

**Distribution**

- *Child's File*
- *Front Desk Forms*

Child File Checklist

Check the box only after the information is completed, signed by all applicable persons, and placed in file.

Child's Name: _____

Date of Enrollment: ____/____/____

Florida Required State Forms (Right)

Abide by State Licensing Standards for all required forms.

<input type="checkbox"/>	Child Care Application for Enrollment
<input type="checkbox"/>	School Health Entry Exam
<input type="checkbox"/>	Florida Certification of Immunization
<input type="checkbox"/>	Distracted Adult Brochure Receipt
<input type="checkbox"/>	Food Allergy Documentation
<input type="checkbox"/>	Know Your Facility Receipt
<input type="checkbox"/>	Emergency Care Plan (if applicable)
<input type="checkbox"/>	Influenza Receipt (August-September)
<input type="checkbox"/>	Discipline and Expulsion Policies
<input type="checkbox"/>	Emergency Transportation Agreement
<input type="checkbox"/>	Handbook Policy Receipt (To include all state licensing required policies)

Kids 'R' Kids Forms (Left)

<input type="checkbox"/>	Program Form
<input type="checkbox"/>	Tuition Schedule
<input type="checkbox"/>	Parental Agreement
<input type="checkbox"/>	Media Release
<input type="checkbox"/>	Copy of Birth Certificate, Passport, or Government Issued ID Card
<input type="checkbox"/>	VPK Voucher
<input type="checkbox"/>	SR Eligibility Certificate
<input type="checkbox"/>	Food Program Form

*This form was developed by Kids 'R' Kids International, Inc.
It is important to review State Guidelines regularly to ensure compliance.*



State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Family Information:

Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

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

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): _____

Medical Information: I 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 Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

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



Emergency Care Plan Instructions (if applicable):

Emergency Contacts: Child will be released only to the custodial parent or 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	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

Helpful Information About Child:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled “Know Your Child Care Facility” (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled “Selecting A Family Day Care Home Provider” (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child’s records.

Signature of Parent/Guardian	Date
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Program Form

CHILD'S INFORMATION

FULL NAME _____ DATE OF BIRTH _____

PREFERRED NAME _____ GENDER ☐ MALE ☐ FEMALE

POTENTIAL START DATE: _____

Annual registration fee \$100 per family

Kindergarten and First Grade Only Material Fee \$200.00

PROGRAM (AGE) & SCHEDULE (PLEASE CHECK OFF):					
INFANT (6 WEEKS-12 MONTHS less one day) <input type="checkbox"/> FULL-TIME \$245 (5 DAYS/WEEK) <input type="checkbox"/> PART-TIME \$195 (5 DAYS 8am-2pm)	TODDLER (12-24 MONTHS less one day) <input type="checkbox"/> FULL-TIME \$225 (5 DAYS/WEEK) <input type="checkbox"/> PART-TIME \$185 (5 DAYS 8am-2pm)	2 YEARS OLD (24-36 MONTHS less one day) <input type="checkbox"/> FULL-TIME \$225 (5 DAYS/WEEK) <input type="checkbox"/> PART-TIME \$185 (5 DAYS 8am-2pm)	PRESCHOOL (3-5 YEARS OLD) <input type="checkbox"/> FULL-TIME \$210 (5 DAYS/WEEK) <input type="checkbox"/> PART-TIME \$175 (5 DAYS 8am-2pm) <input type="checkbox"/> VPK Wrap \$145 Fulltime <input type="checkbox"/> VPK Only \$0.00 Mon-Thurs 4 DAYS morning 8:30am-12:15pm <input type="checkbox"/> VPK Only \$0.00 Mon-Thurs 4 DAYS afternoon 1:00-4:45	School age (K-5) <input type="checkbox"/> Kinder/1st \$190 5 DAYS/8:30-3:30 Other Programs <input type="checkbox"/> Summer Camp 8am-4pm <input type="checkbox"/> Spring Break 8am-4pm <input type="checkbox"/> Winter Break 8am-4pm \$150 Each <input type="checkbox"/> Before & after \$20.	Bus Pick UP Choose your Student's School <input type="checkbox"/> Bellalago <input type="checkbox"/> Mater <input type="checkbox"/> Sunrise <input type="checkbox"/> Before Rate \$50 <input type="checkbox"/> After Rate \$95 <input type="checkbox"/> Before & After Rate \$105

When your child is presented at the entrance, if an infant, they must be removed from their carrier. Otherwise, your child should be awake and walking. Please remove all toys, electronics, et cetera from your child prior to exiting your vehicle to promote a smooth transition into care.

IS YOUR CHILD FULLY POTTY TRAINED? ☐ YES ☐ NO

HAS YOUR CHILD ATTENDED A PRESCHOOL BEFORE? ☐ YES ☐ NO

IF YES, WHAT IS THE NAME OF THE FACILITY? _____



PARENT INFORMATION

MOTHER/GUARDIAN NAME: _____ PHONE # _____

E-MAIL: _____

FATHER/GUARDIAN NAME: _____ PHONE # _____

E-MAIL: _____

Emergency Contacts:

Child will be released only to the custodial parent or 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: **Please write neat and clear**

Name: _____ Relationship: _____ Phone# _____

Email: _____

Name: _____ Relationship: _____ Phone# _____

Email: _____

Name: _____ Relationship: _____ Phone# _____

Email: _____

Name: _____ Relationship: _____ Phone# _____

Email: _____

Name: _____ Relationship: _____ Phone# _____

Email: _____

Name: _____ Relationship: _____ Phone# _____

Email: _____



Parental Agreement with Kids 'R' Kids Bellalago

1. I agree to pay the current weekly tuition fee on Friday for the upcoming week. Late fees are charged if not paid by Monday for the current week. And my child will be disenrolled on Wednesday if tuition is not paid at that time. Tuition prices are subject to change.
2. I understand that I must give two weeks written notice to the Director/Owner prior to the withdrawal of my child and that I may **not** use vacation time during our final two weeks at the program.
3. I understand that my child will be provided all snacks and lunch served daily during their hours of attendance. Breakfast is served until 8:30 am. Outside food is **NOT PERMITTED** in the center or classroom. I consent to allow my child to participate in food-related curriculum activities in the classroom.
4. I understand that it is my responsibility to escort my child into the center. If an infant, I will remove my child from their carrier. If not an infant, I will put my child on the ground so that they are awake and walking. I will remove all toys, electronics et. Cetera before exiting from my vehicle for a smooth transition into care.
5. If my child wears diapers, I understand I will provide whatever disposable diapers/pull-ups and wipes are necessary for my child. If my child does not have diapers, a charge of \$15.00/day will be assessed for the use of the center's diapers. I understand that only disposable diapers /pull-ups are permitted in the center.
6. I understand that I am responsible to inform the center of any special diet required by my child. If my child must not eat certain foods due to allergies or religious reasons, I will have a pediatrician complete and sign an allergy form. Kids 'R' Kids Bellalago will supply an alternate menu for children with special dietary requirements. If a pediatrician affirms this menu is not acceptable, I will discuss alternate arrangements with Kids 'R' Kids Bellalago.
7. If my child's diet consists of formula taken from a bottle, I will provide Kids 'R' Kids Bellalago with the appropriate number of bottles containing formula necessary for my child each day. Each bottle will be clearly labeled with my child's name and date as per state regulations.
8. A clean change of clothes (including underwear, shoes, and socks) must be always in the classroom. These clothes must have the child's name on each item.
9. I understand that it is my responsibility to keep the center advised on changes of address, phone numbers, and contacts.
10. If my child is part of the after-school program, I must notify Kids 'R' Kids Bellalago no later than 1:00 pm if he/she will not be riding the bus for that day. Failure to notify us will result in delays as we attempt to locate your child and will result in a \$10.00 fee.
11. If I have not picked up my child (ren) by 6:30 p.m., I understand a late fee will be assessed. Repeated late pickups will result in disenrollment from the center. If all attempts to contact me, and all emergency contacts fail, and I have not picked up my child (ren) by 7:00 p.m. Kids 'R' Kids Bellalago will call DCF and the Police.
12. Section 65C.22.0062, F.A.C, requires a current physical examination (Form 3040) and immunization record (Form 680 and/or 681) at time of enrollment.

13. Should my child become ill during the time that he or she is in the care of Kids 'R' Kids Bellalago, or suffers an accident of any nature, the center will contact me immediately and shall be authorized to secure medical attention and care for my child (ren) as necessary. I agree to keep the center informed with contact information.
14. I authorize Kids 'R' Kids Bellalago to obtain any and all medical treatment to be performed as deemed necessary by the staff, licensed medical personnel, including emergency personnel, ambulance personnel, doctors and nurses. I further agree to be fully responsible for all medical expenses incurred and to hold harmless and release Kids 'R' Kids Bellalago and Kids 'R' Kids Int'l from all liability.
15. I authorize Kids 'R' Kids Bellalago to transport my child at any time during an emergency situation where evacuation by transportation is necessary.
16. I understand that if my child is ill, including but not limited to a severe cough, undetermined rash or spots, temperature over 100.4 degrees, severe headaches, upset stomach, pink eye, diarrhea, or if my child cannot otherwise participate in normal, daily activity that he or she cannot be accepted into the center until symptom-free for 24 hours. In the event my child has a contagious disease, a release form from a medical source may be required before my child re-enters the center.
17. I understand that the center has a specific policy regarding the administration of medicine. I agree to provide the center with all required information in accordance with the policy.
18. Children at the center may be photographed and are visible to their parents via a secure 'Watch Me Grow' internet connection. Photographs may also be posted within the center or used in a newsletter or other center-wide publication. I give my permission for my child to be photographed or videotaped while in the attendance at the center and during any activities.
19. I have received and read a copy of the Family Handbook. I agree to abide by all policies and procedure of Kids 'R' Kids Bellalago as outlined in this agreement and any changes that may be updated from time to time.
20. I understand that Kids 'R' Kids Bellalago #18, located at 3901 Reaves Rd., Kissimmee, FL 34746, while a Kids 'R' Kids franchise, is independently owned and operated, and that neither Kids 'R' Kids International, Inc. nor a center other than the one whose name appears at the heading of this form, namely Kids 'R' Kids Bellalago, is responsible for the actions or obligations of this center.

I have read and understand all of these policies and understand any changes to information submitted can only be made by the parent (s) that sign below.

Parent Signature _____ Printed Name _____ Date _____

Parent Signature _____ Printed Name _____ Date _____



Media Release

For and in consideration of the opportunity to have my minor child's name, voice, picture, portrait, artwork and/or likeness published and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, on behalf of myself and my minor child, hereby agree as follows:

1. I hereby grant Kids 'R' Kids International, Inc., Kids 'R' Kids #FL18, and its affiliates, franchisees, nominees, licensees, successors, and assigns and those acting under their permission (hereinafter "KRK"), the unrestricted absolute, perpetual, worldwide right to:
 - a. Use my minor child's name, voice, picture, portrait, artwork and/or likeness, however obtained;
 - b. Reproduce, copy, modify, alter, edit, publish, use, create derivatives in whole or in part, without limitation, my and my child's image, picture, portrait, artwork and/or likeness in still and/or video photography, film or tape taken of me or my minor child by or behalf of KRK; and
 - c. Display, exhibit, distribute, transmit, or broadcast the above or any part thereof; in any project or medium, whether now of hereafter existing, including, without limitation printed publications, television, radio, Facebook, or YouTube, any number of times and for any purpose, including, without limitation, promotional, advertising and marketing purposes.
2. I agree that any picture, portrait, artwork, or other product or material derived there from is wholly owned by KRK and that KRK may copyright any product or material containing same. If I receive any copy thereof, I shall not use it for any purpose that is not authorized its use by anyone else.
3. I hereby waive my right to inspect and/or approve the finished product or material, or to the eventual use that it might be applied.
4. I hereby release and discharge KRK from and against any claim or liability arising out of invasion of privacy, right of publicity, defamation, portrayal in a false light, misappropriation, and copyright infringement arising out of or in connection with the use of materials referenced hereunder, including without limitation the use of myself or my minor child's name, voice, picture, portrait, artwork and/or likeness in any manner authorized by this Release, whether now known or arising in the future.
5. I hereby warrant that I am eighteen years old or older and am the parent and/ or legal guardian of the minor child named below and am competent to contract for the minor child named herein as the above concerned. I have read the foregoing release and warrant that I fully understand the contents hereof. I agree that this Release is intended to be as broad and inclusive as permitted under the laws of the State of Florida, and that if any portion thereof is held to be invalid, that the balance shall continue in full force and effect.
6. The Release constitutes an Agreement between me and KRK and contains the entire understanding between myself and KRK regarding the subject matter hereof. This Release cannot be modified except in a writing signed by all parties hereto and shall be governed in accordance with the laws of the State of Florida.

Child's Full Name

Parent/Guardian Printed Name

Parent/Guardian Signature

/ /
Date



Emergency Transportation Agreement

CHILD'S FULL NAME: _____ DATE OF BIRTH ____/____/____

Kids 'R' Kids # 18 emergency transportation/medical procedure:

1. Call emergency medical team, if necessary
2. Call parent/guardian
3. Call alternate emergency contact, if necessary
4. Emergency medical team transports child to hospital, if necessary
5. Kids 'R' Kids representative will accompany child to hospital.

Emergency Medical Facility the center used: [Osceola Regional Medical Center](#)

[700 W. Oak Street, Kissimmee, FL](#)

[\(407\) 846-2266](#)

I, _____ give permission for Kids 'R' Kids #18 to seek medical attention and/or transport my child _____, in the event of any emergency if I cannot be reached. I further agree to keep the facility informed of any changes in contact information.

Parent (s)/Guardian Signature

Date

Parent (s)/Guardian Signature

Date

Owner/Director Signature

Date



Dear Parents,

Our professional parent handbook can be found on our website
<https://www.kidsrkidsbellalago.com/> and follow these steps:

- School info
- About us
- Scroll down and click on Parent Handbook.

Please sign the acknowledgement below, acknowledging that you agree to read the parent handbook before your child's first day of attendance.

If you have any questions, please see administration.

Thank You,

Kids 'R' Kids of Bellalago

I acknowledge that I have been offered the opportunity to review the Parent Handbook.

Child's Name

Parent Signature

Date



Tuition Schedule

Three fees are assessed before your child's start date.

1. Annual registration- \$100 for families
2. First week of tuition- based on individual program
3. Last week of tuition- held as a security deposit and applied on the last week of school.

The total of the three charges are due **before** your official start date. Failure to pay these charges before your child's start date will cause for dismissal from our program.

Tuition is billed on Wednesday and due on Friday for the upcoming week. If the tuition and fees are not paid in full by close of business the following Monday, a \$15 late fee will be assessed, and the child will be subject to dismissal. When a payment is delinquent for one week, the space can no longer be reserved for your child. Your child will not be permitted to attend school as of Wednesday of any week that tuition is not paid in full.

I have read and fully understand the contents of this document. I agree to the terms and conditions stated above.

Parent /Guardian Signature

Date

Other Parent/Guardian

Date

PARENT LETTER FOR PRICING PROGRAMS

Dear Parent/Guardian:

Date: _____

We participate in the Child Care Food Program (CCFP), which provides reimbursement for serving nutritious meals to enrolled children. All meals served must meet meal pattern requirements established by the U.S. Department of Agriculture (USDA). In the operation of USDA child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

The information requested on the attached Free and Reduced-Price Meal Application is necessary to determine if your child qualifies for free or reduced-price meals. Also, the amount of reimbursement we receive from the CCFP depends on the household income status of the enrolled children. In order for us to determine if your child is eligible for free or reduced-price meals, please complete the attached application, sign, date, and return it to the address of the child care center listed below. **Please refer to the back of the application for full instructions.** Your application will be placed in our files and kept confidential.

Children from households that receive Food Assistance Program (formerly known as the Food Stamp Program) or TANF (Temporary Assistance for Needy Families) benefits are eligible for free meals. Children enrolled in Head Start or Early Head Start (HS/EHS) are eligible for free meals, subject to the submission of official, acceptable HS/EHS enrollment documentation. With proper documentation, HS/EHS children will not need Free and Reduced-Price Meal Applications. Foster children are eligible for free meals regardless of the income of the household with whom they reside, subject to the submission of official, acceptable foster care agency/court documentation or a Free and Reduced-Price Meal Application. Children from households with total incomes less than or equal to the levels listed below are eligible for either free or reduced-price meals.

INCOME ELIGIBILITY GUIDELINES (Effective July 1, 2020 - June 30, 2021)

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	+8,288	+691	+346	+319	+160

The reduced prices are 40 cents for lunch/supper, 30 cents for breakfast, and 15 cents for snacks. **Children who do not qualify for free or reduced-price meals may buy breakfast for _____, lunch/supper for _____, and snacks for _____.**

HOW TO COMPLETE:

If any member of your household currently receives Food Assistance Program (FAP) or TANF benefits, then any child in the household is eligible for free meals. The application must include the child's name, the FAP or TANF case number, and the signature of an adult household member. If completing a Free and Reduced-Price Meal Application for a foster child, the application must identify the child as a foster child, and include the child's name, any "personal use" income, and an adult's signature. Households wishing to apply for meal benefits for foster children should contact us if they have any questions. If you do not list a FAP or TANF case number, or if the child is not a foster child, then the application must include:

- the child's name;
- the names of all household members, including spouse, children, parents or other persons who live with you in the same household;
- the amount of income each person usually receives (before deductions for taxes, social security, etc.), how often it is received, and where it is from, such as wages, retirement, or public assistance. For self-employed persons, list net income. Net income is defined as gross receipts less operating expenses. For persons who do not receive any income, write "0" or "None";

- the signature of an adult household member; and
- the last four digits of the social security number of the adult household member who signed the application or the word "none" if that adult does not have a social security number.

VERIFICATION: Your application may be reviewed by the child care center or other officials at any time during the year to determine if it has been correctly approved. **CONFIDENTIALITY:** The information that you report will be used only to determine eligibility for free or reduced-price meals in the CCFP. **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the year. If you are not eligible now but your household experiences a change, such as, a decrease in household income, an increase in household size, unemployment, or receipt of Food Assistance Program or TANF benefits, then complete a new application. **FAIR HEARING:** If you do not agree with the approved eligibility category for your child, you may ask for a fair hearing by calling or writing:

Name _____ Phone _____

Address _____

Sincerely,

Name and Title of Child Care Center Representative

Name of Child Care Center

Address

Phone Number

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: _____

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ _____	How often received? (check only one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ **Last four digits of Social Security Number (SSN) of adult household member:** _____ If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (_____) _____ - _____

Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. **Ethnicity (check one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child **Total Household Size:** _____ **Total Household Income:** \$ _____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy **How Often Income is Received (Frequency):** ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Salary, wages, cash bonuses • Net income from self-employment (farm or business)	• Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules. **This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**

Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.



More information and free resources:

MyFLFamilies.com/ChildCare



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).
License Number: C09050150
License Issued on 04/06/2020
License Expires on 04/25/2022
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING
MYFLFAMILIES.COM

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014

This brochure was created by the
Florida Department of Children and Families,
Office of Child Care Regulation and Background Screening
pursuant to s. 402.3125(5), F.S.,



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation vehicles (if transportation is provided).
- Provide parents with written disciplinary practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios:

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and Infant/Child CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children’s reach.

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Food and Nutrition

- Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

- Maintain accurate records that include:
 - Children’s health exam/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and administration of medications.

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- Equipt with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Activities

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve.

Quality Caregivers

- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child’s individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- Help children manage their behavior in a positive, constructive, and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting, and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

Quality Environments

- Are clean, safe, inviting, comfortable, child-friendly.
- Provide easy access to age-appropriate toys.
- Display children’s activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.





DISCIPLINARY PRACTICES

The use of physical punishment, in any form, is prohibited at our center. Discipline consists of positive redirection to guide children toward appropriate choices and behavior. Should minor incidents occur, the parent (s) will receive an "Oh-No" Report and we encourage you to discuss these with your child's teacher and sign. However, Kids 'R' Kids reserves the right to ask the parent to make alternative arrangements for the care of a child in the event that behavior becomes a problem that cannot be corrected. Students striking a teacher, or any other staff member, using foul language, hurting other students or exhibiting other such inappropriate or unsafe behaviors may be suspended or expelled from school. In order to provide the best care for your child (ren). Our being aware of changes in your child's life will assist us in implementing the adjustment.

Our approach consists of positive redirection to guide children towards appropriate choices and behavior.

- Children should not be subject to discipline which is severe, humiliating, or frightening
- Discipline shall not be associated with food, rest, or toileting
- Spanking or any form of physical punishment is prohibited
- Students may not be denied active play as a consequence of misbehavior

Section 2.8 of DCF Child Care Standards, requires that parents are notified, in writing, of the disciplinary practices used by the child care facility. The parent's or legal guardian's signature verifies that the parents or guardians have been notified, in writing, of the disciplinary practices of the child care facility.

Parent (s)/Guardian Signature

Date