1st Choice Enrollment Form

Child's First Name				Child's Last Name				
Parent or Guardian 1				Child's Date	of Birth	Home Tele	ephone No.	
Home Address								
 Child resides with 	Mother/ Father		Date of		Are you in ne	ed of any resour	res? (If ves	please list your family
			Withdra	wal	Are you in need of any resources? (If yes please list your fami need):			
Parent or Guardian 2					Address (if different from child's address)			
List telephone numbers below where pare	nts/quardian may	v he reach	ned while (child wil	l be in care:			
Parent #1 Cell Phone Number	Parent #2 C					Telephone No.	Alterna	tive Cell Phone No
			Number			relephone no.	Alterna	
CHECK ALL THAT APPLY: hereby	give	do not g	aive	cons	ent for my child	to be transporte	d and super	vised by the
1. TRANSPORTATION:			5		ation's employe			
	for emergenc	y care						
2. WATER ACTIVITIES: I Hereby give	permission for t	the follow	ing water	activiti	es. Please Circ	cle applicable a	ctivities.	
Sprinkler Play	Splas	shing/ Wa	addling Po	ools	Swimmi	ng Pools		
3. RECEIPT OF WRITTEN OPERATION I acknowledge receipt of the facility		olicies inclu	uding thos	se for Po	ositive Guidanc	e & Expulsion P	olicy:	
Meals Typically Served While	in Care:	Br	AM S	nack	Lunch	PM Snack	Sup	Eve Snack
5. MY CHILD IS NORMALLY IN CARE O		VING DAY	'S AND T	IMES:				
Mondays	from:	to:						
Tuesdays	from:	to:						
Wednesdays	from:	to:						
Thursdays	from:	to:						
Fridays	from:	to:						
AUTHORIZATION FOR EMERGENCY M I cannot be reached to make arrangement authorize 1 st Choice Kids Academy to take	s for emergency			Physici	an Office			
child to: Name of Physician:				Addres	S		Tele	phone No.
Name of Emergency Medical Care Facility	:							
Address:								
Telephone No.								
I give consent for 1 st Choice Kids Academ	y to secure any a	and all neo	cessary er	nergeno	cy medical care	for my child.		
Signature – Parent or Legal Guardian								
hereby authorize the childcare oper	ation to allow	my child	d to leav	e the c	hildcare ope	ration ONLY	with the fo	llowing persons.
Name: Address		-		-	Ph. #			** •
Name: Address					Ph.#			
Name: Address					Ph.#			
Name: Address					Ph.#			

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: Physician Statement must be attached.

Child Assessment Form

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

Child Name (last, first, middle)	Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)	City	County	Zip
Mailing Address (if different) Street or P.O. Box	City	County	Zip
Telephone No. (include A/C)		•	

* If applicable.

1. Health

Does your child have any allergies or asthma?	Yes	🗌 No
If so, what allergies or asthma does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	Yes	🗌 No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	Yes	□ No
Is your child taking any medication?	Yes	🗌 No
If so, how is the medication administered, and will it need to be administered while he/sh	e is in care?	
Is the medication prescribed for continuous use?	Yes	🗌 No
Are there any side effects we should be alerted to?	Yes	🗌 No

2. Toileting:

Does your child need assistance with toileting?	Yes	🗌 No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears?	Yes	🗌 No	
How does your child communicate his/her needs?	Yes	🗌 No	
Are there any special words that your child uses that might not be readily recognized?			
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?			
When your child gets upset, what helps him/her calm down?			
What is a good way to distract your child when he/she is having a temper tantrum?			

Child Assessment Form

Are there any particular routines that are particularly helpful at naptime?

What position is most comfortable for your child when he/she is napping?

What are your child's favorite foods?		
Does your child use utensils, eat with fingers, feed self?		
Does your child choke easily while eating?	Yes	🗌 No

4. Activities:

What activities do you like to do with your child?

What activities does your child like to do when playing with other children?

What does your child like to do when he is playing alone?

5. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)

I verify that the above assessment was discussed with the parent(s) of

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

ENROLLMENT CHECKLIST

The following forms must be completed & turned into 1st Choice Kids Academy prior to your child's start date.

Admission Packet:

- □ Completed Enrollment form
- □ Health statement from a health-care professional
- □ Copy of updated immunization records
- □ Positive Guidance & Expulsion Policy
- □ Child Assessment Form
- □ Safe Sleep (Infant's Only)
- □ Registration Form
- □ Enrollment Agreement
- □ Food Program Packet

□ Hearing & Vision screening results (Children turning 4 years of age or older as of September 1st of the current year excludes school age children)

□ Section 65C-22.006(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 parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date