Sports CLUB

Child Care Enrollment Application

Student Information: Date of Birth: School:		Sex: _	Date	of Enrollment:		
			Student ID #:			
Full Name:				Grade:		
Last	First		Middle			
Child's Address:						
Email:						
Mother's Name:			Father's Name:			
Address:	ddress:			Address:		
Home Phone:			Home Phone:			
Employer:			Employer:			
Address:			Address:			
Work Phone:	/Cell:	Work	Phone:	/Cell:		
Custody: Mother	Father	Both	Other			
Medical Information:						
I hereby grant permission emergency medical care		facility to con	tact the follow	ving medical personnel to o	btain	
Doctor: Address:				Phone:		
Dentist:				Phone:		
Hospital Preference: _						
				as of concern:		
Contacts: Child will be r	eleased only to the	custodial pare	ent or legal gu	ardian and the persons liste	ed below.	
•				ve the child from the facility or legal guardian cannot be		
Name		•	•	Phone#		
Name	Address				_	
Name	Address			Phone#		
Name	Address			Phone#	_	
I authorize Sports CL provided by the paren		ı sunscreen oı	nly on my chil	d. (Spray on sunscreen must	be	
Parent Signature:				Date:		
9 ,				_	_	

- 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. (PRE K/VPK ONLY)
- 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), or Section 65C-20.11(2)(c)(1), F.A.C., 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 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or** Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).
- * During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September. My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

enrollment form is complete and accurate.	ed the above items and that the information on this
Signature of Parent/Guardian	Date
on videotape, on film, or digital video disk, and/or take primages to the news media, use for posting on the SC Interany other manner deemed appropriate by SC to publicize mission of SC. I acknowledge that SC is the sole owner of all rights in, a and the recordings, thereof, and that it has the right to use finds necessary. The video and/or photographs may be us newsletters, brochures, Internet, or in other media once reotherwise alter the visual or sound recording, or photographs	
Signature of Parent/Guardian	Date
I do not want my child photographed or videotape	e d.
judgment of the parent or guardian and involves the possi assume all such risk. I hereby release and agree to hold h students and employees from all claims, actions, damages	Sports CLUB and related activities is at the sole discretion and ible risk of personal injury. I, on behalf of my child, hereby narmless Sports Camp / Sports C.L.U.B., owners, directors, is and liabilities for personal injury or damage relating to, or injury or damage is caused by the gross negligence of Sports
Signature (Parent or Guardian):	
Child's Name:	Date: