done within the first two weeks of enrollment.

I have read the DLC policy and agree to abide by ALL its guidelines.

Parent/Guardian Signature: _____

Date: _____

ADDITIONAL RELEASE FORM

MEDICAL INFORMATION RELEASE FORM

DLC Nurse & Learn has my permission for free release of medical information about my child, _____ over the phone or in writing.

Signature of Parent/Legal Guardian _____

Date _____

.....

PHOTO RELEASE FORM

I give permission for my child _____ to be photographed/videotaped for the purpose of DLC promotional purposes, community relations, fundraising or/and education. Photos and videos may be used for publicity, commercials, brochures, on the DLC website and/or social media pages.

Parent/Legal Guardian Signature: _____

Date: _____

.....

CHAPEL PARTICIPATION FORM

Chapel is occasionally held in the Sanctuary of the church at Murray Hill UMC and Vacation Bible School (VBS) is held over the summer in the Sanctuary of the church at Murray UMC (onsite). I give permission for my child to participate.

Parent/Guardian Signature: _____

Date: _____