

**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: ____/____/____

Kids 'R' Kids Forms (Right side of file)

<input type="checkbox"/>	Enrollment Application
<input type="checkbox"/>	Health and Emergency Permission
<input type="checkbox"/>	Parental Agreement with KRK
<input type="checkbox"/>	Child Profile
<input type="checkbox"/>	Center Policies
<input type="checkbox"/>	Release
<input type="checkbox"/>	Addendum to Enrollment Form
<input type="checkbox"/>	Acknowledgement of Family Handbook
<input type="checkbox"/>	Acknowledgement of Discipline/Expulsion Policy
<input type="checkbox"/>	Acknowledgement of Meals/Snacks Policy
<input type="checkbox"/>	Tuition Express

Required State Forms (Left side of file)

Abide by State Licensing Standards for all required forms

<input type="checkbox"/>	<u>Physical Form (Form 3040)</u>
<input type="checkbox"/>	<u>Immunization Record (Form 680 or 681)</u>
<input type="checkbox"/>	Transportation Agreement
<input type="checkbox"/>	Influenza Virus Form
<input type="checkbox"/>	Distracted Adult Flyer
<input type="checkbox"/>	Know Your Child Care Facility

Enrollment Application

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 _____

Cell Phone _____

Email Address _____ Social Security Number _____

Place of Employment _____ Business Phone _____

Employment Address _____

Parent/Guardian Name _____ ☐ Parent ☐ Guardian

Home Address _____ Home Phone _____

Cell Phone _____

Email Address _____ Social Security Number _____

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 _____

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
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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

**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

Child

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

Parent/Guardian(s)

Parent/Guardian Name _____ Phone 1: _____ Phone 2: _____
Parent/Guardian Name _____ Phone 1: _____ Phone 2: _____

Medical Information

Doctor to be contacted when parents cannot be reached:

Name _____ Address _____ Telephone _____

Dentist:

Name _____ Address _____ Telephone _____

Health Insurance Provider:

Name _____ Address _____ Telephone _____

Does your child have special needs affecting participation in school activities?: ☐ Yes ☐ No

Specify: _____

Does your child have allergies?: ☐ Yes ☐ No

Specify: _____

If your child has an allergy, you must provide Kids 'R' Kids of Oviedo with an Allergy Action Plan from your doctor.

Acknowledgement

By signing below, I give my permission to Kids 'R' Kids Learning Academy of Oviedo to seek medical attention for my child in the event of an emergency or if I cannot be reached and to hold harmless and release Kids 'R' Kids Learning Academy of Oviedo and its employees from all liability.

By signing below, I verify that all the above information is true and accurate, that I have received a copy of the Childcare Facility Brochure, "**KNOW YOUR CHILDCARE CENTER**", and that I agree to abide by the terms in the Kids 'R' Kids Learning Academy of Oviedo Handbook and that I am responsible for payment of tuition and other fees as explained on the Kids 'R' Kids Learning Academy of Oviedo price sheet.

Parent/Guardian Signature

____/____/____
Date

Owner/Director Signature

____/____/____
Date

Parental/Guardian Agreement with Kids 'R' Kids #2 FL

1. Kids 'R' Kids #2FL agrees to provide child care for _____ on M – Tu – W – Th – F from _____ am to _____ pm. Child's Full Name
2. I agree to pay the tuition fee of \$ _____ as designated by the school. 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 #, 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 breakfast and lunch served daily during his/her hours of attendance.
8. I understand I am responsible for any special diet required by my child. 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 Kids 'R' Kids #2FL will provide disposable diapers and wipes that my child needs. 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 trip.
12. 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).
13. 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 degrees; severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until well. In the event my child has a notifiable disease, a release form from a medical source may be required before my child re-enters 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.
14. I understand that Kids 'R' Kids #2FL 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.
15. 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 Kids 'R' Kids transportation.
16. 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.
17. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.

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
- Infant/Toddler Classroom Log
- Pre-School/School-Age Classroom Log

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. Does your child have any allergies? ☐ Yes ☐ No If yes, please list allergy.

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

Parent/Guardian Signature

____/____/____
Date

**Distribution**

- *Child's File*

Center Policies

Fees and Payment Information

Enrollment Fee: An initial enrollment fee of \$100.00 is due at the time the enrollment application is submitted. The enrollment fee is non-refundable. This enrollment fee will also be charged annually

Tuition Payment: TUITION IS DUE EACH **FRIDAY FOR THE UPCOMING WEEK.** _____ **Parent Initials**

Tuition is based on a weekly rate only. No discount will be made for holidays or other days on which the facility does not operate.

A child not attending for any day during the week is charged a half weeks tuition.

Each account will have a credit card on file. If payment is not received by **CLOSE OF BUSINESS ON MONDAY**, we will charge your credit card the tuition payment, plus a 2.5% fee. If this credit card is declined, then a \$25 late payment fee will be applied to your account. _____ **Parent Initials**

Late Payment: Tuition is considered late if not received by **CLOSE OF BUSINESS ON MONDAY.**

- If tuition is not paid by Monday evening, a \$25 late fee will be added to the balance due. _____ **Parent Initials**

Returned Checks If your check or credit card payment is returned for any reason by the bank, \$30 will be charged to your account. If checks or credit cards are returned on a recurring basis, we will require that your account be paid using Tuition Express (ACH withdrawal) only.

Payment Disputes If the Center is required to take legal action for non-payment the parent will be responsible for any legal/attorney fees incurred by the Center. _____ **Parent Initials**

Late Pick-Up After 6:30 p.m. there is a late pick up fee of \$25 for the first 15 minutes, and an additional \$25 for every 15 minutes thereafter. AS SOON AS YOU REALIZE THAT YOU WILL BE LATE, PLEASE CONTACT THE CENTER IMMEDIATELY. If we do not hear from you by 6:45 p.m. and all attempts to contact you and your emergency contacts have failed, the Center will call the Oviedo Police and Florida Department of Children and Family Services.

Withdrawal Policy

- A minimum two-week written notice is required prior to disenrollment. You are responsible for full payment for those two weeks whether your child attends school or not. _____ **Parent Initials**
- The Center reserves the right to disenroll any child for any reason at any time, to include non-payment for services, severe behavioral issues that may affect the safety of other children, and noncompliance with administrative policies.

Parent/Guardian Signature _____ **Date** ____/____/____

**Distribution**• *Child's File*

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 #2FL, 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 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 minor 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 KRK

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 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 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 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 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 Georgia, and that if any portion thereof is held to be invalid, that the balance shall continue in full force and effect.

☐ By checking this box, I agree with the above release, and KRK may **use** my child's picture.

☐ By checking this box, I do not agree with the above release, and KRK may **not use** my child's picture.

Child's Full Name

Parent/Guardian Printed Name

Parent/Guardian Signature

____/____/____
Date



Addendum to Enrollment Form

- It is my understanding that a current physical examination (Form 3040) and immunization record (Form 680 or 681) must be provided within 30 days of enrollment. If the custodial parents or legal guardians fail to provide the documentation required within 30 days of enrollment, the facility shall have the right not to allow the child to remain in the program. The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations must, at a minimum, provide documentation of a scheduled appointment or arrangement to receive immunizations.
- I understand that some children in the care of the facility may not have immunizations on file due to religious, medical or philosophical reasons.
- I understand that enrolling my child in Kids 'R' Kids of Oviedo gives consent for child care personnel to have access to your child's records.
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.
- Section 402.3125(5), F.F., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24)
- It is my understanding that Kids 'R' Kids of Oviedo requires notification of any child absence within one hour of the child's scheduled arrival. If no notification is received, Kids 'R' Kids of Oviedo will begin to validate the absence by communicating with you and any/all of the emergency contacts listed on your Enrollment Form.

Your signature below indicates that you acknowledge and have received the above items and that the information on the enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Child's Name

Acknowledgement and Receipt of Family Handbook

The registration of a child is considered an acceptance, on his/her part and on the part of his/her families or guardians, of the terms and conditions of the Family Handbook and all of our school's rules and regulations, including the school's judgment on disciplinary sanctions or dismissal of a child.

The rules and regulations contained in this Handbook are not meant to be comprehensive. Rather, they presuppose the good will and judgment of a child in all circumstances in which he/she may find himself/herself and are subject to the school's ultimate discretion, judgment and interpretation.

Children and families or guardians are asked to familiarize themselves with all of the information contained in this Family Handbook and to sign this form.

We have had the opportunity to review, understood and agree to abide by and honor all statements and provisions set forth in the Family Handbook or as they may be changed from time to time by the school.

Print Child's Name

Age

Date

Family Member or Guardian

Relationship

Date

(School File Copy)

Acknowledgement and Receipt - Disciplinary/Expulsion Action Policy

Kids 'R' Kids Learning Academy of Oviedo will try to redirect the behavior first. If the behavior continues, then one minute of "Think Time" per each year of age will be warranted. The child will be asked to sit in a chair or on the floor away from the other children until the behavior is under control. The use of harsh language or physical punishment is never permitted.

CHRONIC DISRUPTIVE BEHAVIOR

We will make every effort to work with the parents of children having difficulties in school, but we are here to serve and protect all of our children. Children displaying chronic disruptive behavior, which has been determined to be upsetting to the physical or emotional well-being of another child, may require the following actions:

1. INITIAL CONSULTATION

The Director, Owner and teacher will require within one week a conference with the parents, who are expected to be involved in all decision-making and problem solving. The problem will be defined on paper. Goals will be established, and the parent will be involved in creating approaches towards solving the problem.

2. DISCHARGE/EXPULSION

When the previous attempts have been followed and no progress has been made towards solving the problem, the child will be discharged from the school. The director or owner may immediately discharge a child at anytime if he/she exhibits a behavior, which is harmful to him/her to others. A parent will be called if the child exhibits uncontrollable behavior that cannot be modified by the Kids 'R' Kids Learning Academy of Oviedo staff. The parent must come immediately and pickup the child.

I, the undersigned parent or guardian of _____ (print child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Signature of Director (or designated staff member): _____

Distribution: One copy to parent or guardian, signed copy to be kept with child's facility records

(School File Copy)



Distribution

- *Child's File*

Meals and/or Snacks Policy

Kids 'R' Kids Learning Academy of Oviedo is a nut-free school. Our school will provide a nutritious breakfast (served from 6:30 a.m. to 8:30 a.m. each day in the Café) and lunch every day along with a snack in the morning and afternoon. Meals and snacks served at our school comply with the Meal Patterns for Children in Child Care Standards which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition. This includes serving whole milk with each meal and/or snack.

- **Infants**

A written feeding plan for children under twelve months of age must be completed and submitted by the families. This plan should be updated regularly as new foods are added or other dietary changes are made at a minimum once a month. All baby bottles (including the cap) must be clearly labeled with the child's first and last name and current date. Formula or expressed milk must be brought in appropriate amounts for feeding. Any milk warmed must be used within an hour or it will be discarded. Dry Cereal and unopened jar food may be left at the school until consumed or expired. These jars must be labeled with your child's first name and last name and date it was brought in. We are unable to accept any commercially prepared food jars which have already been opened. Please bring in foods that have been tried at least two times at home in order to protect against food allergies.

- **Toddlers and Preschool**

Meals and snacks are provided by the school and are according to the schedule posted in your child's classroom. Mealtime is seen as a part of the learning process. Children are encouraged to taste all the food that is served but are not forced to eat anything. At no time is food withheld as punishment.

- **School-Age**

Children enrolled in our Before- and After-School program will be served breakfast and an afternoon snack while in our care. It is the parent responsibility to provide a disposable lunch during summer and school holidays, unless otherwise stated.

- **Allergies and Special Diets**

A weekly menu is posted in your child's classroom including all food that will be served for snacks and meals. Any special diets for food allergies, not available by the school, must be provided by the family. No tuition discount is given for food brought in by families. No food shall be brought in for your child or the class without prior approval from the administration.

By signing below, the parent's or legal guardian's signature verifies the receipt of the Food Policies at Kids 'R' Kids Learning Academy of Oviedo.

Parent/Guardian Signature

____/____/____
Date



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). 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. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature	Date
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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	\$
	Deposit slips not accepted	Dollars
123456789	1000338	0226
Routing Number	Account Number	Check Number

A service of



procare
SOFTWARE®

**Distribution**

- Child's File
- Transportation Log

Transportation Agreement

The following information is required by Kids 'R' Kids annually

Child's Full Name: _____

Date of Birth ____/____/____

Kids 'R' Kids #_____ 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 uses: Oviedo Medical Center
8300 Red Bug Lake Rd., Oviedo, FL 32765

I, _____ give permission for Kids 'R' Kids #2FL to seek medical attention and /or transport my child _____, in the event of any emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids #2FL and Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of any changes in the information above.

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

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 #2FL.
- It is vital that Kids 'R' Kids #2FL be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids #2FL will assume the above schedule of transportation will be followed unless we receive different instructions from parents. Instructions should be received at Kids 'R' Kids #2FL by 2:00 p.m.

I, _____ agree for my child to be transported by Kids 'R' Kids #2FL

☐ 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

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.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



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.



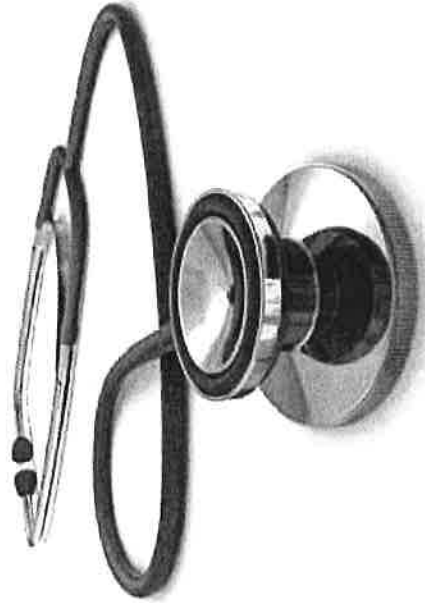
When should my child stay home from child care?

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 setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

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

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 Center 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.

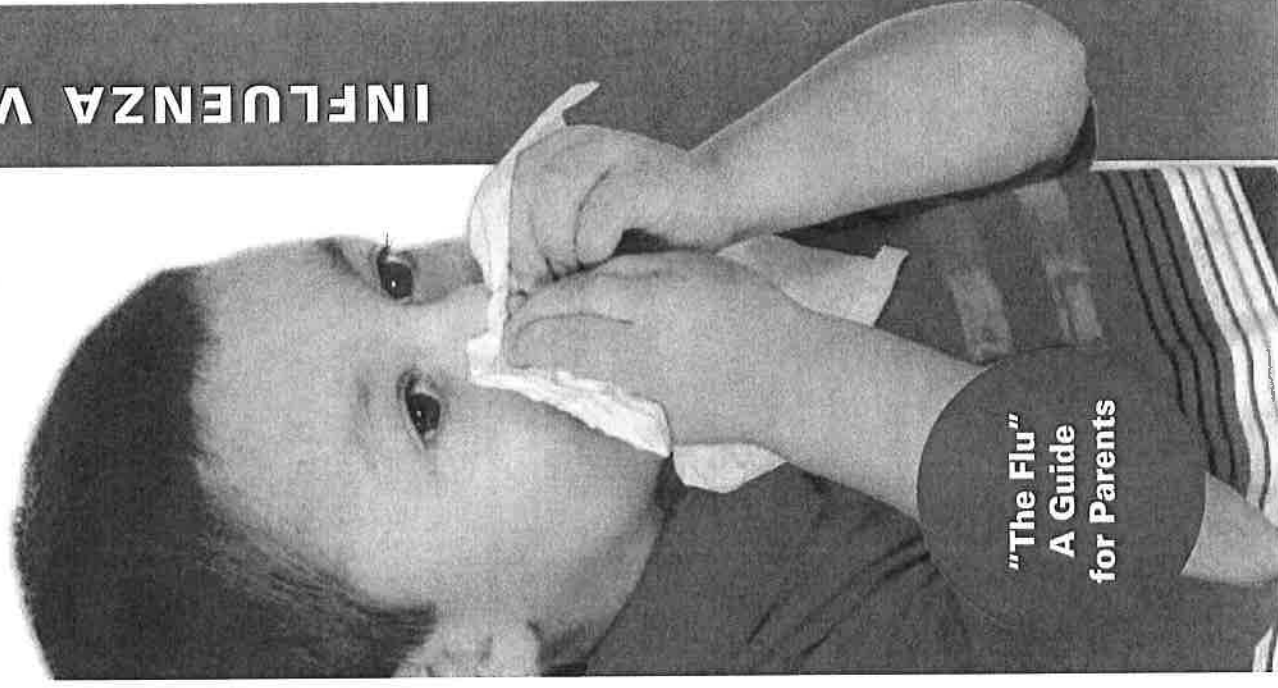


For additional information, please visit
www.myflorida.com/childcare or contact your
local licensing office below:

CF/PI 175-70, June 2009

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

INFLUENZA VIRUS



"The Flu"
A Guide
for Parents

Getting In; Getting Out...



Out: Check the Back Seat

- In just **10 MINUTES**, a car's temperature can increase by **19°**
- Before getting out of your car, check the back seat ... **DON'T FORGET YOUR CHILD!**
- **NEVER** leave your child alone in a car and **CALL 911** IF YOU SEE ANY **CHILD LOCKED IN A CAR!**
- Place something in the back seat that you will need at work, school, or home (your laptop, your lunch).

Developed by:
PREVENTION UNIT
Office of Family and
Community Services



Getting In; Getting Out...



In: Check Behind The Car

- **BEFORE GETTING IN THE CAR AND STARTING THE ENGINE**, walk around the car and **CHECK FOR KIDS, TOYS, AND PETS!**
- Make sure there is **NOTHING UNDER OR BEHIND YOUR CAR** that could attract a young child.
- **PICK UP TOYS, BIKES, CHALK, OR ANY TYPE OF EQUIPMENT** around the driveway so that these items don't entice kids to play.

Developed by:
PREVENTION UNIT
Office of Family and
Community Services



My signature below verifies receipt of the Getting In & Getting Out Car Safety Brochures from DCF.

Parent Signature

Date

Child's Name

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.
- ☐ Equip 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.



Parent Signature: _____

Date: _____

Child's Name: _____

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: _____

License Issued on / /

License Expires on / /

For more information regarding the compliance history of this child care provider, please visit:

MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATORY
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

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Office of Child Care Regulation and Background Screening
pursuant to s. 402.3125(5), F.S.,



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

Florida Department of Health

Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

☐ **Check here if your child has no regularly scheduled hours of care**

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

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

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

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 4.

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

STEP 3: 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)

A. 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.

Total children's income: \$ _____ How often received? (check only one): ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

B. 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
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (children and adults): _____ **Last four digits of Social Security Number (SSN) of adult household member:** _____ If no SSN, write "none."

STEP 4: 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:** _____

