



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. 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

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 _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Guardian |
| Home Address _____ | Home Phone _____ |
| | Cell Phone _____ |
| Place of Employment _____ | Business Phone _____ |
| Employment Address _____ | |
| Parent/Guardian Name _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Guardian |
| Home Address _____ | Home Phone _____ |
| | 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 _____

| 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



- 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?: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Specify: _____ | | |
| Does your child have allergies?: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Specify: _____ | | |
| Actions Taken: _____ | | |

| 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 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: _____

Address _____ Phone _____

I, _____ give permission for Kids 'R' Kids # _____ 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 _____ 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 # _____.
- It is vital that Kids 'R' Kids # _____ be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids # _____ 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 # _____ by the earliest possible time.

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

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



Distribution
• Child's File

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

- 1. Kids 'R' Kids # _____ 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 _____.
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 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 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 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 # _____ 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 from school by county or 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*

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 # _____, 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.

6. This Release constitutes an Agreement between myself 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 Georgia.

Child's Full Name

Parent/Guardian Printed Name

Parent/Guardian 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?

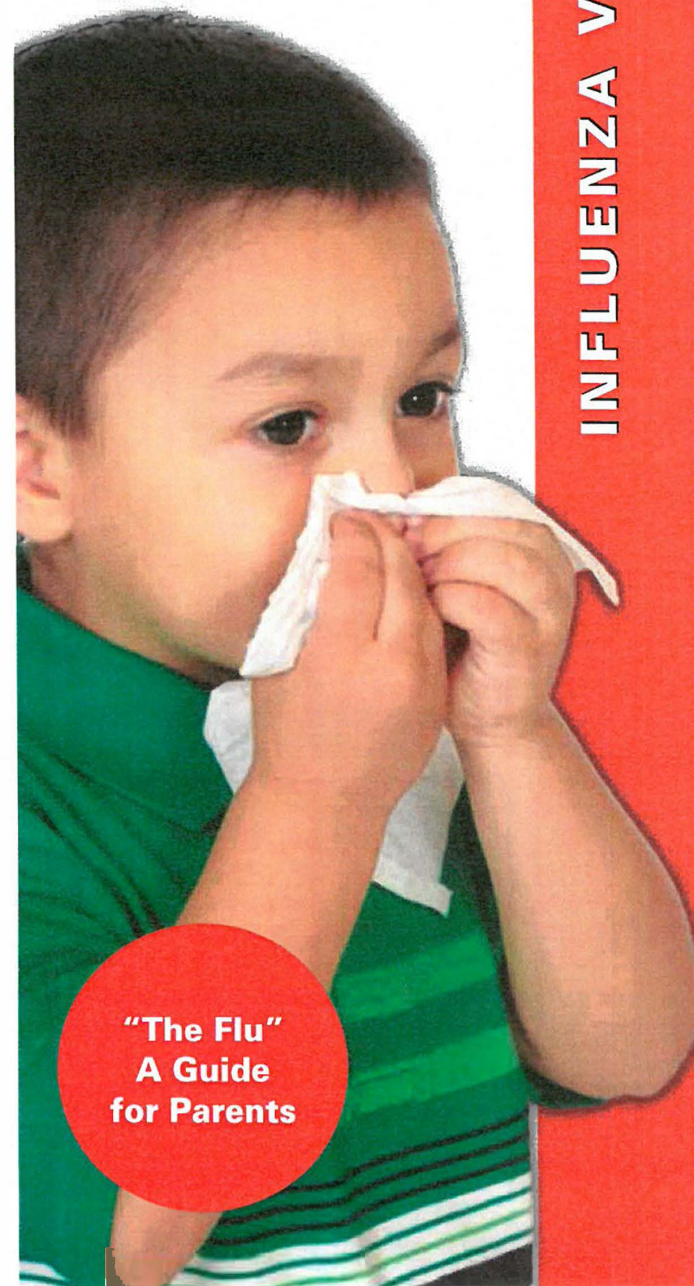
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between 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

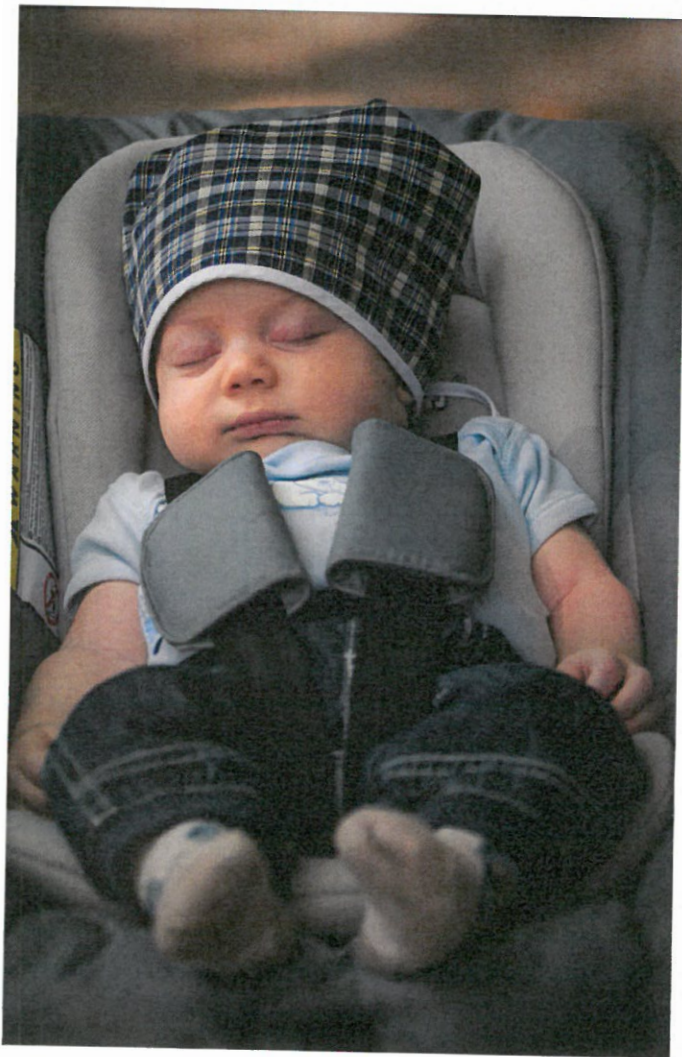
This brochure was created by the Department of Children and Families in consultation with the Department of Health.



INFLUENZA VIRUS

**"The Flu"
A Guide
for Parents**

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...

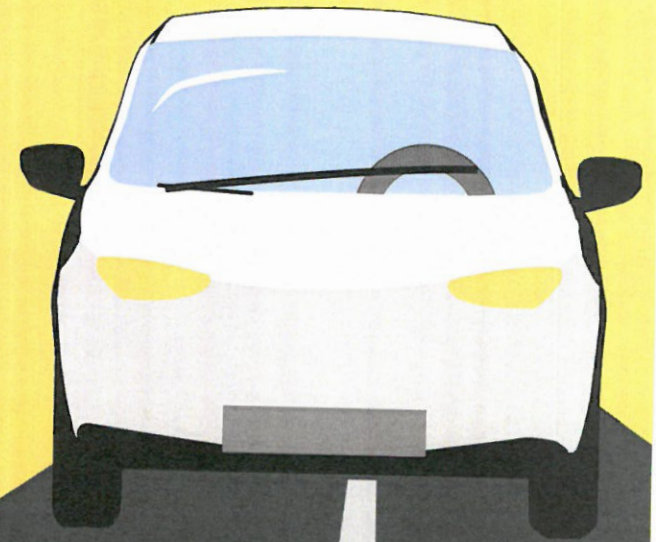


Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

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.



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.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

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



Dear Parents,

Our professional parent handbook can be found on our website at:
www.kidsrkidswaterfordlakes.com under the policies tab.

In our continued effort to "go green", we ask that you review the Parent Handbook online or stop by the Front Desk where a "hard copy" is available.

Please sign the acknowledgement below that we have advised you of the handbook and how you may access the Parent Handbook. By signing below you are also acknowledging that you read our Expulsion Policy and our Emergency Preparedness plan which can be found on pages 23-25 and our Meal and Snack Policy on pages 31-32 in our Parent Handbook.

If you have any questions, please see a manager.

Thank you.

Kids R Kids Management

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

Child's Name

Parent Signature

Date

Addendum to Enrollment Form

Child's Name: _____

- 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 fails 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 5 gives consent for child care personnel to have access to your child's records.
- 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)
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practiced used by the child care facility.
- It is my understanding that Kids R Kids 5 requires notification of any child absence within one hour of the child's scheduled arrival. If no notification is received, Kids R Kids will begin to validate the absence by beginning to communicate with me and any/all of the emergency contacts listed within this package.
- Children will be permitted to enter the school until 10:30am. After this time, your child will not be allowed to be dropped off until 2:00pm in which you would have to notify the front desk so they are aware. Students enrolled in our VPK program must arrive by 9:15am. Any child arriving after this time will not be allowed into the VPK classroom and cannot attend the day.

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

Signature of Parent/Guardian

Date

Here at Kids R Kids Waterford Lakes, we like to keep all of our parents informed and maintain an open line of communication. Please list your email address below so that we can send you our weekly event e-mails, send information to Kid Reports, and any other center events that may be occurring in the near future.

Guardian Name: _____

Email: _____

Guardian Name: _____

Email: _____



Child's Name: _____

Per the Department of Children and Families we are required to have you sign that you acknowledge that this is a smoke free facility. Smoking is prohibited in all areas of the facility. This includes the parking lot.

Parent's Signature: _____ Date: _____

We also require all children who attend Kids R Kids to have a permission slip in order to participate in eating foods brought into the classroom from the outside. This includes all party food items. If this form is not signed, your child will not be allowed to participate in holiday parties or birthday celebrations. Per Kids 'R' Kids policy, no homemade foods are permitted. Everything must be store bought.

I, _____ give my child _____

permission to participate in Kids 'R' Kids activities involving outside food. I understand that all food brought into the classroom is store bought only.

Parent's Signature _____ Date: _____



WatchMeGrow Family User Agreement

The WatchMeGrow internet viewing system is a service that Kids 'R' Kids provides as a courtesy to all full-time families whose accounts are in good standing. This service provides primary guardians with the ability to view their child in his/her classroom environment via a secure internet connection.

In order to protect the identities and confidentiality of all students, families and teachers in our program, it is imperative that all families use this system in strict accordance with the following rules.

- The system is set up for video streaming only and is not available for video playback.
- The images captured on the system are the sole property of Kids R Kids and may not be copied, reproduced or rebroadcast for any reason.
- Motion videos or still screenshots are not permitted to be shared via email, text or social media sites, including but not limited to Facebook, Twitter, Nextdoor, Google, Instagram, Snapchat, etc...
- Each family may only have one primary account holder.
- The primary account holder is responsible for all activities (including reproduction/transmission of images) that occur under the main family account.
- The family account holder must share these rules with any user on their account.
- The primary account holder is responsible for adding an additional guardian to their account if appropriate.
- Account holders may not share login credentials with anyone else.

By enrolling my child into the Kids R Kids program and signing below, I always agree to abide by these rules. I understand that failure to adhere to these policies will result in denial of a WatchMeGrow account, dismissal from the program, and any appropriate level ramifications. I understand that this product is a streaming service only and is not available for video playback.

Print Child's Name: _____ Print Guardian Name: _____

Guardian Signature _____ Date: _____

AUTHORIZATION FOR RECURRING DIRECT PAYMENTS

Merchant Name: KIDS R KIDS
Address: 415 Woodbury Road
Orlando, FL 32828
Phone: (407) 381-7979

Authorization for Recurring Charges

In consideration of the services provided to me by Kids R Kids, hereinafter called MERCHANT, I hereby authorize MERCHANT to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount and frequency listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

ACH Withdraw

Depository Bank Name: _____

Branch (City, State, Zip): _____

Account Number: _____ Routing Number: _____

Checking OR Savings

Credit Card Withdraw

Card Type (circle one) Visa Master Card American Express Discover

Card Number: _____ Expiration: _____ CVV#: _____

Billing Address: _____

Frequency: Friday Monday **OR**
 Monthly (charged the 1st Monday of the month)

Effective date: / / (mm/dd/yyyy)

The specific debits to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until MERCHANT has received written notification from me of termination in such time and in such manner as to afford MERCHANT and DEPOSITORY a reasonable opportunity to act. I may only revoke this authorization by contacting MERCHANT directly at the address and phone number listed above.

Credit card payments are subject to a courtesy fee based on the transaction amount. You can view the breakdown of courtesy fees at the front desk.

Student Name: _____

Account Holder Name: _____ Date: _____
(please print)

Signature: _____



KidsRKidsWaterfordlakes.com

Every family's account will be required to have a **valid** credit card on file. This policy was implemented to avoid the collection process when families withdraw and overlook their final tuition payments. Please complete the attached form in its entirety and return it to the front desk. Rest assured that all information will be stored in a secure location and only be accessed by a manager in the event you withdraw from the center leaving a balance on your tuition account. The form must be signed by the person whose name appears on the card. Please assist us by updating your card information when the card expires or card number changes.

Thank you for your cooperation in this matter.

Sincerely,

Kids R Kids Management Team

I, _____, authorize Kids R Kids Waterford to deduct any unpaid balance to the credit card listed below. I understand that the card on file must be kept up-to-date and it is my responsibility to update the information as needed.

Parent/Guardian Signature

Printed Name

Child's Name

Date

Credit Card Information

Name of Card (Circle One): Visa Master Card American Express Discover

Name (as it appears on card) _____

Card Number: _____

Expiration Date: _____

Zip Code: _____ CVV: _____

Card Holder's Signature: _____

Child Care Food Program Infant Feeding Form

| | |
|---|-----------------------|
| Child care facility: Please fill in facility name and formulas offered before distributing to parents. | |
| Child Care Facility Name: | Kids R Kids Waterford |
| *Formulas offered at this facility: | |
| Milk-based: | BJ's w/iron |
| Soy-based: | BJ's soy |

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

Parents please complete the following:

Baby's full name: _____ Date of Birth: _____

Please check this box if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk Visit facility to nurse

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of *formula): _____

This facility has not requested or required me to provide infant formula or food.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food

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.

Check here and sign/date below if your child does not receive meals while in 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 and sign/date below 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 - COMBO

Child's Name: _____ Center Name & Address: Kids R kids waterford 415 woodbury Rd. orlando

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: (407) 381-7979

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): Weekly Bi-Weekly Twice a Month Monthly Annually

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-needly 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-needly Status: Income too High Incomplete Application Other Reason: _____

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