

Hospital Preference: _____

Please list allergies: Food: _____

Environmental: _____ Dietary Needs: _____

Other Areas of Concerns: _____

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

Name	Home #	Work #	Cell #	Relationship to child
------	--------	--------	--------	-----------------------

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

Helpful Information About Child:

Rule 65C-22.006(2), F.A.C., and Section 65C-20.011(1), F.A.C., require a current physical examination (DH 3040) and immunization record (DH680 or DH681) 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"

Section 65C-22.006 (4) (c)2., F.A.C, requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Signature of Witness

Date

Mail application to:
Harvest Learning Center, PO BOX 17667, Pensacola, FL. 32522