



Welcome to Duck Duck Kids

Student Registration

Student(s) Information

Child Name: (First) _____ (M) _____ (Last) _____

Date of Birth: ____/____/____ Sex: (Circle One) M F

Child Name: (First) _____ (M) _____ (Last) _____

Date of Birth: ____/____/____ Sex: (Circle One) M F

Child Name: (First) _____ (M) _____ (Last) _____

Date of Birth: ____/____/____ Sex: (Circle One) M F

Child Name: (First) _____ (M) _____ (Last) _____

Date of Birth: ____/____/____ Sex: (Circle One) M F

Family Information

Custody/Lives With: (Circle One) Mother Father Both Other _____

Mother's Name: (First) _____ (M) _____ (Last) _____

Address: (Street) _____ (City) _____ (State) _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Father's Name: (First) _____ (M) _____ (Last) _____

Address (if different): (Street) _____ (City) _____ (State) _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contacts

The Child(ren) will only be released 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 facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name: _____ City: _____ Phone Number: _____

Name: _____ City: _____ Phone Number: _____

Name: _____ City: _____ Phone Number: _____

Name: _____ City: _____ Phone Number: _____

Helpful Information about Child(ren):

Medical Information:

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, I hereby authorize the program to transport or secure necessary medical treatment for my child. I also 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: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

- Section 65C-22.006(2), FAC, requires a current physical examination (Form 3040) and Immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), FS, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24)
- Section 65C-22.006(3)(C)2, FAC, requires that parents are notified in writing of the disciplinary practices used by the child care facility
- I have been advised about the risk of the Influenza Virus.

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: _____

Email address for updates and specials: _____

(We promise not to spam!)

Consent for Release of Photography and Images of Child(ren)

During your child's stay at Duck Duck Kids we may wish to take photographs of activities that involve your child. The photos may be used for school displays, on the website, or in social media. Images that may cause embarrassment or distress will not be used nor will images associated with material on issues that are sensitive.

Do you give your consent for photographs and other images to be taken or used of your child(ren)?

(Circle One) Yes No Signature of Guardian _____

Relationship to child: _____ Date: ____/____/____

Permission for Food-Related Activities & Special Occasion food consumption

Pursuant to 65C-22.005(1)(C)2, FAC, licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

Please provide the following information:

____My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

____My child DOES NOT have a food allergy or dietary restriction. He or she may NOT participate in activities.

____My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items: (please list below)

____My child DOES have a food allergy or dietary restriction. He or she may NOT participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Signature of Guardian _____ Date ____/____/____