

EMPLID: \_\_\_\_\_

ACCCO

DATE: \_\_\_\_\_



## CHILD CARE CENTER OPERATIONS APPROVAL FORM

Student Number: \_\_\_\_\_

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Additional Enrollment Information:

Do you have:

An active Staff Credential?  Yes  No DCF Number: \_\_\_\_\_

DCF 45 Hr. Training?  Yes  No

8 Hr. Special Needs?  Yes  No

5 Hr. Emergent Literacy for VPK?  Yes  No

Florida Standards 8/5/3 Course?  Yes  No

5 Hr. Mathematical Thinking for Early Learners?  Yes  No

5 Hr. Language and Vocabulary in the VPK Classroom?  Yes  No

Trauma Informed Care Training?  Yes  No

### Employer Information:

Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_