



**Miami Children's Museum
Early Childhood Institute Application**

Date of Application: _____

Child's Name: _____ Sex: ____ Date of Birth: _____

Childs Home Address: _____

Parent's Name _____

Parent's Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Employer _____

Employer _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____

Physician or Medical Information:

Name of Physician: _____ Phone No. _____

Address: _____

Please list allergies, special medical or dietary needs or other areas of concerns: _____

Emergency Contacts

Provide information for the person to contact when parents/guardians cannot be reached. This person authorized to pick up the child. Yes No

Name _____ Relationship to Child _____

Address _____ Phone No. _____

Authorized to Pick Up

Provide information for the person(s) other than parents who are authorized to pick up the child.

Name _____ Relationship to Child _____

Address _____ Phone No. _____

Name _____ Relationship to Child _____

Address _____ Phone No. _____

Name _____ Relationship to Child _____

Address _____ Phone No. _____

Parents Signature _____

Date Signed _____

Please provide us with any information that will be helpful in working your child:

Rule 65C-22.006(2), F.A.C., and Section 65C-20.011(1), F.A.C., require a current physical examination (DH3040) 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