

Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
Community Partnerships Division
Child Care Licensing and Enforcement Section

CHILD'S FILE CHECKLIST

- _____ Enrollment Form #1 or its equivalent with:
child's date of birth / date of enrollment /parent signature
- _____ Password
- _____ Authorization for Emergency Medical Treatment (notarized)
- _____ Authorization for Medication #5 (if applicable)
- _____ Alternate Nutrition Plan (if applicable)
- _____ Discipline Policy / Hours of Operation (signed by parents)
- _____ Swim Central signed statement (with date faxed/copy mailed)
- _____ Immunization record #680
Must have expiration date and signature/stamp to be valid.
- _____ Statement of Good Health #3040
Statement is good for two (2) years
- _____ [*Selecting Family Day Care Home Provider](#)
Signed statement that parent has received pamphlet
- _____ Accident / Incident reports #4 (if applicable)
- _____ Influenza Virus Form
- _____ Field Trip Permission Form (if applicable)
- _____ Animal Disclosure Form
- _____ Smoking Disclosure Form
- _____ Physical Activity Statement (Recommended)