



Enrollment Application

Distribution
• Child's File

Entrance Date ____/____/____

Withdrawal Date ____/____/____

Child

Child's Full Name _____ Age ____ Gender _____ Date of Birth ____/____/____

Child's Home Address _____ Home Phone _____

Parent/Guardian(s)

Parent/Guardian Name _____ ☐ Parent ☐ Guardian

Home Address _____ Home Phone _____

Email _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Employment Address _____

Parent/Guardian Name _____ ☐ Parent ☐ Guardian

Home Address _____ Home Phone _____

Email _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Employment Address _____

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other _____

Child's Legal Guardian(s): ☐ Both parents/guardians ☐ Mother ☐ Father ☐ Other _____

Child's Living Arrangements: ☐ Both parents/guardians ☐ Mother ☐ Father ☐ Other _____

Primary Financial Obligator: Mother • Father • Other _____

Emergency Contacts

The child may be released to the person(s) signing this agreement or to the following with photo ID:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Emergency contact(s) when parents cannot be reached:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Doctor to be contacted when parents cannot be reached:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature

____/____/____
Date

Parent/Guardian Signature

____/____/____
Date

Parental/Guardian Agreement with Kids 'R' Kids #15

1. Kids 'R' Kids #15 agrees to provide child care for _____.
2. I agree to pay the tuition fee as designated by the school as well as the registration fee that will be due annually. Payment will be due on Friday for the upcoming week.
3. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____.
- I agree to provide the school with all necessary information pertaining to the administering of medication (date, prescription #, Allergy Action Plan, doctor's notes, direction, medication in original pharmaceutical container, etc.).
4. I agree to follow all requirements of the school's medical policy.
5. My child has the following special needs that may affect participation in school activities: _____.
6. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: _____.
7. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance.
8. I understand I am responsible for any special diet required by my child and will provide a doctor's note indicating so. If my child's diet consists of breast milk or formula taken from a bottle, I understand I will provide Kids 'R' Kids with the appropriate number of bottles containing formula/ breast milk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and current date.
9. If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child. I understand that only disposable diapers are permitted in the school and that they will be changed every two hours, or as needed.
10. If child is of school age, what school does he/she attend: _____.
11. Transportation is provided to and from school and on planned field trips with parental/guardian permission. A separate form and signature are required for this service. A School-Age Transportation Agreement form must be signed each school year. A field trip agreement form must be signed before each fieldtrip.
12. I give consent for my child to participate in the following water activities: ☐ water table ☐ splashpad, ☐ waterslide.
13. Should my child become ill during the time he or she is in the care of Kids 'R' Kids or suffers an accident of any nature, the school will contact me immediately and is authorized to secure such medical attention and care for my child as necessary. (The parent/guardian will assume responsibility for payment).
14. I understand that if my child is ill, including, but not limited to, a severe cough or sore throat, undetermined rash or spots, temperature over 100.4 degrees, severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until well (24 hours well without symptoms or medication). In the event my child has a notifiable disease, a release form from a medical source may be required before my child can re-enter the school. Kids 'R' Kids will notify parents if a notifiable disease has been introduced into the school and guidelines will be followed per the CDC Chart/Health Dept.
15. I understand that Kids 'R' Kids #15 a Kids 'R' Kids franchise, is independently owned and operated and that neither Kids 'R' Kids International, Inc. nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.
16. I understand that it is my responsibility to escort my child into and out of the school. And to sign my child in and out of the school. I understand that a staff member will escort my child into the school when being transported from school by county or Kids 'R' Kids transportation.
17. If I have not picked up my child 30 minutes after closing, and all attempts to contact my emergency contacts and me fail, Kids 'R' Kids will call the proper authorities.
18. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.
19. In the event of separation or divorce, a court order is required to make any changes to the child's account.

I agree to abide by the policies and procedures of Kids 'R' Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

Parent/Guardian Signature

____/____/____
Date

Owner/Director Signature

____/____/____
Date

Distribution

- Child's File
- Transportation Log
- Field Trip Log (School-Age Only)

Health and Emergency Permission

This form must be completed for all enrolled children annually and as changes occur

Child			
Child's Full Name _____ Age _____ Gender _____ Date of Birth ____/____/____			
Child's Home Address _____		Home Phone _____	
Parent/Guardian(s)			
Parent/Guardian Name _____		Phone 1: _____	Email: _____
Parent/Guardian Name _____		Phone 1: _____	Email: _____
Medical Information			
Doctor to be contacted when parents cannot be reached:			
Name _____	Full Address _____	Telephone _____	
Dentist:			
Name _____	Full Address _____	Telephone _____	
Health Insurance Provider:			
Name _____	Full Address _____	Telephone _____	
Does your child have special needs affecting participation in school activities? ☐ Yes ☐ No			
Specify: _____			
Does your child have allergies? ☐ Yes ☐ No			
Is your child on prescribed medication for Illness/Allergies? ☐ Yes ☐ No			
Specify: _____			
Actions Taken: _____			
Weight of Child: _____			
Emergency Contacts			
The child may be released to the person(s) signing this agreement or to the following with photo ID:			
Name _____	Address _____	Telephone _____	Relationship _____
Emergency contact(s) when parents cannot be reached:			
Name _____	Address _____	Telephone _____	Relationship _____

 Parent/Guardian Signature

 ____/____/____
 Date

 Owner/Director Signature

 ____/____/____
 Date



Distribution
• Child's File
• Transportation Log

Transportation Agreement

The following information is required to be updated by Kids 'R' Kids annually and when transportation situation changes

Child's Full Name: _____

Date of Birth ____/____/____

Kids 'R' Kids #15 emergency transportation/medical procedure:

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

Emergency Medical Facility the center uses: Advent Health Of Riverview

Address: 9330 US-301, Riverview, FL 33578 Phone (656) 233-5100

I, _____ give permission for Kids 'R' Kids #15 to seek medical attention and /or transport my child _____, in the event of any emergency. I further agree to hold harmless and release Kids 'R' Kids #15 and Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of any changes in the information below.

For School Age Use Only: *If the child relocates to another school or the hours change, this form must be updated immediately*

Name of School: _____

School Address: _____

School Phone: _____

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids #15.
- It is vital that Kids 'R' Kids #15 be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids #15 will assume the above schedule of transportation will be followed unless we receive different instructions from parents in writing. Instructions should be received at Kids 'R' Kids #15 by the earliest possible time before scheduled pickup or drop off.

I, _____ agree for my child to be transported by Kids 'R' Kids #15

☐ To school at _____ (am/pm)

☐ From school at _____ (am/pm)

On the following days: Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Signature

_____/_____/_____
Date

Owner/Director Signature

_____/_____/_____
Date

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

KRK/REV/02/2020

Photo & Social 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 # 15, and its affiliates, franchisees, nominees, licensees, successors and assigns and those acting under their permission (hereinafter "KRR"), the unrestricted, absolute, perpetual, worldwide right to:

- a. use my and 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 on behalf of KRR.
- c. display, exhibit, distribute, transmit or broadcast the above or any part thereof, in any project or medium, whether now or hereafter existing, including, without limitation printed publications, television, radio, the internet, any online service or website, blog or social media, including, without limitation: Twitter, Facebook, Instagram, 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 KRR and that KRR may copyright any product or material containing same. If I receive any copy thereof, I shall not use it for any purpose nor authorize 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 KRR 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 my 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 is 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. This Release constitutes an Agreement between myself and KRR and contains the entire understanding between myself and KRR 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.

Yes ☐ NO ☐ My child's image may be used on the KRR social media platform.

Yes ☐ NO ☐ My child's image may be used within KRR for classroom displays and artwork.

Parent/Guardian Printed Name / Signature _____ Child's Full Name _____

Food Allergies, Food Activity, Dietary Restrictions, Alternate Nutrition, Absences & Immunizations

KRR is dedicated to promoting healthy eating. With our Apple Accreditation, KRR ensures each child is receiving a nutritionally balanced meal. Children are encouraged to eat the meals provided by the center and must follow our set meal times. Each classroom schedule lists AM snack, lunch, PM snack and an additional late snack is provided in our 1 & 2-year-old rooms. Food from home, requires a doctor's note stating the child's allergy or food restriction. Items need to be labeled with the child's full name and date. Food should be dropped off in the café in a labeled zippered school lunch bag. If food needs to be served hot, it must be placed in a thermos as we do not reheat food. Our menu provides a daily vegetarian option. We are a nut free school and all foods MUST follow our dietary guidelines. Items like chips, Cheetos, Kool-Aid and soda are not permitted. If you need to choose an alternative milk product, we accept soy, rice, lactaid, oat or a non-nut product. We are unable to serve almond, cashew or coconut milk. A written emergency plan as outlined by the Physician may be required for select allergy cases. The FL Dept of Health requires all kids be immunized but we do admit children that may not be immunized due to religious or medical beliefs. A waiver is required in a case like this.

DCF requires every parent to report their child's absence no later than 9:30 am.

Our curriculum and additional activities such as field trips, enhancements and special events occasionally involve food outside of our daily menu. Your signature below will serve as authorization for your child to participate in these additional nutrition activities.

Child's Full Name

Parent/Guardian Name / Signature

Authorization to have child removed from classroom (For Enhancements, Volunteers, Therapist, Tutors.....)

I hereby authorize my child to be removed from their classroom to participate in any activity I have signed them up for.

Child's Full Name:

Parent/Guardian Printed Name

Parent/Guardian Signature:

Date

DISTRACTED ADULT

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination. The Distracted Adult brochure is posted in the lobby.

Signature of Parent or Legal Guardian: _____ Name of Child _____

"THE FLU" A GUIDE FOR PARENTS

The parent's or legal guardian's signature verifies knowledge of the current brochure on the Influenza Virus and Flu guide posted in the lobby.

Signature of Parent or Legal Guardian _____ Name of Child : _____

KNOW YOUR CHILD'S DAY CARE CENTER

Section 10M-12.008 (2) F.A.C. requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER. The Parent's or legal guardian's signature verifies receipt of the child care brochure. Please complete the following:

I, _____, have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER.

Signature of Parent or Legal Guardian: _____ Name of Child : _____

FAMILY HANDBOOK AGREEMENT

I agree to abide by all policies / procedures of Kids 'R' Kids as outlined in this Enrollment Agreement and the Family Handbook. I hereby agree to all age-appropriate screenings and assessments as discussed in the Family Handbook. The KRK Handbook is sent out electronically upon attending Kids 'R' Kids and it is also available on our website www.krkeirca.com for your review. You are hereby confirming that you will read, understand and follow the policies outlined in our family handbook.

Signature of Parent or Legal Guardian _____ Name of Child: _____

DISCIPLINE, EXPULSION & BEHAVIOR MANAGEMENT

Praise, positive reinforcement, and redirection are often effective methods for the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from Kids 'R' Kids, International operational guidelines and the NAEYC Code of Ethics.

Where appropriate, we will use positive reinforcement, time-away, and re-direction with children to guide children toward appropriate behavior. Guidance will be appropriate, respectful, not tied to food or toileting and within appropriate developmental expectation. At times a verbal reprimand, parent conference, or more serious discipline, up to and including dismissal, may be warranted. Corporal punishment is not permitted. We follow the NAEYC Code of Ethics – Principle-1.1: "Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children."

Consistent application of disciplinary policies is sought, although each situation is judged on its merits, and every effort will be made to ensure that decisions are not arbitrary.

In some circumstances, a child may be placed on probation. Children who are placed on behavior probation may be required, at the school's discretion, to have their family sign a Behavior Action Plan with the school as a condition of continued enrollment. Failure to comply with the stipulations in the disciplinary probation agreement may result in dismissal.

Children may be dismissed for serious first offenses; repeat infractions (even if not related); conduct resulting in harm, damage, or disruption to the educational environment; parent or family member causing disruption to the School or the School's educational mission; non-payment of tuition or fees. Any matter taken under consideration by the Owner directly may be grounds for expulsion. The school reserves the right to dismiss any child at the sole discretion of the School's Director or Owner.

In addition, the school may report to the appropriate governmental authorities any actions that appear to violate law.

Signature of Parent or Legal Guardian _____ Name of Child _____

Program Manager

Date

**Distribution**

- Infant/Toddler Classroom Forms
- Preschool/School-Age Classroom Forms
- Kitchen Log
- Child's File

Child Allergy Profile

Update annually or as child's information changes

(place child's picture here)

Child's Full Name: _____ Suite: _____

Allergy To:

Symptoms of Allergic Reaction:

Emergency Care Plan:

Parent/Guardian Signature

____/____/____
Date

Owner/Director Signature

____/____/____
Date

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

**Distribution**

- Child's File
- Infant/Toddler Classroom Forms
- Pre-School/School-Age Classroom Forms

Child Profile

For children ages 1 and up

A new form is required with each classroom transition

This profile will help your child's teacher get to know your child better. Your input will also help with your child's adjustment to the new classroom.

Child's Full Name: _____ Date of Birth: ____/____/____

Parent/Guardian's Name: _____
(Please Print)

1. List any nicknames your child may have. _____

2. Has your child had previous group care experiences? ☐ Yes ☐ No

3. What language(s) is spoken in your home? _____

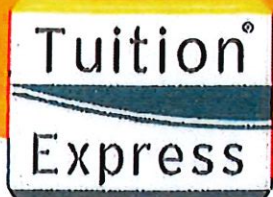
4. List the names and ages of siblings.

5. Do you have pets at home? ☐ Yes ☐ No If yes, please list type of pet and name.

6. What words are spoken in your home to describe everyday things (I.e. toileting, nap, eat, play and outside)?

Parent/Guardian Signature

____/____/____
Date



Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize Circa Learning Center DBA Kids R Kids #15FI (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone #/ _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

☐ Checking ☐ Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

☐ Check If you wish to make online payments

For Official Use Only

Date Received

Employee Signature

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555-555-5555

00226

Pay to the order of: **Attach Voided Check Here** \$ _____

Deposits slips not accepted Dollars

112345678911 100033014 0226

Routing Number Account Number Check Number

A service of



procure
SOFTWARE®

Copyright Procure Software 04-05-2010



An ACH form to electronically collect payments is required to be on file for all accounts. Please make an election of payment below:

- ☐ I wish to have my weekly tuition automatically debited each week from the bank listed.
- ☐ I wish to have my ACH form kept on file only.

This payment authorization is valid and will remain in effect unless I, _____ notify Kids R Kids of its cancellation within 2 weeks which will allow Kids R Kids a reasonable opportunity to act upon such cancellation prior to the next scheduled payment.

I agree to notify Kids R Kids of any change to the payment account designated which the funds are to be debited within 2 weeks from the effective date of such change. I understand that failure to do so may delay receipt of funds to Kids R Kids and that I will be responsible for any resulting late fees or returned item fees. If we are unable to process fees due to insufficient funds there will be a charge of \$50 per occurrence.

Your Name _____

Signature _____ Date _____

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



For additional information, please visit www.myflfamilies.com/childcare or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



Distraction Prevention Tips:

- **Never** leave your child alone in a car and call 911 if you see any child locked in a car!
- **Make a habit** of checking the front and back seat of the car before you walk away.
- **Be especially mindful** during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- **Create reminders** by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- **Keep a stuffed animal** in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- **Set a calendar reminder** on your electronic device to make sure you dropped your child off at child care.
- **Make it a routine** to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.

WHEN LIFE HAPPENS... DON'T BE A DISTRACTED ADULT



Facts About Heatstroke:

- ⚠ It only takes a car **10 minutes** to heat up 20 degrees and become deadly.
- ⚠ Even with a window cracked, the **temperature inside a vehicle** can cause heatstroke.
- ⚠ The body temperature of a child increases **3 to 5 times faster** than an adult's body.



What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Centers for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

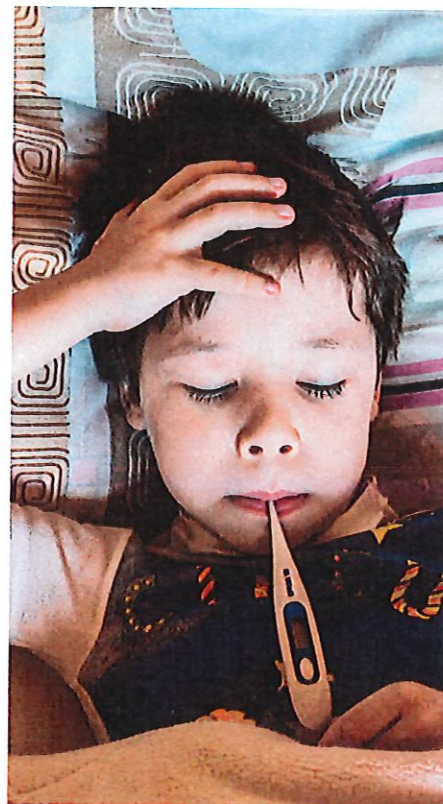


For additional information, please visit www.myflfamilies.com/childcare or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

THE FLU

A Guide for Parents



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

Call or take your child to a doctor right away if your child:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse

How can I protect my child from the flu?



A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

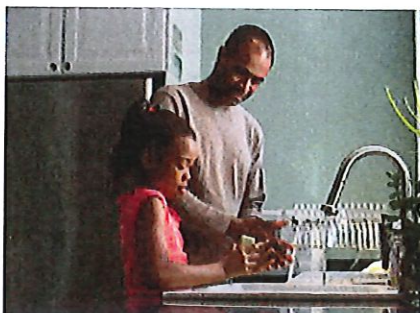


What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions.

To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

For additional helpful information about the dangers of the flu and how to protect your child, visit: www.cdc.gov/flu/ or www.immunizeflorida.org/