

Office Use Only

Start date: \_\_\_\_\_



PO Box 10075 5900 Hwy 17 South  
Fleming Island, FL 32003  
Phone: 904-385-0656  
DCF License #: C04CL0149

**Please Circle**

2's: MWF; T/TH; 5-Day    3's: MWF; T/TH; 5-Day    VPK Only    VPK BB

Special Requests \_\_\_\_\_

**Child Care Application for Enrollment  
2024-2025**

**Student Information:**

Full Name: \_\_\_\_\_  
                              LAST                                FIRST                                MI                                NICKNAME

Mailing Address: \_\_\_\_\_  
                                      STREET                                CITY                                ZIP

DOB: \_\_\_\_\_    Gender: \_\_\_\_\_

Mother's Name \_\_\_\_\_    Father's Name \_\_\_\_\_

Mom's Cell: \_\_\_\_\_    Dad's Cell: \_\_\_\_\_

Employer: \_\_\_\_\_    Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_    Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_    Email: \_\_\_\_\_

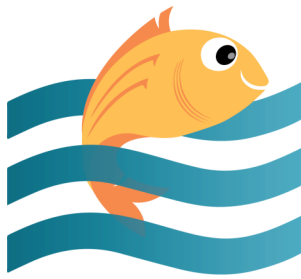
**Student Medical Information:** I hereby grant permission for River Preschool Staff to contact the following medical personnel to obtain medical care if warranted.

Medical Doctor: \_\_\_\_\_    Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_    Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

ALLERGIES/MEDICAL CONDITION(S): \_\_\_\_\_



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**Additional Emergency 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.

1. Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Best Contact Numbers: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Best Contact Numbers: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Best Contact Numbers: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Best Contact Numbers: \_\_\_\_\_
5. Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Best Contact Numbers: \_\_\_\_\_

**Please send a note if anyone other than the parent/guardian will be picking up.**

**Please detail below any pertinent information about your child that you believe the teacher and staff should be aware of.**

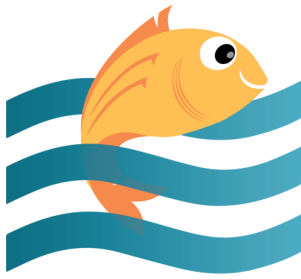
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Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.F., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

Section 65C-22.006(3) (c)2., F.A.C., require that parents are notified in writing of the disciplinary practices used by the child care facility (included in the Parent/Student Handbook given at Orientation).

River Preschool Registration Packet for 2024-2025.

**Your signature below indicates that you have received the above items, the enrollment form is complete and accurate, and that you agree to the information provided in the registration packet. I hereby grant permission for the River Preschool staff to have access to my child's records.**

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**Signature of Parent/Guardian**

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**Date**