

Lisa Fields' Family Day Care Home
3130 W. Powhatan Ave.
Tampa, Florida 33614
Phone #353-0957
License # F-TA-230280

Child Enrollment/ Information Form

Child's name _____ Nickname _____

DOB _____ Sex _____ Enrollment Date _____

Complete Home Address _____

Custodial parent (circle one) Mother Father Joint Other _____

Mother's name _____ Father's name _____

Mother's Date of Birth _____ Father's Date of Birth _____

Home number _____ Home number _____

Employer _____ Employer _____

Work address _____ Work address _____

Work number _____ Work number _____

Other number _____ Other number _____

S.S.# _____ S.S.# _____

Persons other than parent authorized to pick up this child:

1) _____
(name) (phone) (relationship)

2) _____
(name) (phone) (relationship)

Emergency contact other than parent:

1) _____
(name) (phone) (relationship)

2) _____
(name) (phone) (relationship)

Nutrition Plan

I understand and approve the use of the Nutrition Plan used by Lisa Fields. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs _____. I also understand Lisa Fields will serve my child breakfast, lunch, and snack, if my child is present at the meal times that were given to me. Please indicate any special dietary requirements needed by your child _____

Hillsborough County Ordinance requires that parents must receive a copy of the Child Care Facility Brochure, "Know Your Child's Family Day Care Home" and that the parents are notified in writing of the disciplinary practices used by the Family Day Care Home. The parent's or legal guardian's signature certifies receipt of the child care brochure, discipline policies, and agreement of the nutrition plan.

(signature of parent or guardian) (date)