



Karice Inc. dba Early Childhood Learning Center | P.O. Box 382. Lakeland, FL 33802 | 863-647-3322 | 863-687-0070 | Fax: 800-880-2721

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Airside Location: ☐ Skinner Location: ☐

## Orientation

### Admission Procedure

Name of Child: \_\_\_\_\_

Start Date: \_\_\_\_\_

Age: \_\_\_\_\_

**The following items must be in place and properly filled out for admission to our Center.**

- ❖ Enrollment Application
- ❖ Signed as having received a copy of the "Child Care Facility Brochure"
- ❖ Emergency Medical Authorization
- ❖ Developmental Screening Authorization
- ❖ Photo permission signed
- ❖ Debit Payment Authorization Form filled out with voided check/signed/date
- ❖ White Immunization Form (current) (Form 680)
- ❖ Gold Physical Form (current)
- ❖ Copy of Driver's License
- ❖ Fill out the food program application.

Please return this form along with all other enrollment papers for your child's admission to be complete.

Airside Location: ☐ Skinner Location: ☐

Please fill in application completely and legibly



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Parent/Guardian:

\_\_\_\_\_  
 (Last Name) (First Name) (Middle Name)  
 Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Phone #:  (home)  (cellular)  (work -ext)  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Work Hours: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Primary Residence: \_\_\_ with Mother \_\_\_ with Father \_\_\_ with Both  
 \_\_\_ with Guardian (name)

Parent's Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced

The following persons are authorized to pick up my child and to be contacted in case of an emergency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Any allergies or special needs: \_\_\_\_\_

Emergency contact other than parents:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this child potty-trained? \_\_\_ YES \_\_\_ NO

What does your child say when he/she wishes to use the toilet?

\_\_\_\_\_



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Does your child need help with:

Dressing/Undressing \_\_\_\_\_ Eating \_\_\_\_\_ Washing Hands \_\_\_\_\_

Does your child have any special fears or problems? \_\_\_\_\_

Favorite games: \_\_\_\_\_

Favorite toys: \_\_\_\_\_

### **DISCIPLINE POLICY:**

**Section 65-C 22.006(3) (c) 2.F.A.C. Discipline Policy- requires that parents are notified in writing of the disciplinary practices used by the childcare facility.**

If a child's behavior prevents him/her from being a cooperative participant in the class activities, or if the behavior is disruptive and/or threatening to the other students or staff, that child shall be removed from the class and spend supervised time-out. If said behavior becomes a consistent occurrence, Early Childhood Learning Center will advise the parent and request a conference to suggest resolutions. If your child is experiencing a change of behavior at home that may result in changes of behavior at our center, it is important for you to notify the director. The director and your child's teacher will keep you informed of any behavioral problems.

I give permission for Early Childhood Learning Center Staff and the Department of Children and Families licensing to access my child's file.

\_\_\_\_\_  
**Signature of Parents/Guardian**

\_\_\_\_\_  
**Date**



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## **AGREEMENT**

The success of Early Childhood Learning Center depends on the quality of service we provide our families. It is the policy of Early Childhood Learning Center that all children are individuals and learn at their own individual pace and that they and their families shall be provided equal opportunity regardless of their race, color, religion, age, creed, marital status, national origin, ancestry, physical or mental disability, sexual orientation, affectional preference, veteran status or citizenship status, or any other classification protected by law.

By signing below, you verify that all information in this enrollment form is complete and accurate.

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*Signature of Parent/Guardian*

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*Date*



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## **EARLY CHILDHOOD LEARNING CENTER ENROLLMENT POLICY**

- It is the policy of Early Childhood Learning Center that the “enrolling” parent(s) is responsible to complete all documents required for enrollment with signatures.
- In the case of a “single” parent enrolling their child, it is that “sole” parent’s responsibility to complete all documents required for enrollment with signature.
- The enrolling parent (only) authorizes who is allowed on the child’s “pick-up” list according to the names they provide as part of the enrollment package
- Under no circumstances is any other person “authorized” to add/delete names on the child’s “pick-up” list.
- If the enrolling parent chooses to make changes to the “pick-up” list they authorized, it must be done so in writing or requested through Brightwheel app. Authorization over the telephone is not allowed.
- No person may pick up any enrolled child that is not on his/her “pick-up” list regardless of the relationship to the child.

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Signature of enrolling parent(s)



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### **AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID**

If my child should become ill or injured at the Early Childhood Learning Center, I understand that the staff or the Director will contact me immediately or contact the person that I have designated if I cannot be reached. Should the center be unable to reach me, or the person designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to assure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Any injury to a child while at the center shall be recorded on an accident report form. The parents of the child will receive that form with specific information concerning the injury or accident and will sign it.

#### **Physician to be called in an emergency:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, the undersigned, authorize the staff of Early Childhood Learning Center to take what emergency medical measures are deemed necessary for the care and protection of my child. I hereby authorize the staff and Director, representing Early Childhood Learning Center to give consent for any and all necessary emergency medical and first aid care for my child.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



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## **Developmental Screening Program**

During your child's first few years of life many important skills and abilities are established, skills that are a key to success in school and later life. We believe that it is very important to monitor the growth and development of children in our care, so that we can give/monitor early attention to any possible delays. Early attention often means delays can be solved and children can "catch up" with their playmates.

Your child's caregivers in this facility have completed training in the observation and screening of young children and we have implemented a program of periodic screening for the children in our care. With your permission, we will occasionally observe your child's development and we will record results using a screening checklist developed for this purpose.

We welcome your participation in these screening sessions, and we would be glad to explain the screening process to you in detail. When the results indicate that your child's development is typical, we will provide you with a summary of your child's progress and will suggest age-appropriate activities that you might do with your child.

If the results point out areas of possible concern, we will advise you on how to schedule a more detailed assessment for your child. We will keep all information about your child and your family in confidence.

Please indicate below with a checkmark if we have your permission to periodically monitor your child's growth and development.

I do \_\_\_\_ or do not \_\_\_\_ grant permission to screen my child for possible developmental delays.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

If your child was born prematurely, how early was the birth: \_\_\_\_\_

Child's primary physician or health care provider: \_\_\_\_\_





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## **AUTOMATIC PAYMENT AUTHORIZATION**

I hereby authorize **Karice, Inc. d/b/a Early Childhood Learning Center** to deduct from my checking/savings account the dollar amount listed below:

\$\_\_\_\_\_ as a \_\_\_\_\_new deduction \_\_\_\_\_change in deduction

This is a:

\_\_\_\_ one time deduction    \_\_\_\_monthly deduction    \_\_\_\_bi-weekly deduction

Financial Institute: \_\_\_\_\_

Account#: \_\_\_\_\_

Routing#: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_



## **BITING IN CHILDCARE**

When a child bites or is bitten, strong emotional responses usually follow. Parents of children who bite may experience feelings of frustration, anger and guilt. The parents of children being bit often experience feelings of fear, frustration and anger. Although biting by young children is a typical behavior and usually is corrected by age three, biting by a child of any age cannot be tolerated. There are many reasons children bite however, it isn't helpful in creating a safe, positive or enjoyable environment for the children we serve. And most of all – biting hurts! Therefore, we are enforcing the following policy concerning biting.

### **Biting Policy**

Children two years of age or older

Incident that occurs within a one-month period.

**1<sup>st</sup> Occurance** – Parents receive an Incident Report along with literature concerning biting.

**2<sup>nd</sup> Occurance** – Consult with parent. Give literature about biting and let them know if their child bites twice in one day, the child will be sent home for the rest of the day.

**3<sup>rd</sup> Occurance** – After second bite, child will be sent home for the day.

**4<sup>th</sup> Occurance** – After second bite, child will be sent home for the day.

**5<sup>th</sup> Occurance** – After second bite, child will be sent home for the day.

**6<sup>th</sup> Occurance** – After being sent home 3 times within a month for biting, a parent conference is arranged, and child will be suspended for 1 week.

**If behavior continues after being suspended and progress is “not” accomplished, Early Childhood Learning Center Airside/Skinner reserves the right to have said child removed from our center. In extreme cases, Early Childhood Learning Center Airside/Skinner reserves the right to use their own discretion for dismissal of said child.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Airside Location: \_\_\_\_\_ Skinner Location: \_\_\_\_\_

## **BEHAVIORAL/EXPULSION POLICY**

NAME OF CHILD: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

It is the policy of **Early Childhood Learning Center** to provide open communication and reasonable accommodations to our families concerning any behavioral issues. Children attending **Early Childhood Learning Center** are expected to behave in a safe and courteous manner when present. Behavior is expected to be age- appropriate, and display a reasonable concern for themselves and others. Children are expected to be respectful to their teachers and adults, and communicate their needs and feelings in appropriate ways. Parents are expected to support their child's development by meeting staff's concerns with care and attention, and to work with their teachers to achieve the great results we know our children are capable of.

Unfortunately, there are sometimes reasons we must ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

### **WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM:**

- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment, appropriateness of activities, supervision.
- Staff will always use positive methods and language while discipling children,
- Staff will praise appropriate behavior
- Staff will consistently apply consequences for rules
- Child will be given time to regain control
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behavior
- The parent will be given literature or other resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultation.



On -going behavioral concerns will be addressed by staff through documentation and follow up through Parent intervention. Documentation will follow this order:

### **SCHEDULE OF EXPULSION**

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.
- The parent/guardian will be informed regarding the length of the expulsion policy.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school
- Parents will next receive a **Formal Written Documentation** including the behavior, the expectation, and the appropriate follow up for the situation
- Should the behavior(s) still be a concern, Parents will receive a **Second Formal Written Documentation** letter and **Request to Meet**. In this conference we will create an Action Plan for you child. An Action Plan will determine the steps taken to bring about the desired behavior. It will also stipulate a time frame and/or circumstance for a resolution to be accomplished. The Parents and Teachers will reevaluate at the end of this period.
- Should an Action Plan fail to meet the center's expectations for the addressed behavior in the time set, a letter will be issued, or a meeting held to terminate the **Care Agreement**.

Behavior issues include, but are not limited to:

Biting, hitting, spitting, kicking, verbal abuse, profane language, bullying, harm to themselves or others.

### **PARENTAL ACTIONS FOR CHILD'S EXPULSION**

- Failure to pay/habitual lateness in payment
- Failure to complete required forms including the child's immunization records.
- Verbal abuse to staff
- Parent threatens physical abuse to staff or other children

*ECLC is committed to treating everyone with respect and doing our best to help each child reach their goals. Our families are an important part of those goals, and we will always aim to be a cooperative team for the best interests of your child!*



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Airside Location: \_\_\_\_\_ Skinner Location: \_\_\_\_\_

## **CLOTHING POLICY**

Although we understand that you want your child to look their best, preschool is a place for play clothes, **closed-toe-shoes**, and as little jewelry as possible. We want our children to feel free to experience classroom activities and be safe doing so.

Please **DO NOT** allow your child to bring toys from home unless they are requested by the teacher for show and tell.

It has been our experience that when these guidelines are not followed and children come to school with items from home and inappropriately dressed for the activities they will be engaged in that items of "cost" tend to get damaged, lost, misplaced, or go home with the wrong family.

**It is our policy that we will not be responsible, nor will we reimburse "any and all items" lost or misplaced.**

Thank you for your cooperation and understanding in this matter.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date



## **OUTDOOR PLAY**

### **To our families:**

We believe the outdoors gives young children freedom that is uniquely different from what they experience indoors. The outdoor play environment allows them:

- ❖ Freedom to move and be active through discovering, exploring, experimenting, observing and problem solving.
- ❖ Freedom to be in control of their own learning, to make decisions to be creative and inquisitive in ways that are different from indoors.
- ❖ Freedom to be active, noisy and messy.
- ❖ Space to develop a range of physical skills and opportunities to experiment and refine these skills, with the help and encouragement from loving, caring, adults, that include crawling, walking, running, jumping, climbing, skipping, hopping, pushing, pulling, digging, pedaling, balancing, throwing and catching.
- ❖ Opportunities to engage all their senses through touching, tasting, hearing, smelling, seeing the world around them.
- ❖ Healthy opportunities that can only be experienced in the fresh air and sunshine.

Therefore, the children in our care will be given daily opportunities, weather permitting, for active noisy and messy play on our outdoor playground. They will dig, play with sand and water, paint and even be given the wonderful experience of making mud pies! These are playful learning opportunities that are helping your child learn in their great adventure towards school readiness!

Please dress your child daily for outdoor play. We will make sure their hands and faces are washed after playing outdoors. We will depend on you to provide us with extra sets of clothing, including undergarments and extra pair of shoes to change into when your child gets too wet, or clothes are too soiled and in need of changing. If you have extra clothes your child has outgrown at home and you would like to donate them for us to keep on hand, that support would be greatly appreciated!

Thank you for sharing your child with us. We take that responsibility seriously and consider it a privilege to help you and your child in the learning and growing process. If you ever have questions or concerns about our outdoor environment, please feel free to contact us.



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Student's full name: \_\_\_\_\_ DOB: \_\_\_\_\_  
DOE: \_\_\_\_\_

## STUDENT INFORMATION

<b>Mother/Guardian Full Name</b>	<b>Father/Guardian Full Name</b>
<b>Cellular Number</b>	<b>Cellular Number</b>
<b>Home Number</b>	<b>Home Number</b>
<b>Work at</b>	<b>Work at</b>
<b>Work Number</b>	<b>Work Number</b>

Mailing address: \_\_\_\_\_

Does your child live with: Mom( ) Dad( ) Both( ) Other( ) \_\_\_\_\_

Does your child have siblings? Yes ( ) No ( )

<b>Name</b>	<b>Age</b>

Is your child **allergic** to any medication, food or other? Yes ( ) No ( )

If yes, specify \_\_\_\_\_



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Is this child potty trained? YES \_\_\_\_ NO \_\_\_\_

What does your child say when he/she wishes to use the toilet?

Does your child need help in: Dressing/Undressing \_\_\_\_\_ Eating \_\_\_\_\_

Washing Hands\_\_\_\_?

Does your child have any special fears or problems?

Favorite games: \_\_\_\_\_

Favorite toys: \_\_\_\_\_

Please write a list of names and phone numbers of people that can pick your child up from school.

	<b>Name and Last name</b>	<b>Phone number</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		





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Airside Location: ☐

Skinner Location: ☐

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

**Dear Parents:**

While your child is enrolled in this childcare program, he/she will be involved in special activities for which we need your permission.

From time to time photographs of our preschool program will be made for educational and publicity purposes. These pictures will be representative of the enriching experiences offered to your child during the year. All pictures will be used solely for promoting school activities.

Teaching Strategies Gold Assessment System	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>
Google Drive	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>
Communications App	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>
Social Media	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>
School Website	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>
School Activities	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>

By signing this form, you are agreed there will be NO monetary gain now or in the future.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*Note: We do not sell any of this information or pictures to other companies.*



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Dear Parents,

Under Florida law, vaccinations are required, but not mandatory for students attending public school. Children can be exempt from vaccinations for medical reasons as well as for religious purposes.

This letter is to inform parents of Early Childhood Learning Center that due to Florida law, there may be children attending our center that are unvaccinated.

If you have any questions or concerns, please feel free to contact ECLC Management.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



## **TUITION PAYMENT POLICY**

- Tuition is charged on a biweekly basis.
- Tuition is paid prior to the weeks of service-Due every other Friday (Airside).
- Tuition is paid prior to the weeks of service-Due every other Monday (Skinner).
- I understand and agree if my son/daughter is absent for any reason I am still responsible for tuition payment.
- Tuition rates remain the same if the following occurs:
  - Children are absent
  - Holidays the school is closed
  - Unexpected closures (weather/emergency situations)
- Policy with certificate (voucher) issued by the Early Learning Coalition:
  - Parents will be responsible for "parent fee" issued by the Early Learning Coalition.
  - Parents will be responsible for the additional daily rate fee due to the differential daily rates paid by the Early Learning Coalition.
  - Parents will be responsible for any payments not received by the Early Learning Coalition due to the following:
    - ✓ Number of days absent per month.
    - ✓ Redetermination deadlines.
    - ✓ Certificates (vouchers) expired or determined ineligible and not reissued.
    - ✓ Any and all other status change resulting in "nonpayment" by the Early Learning Coalition.

I have read, understand fully, and agree to comply with the policy stated above:

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

Parent Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_



## PARENT AGREEMENT

- There is a non-refundable registration/annual fee. If not paid by the 1<sup>st</sup> of August each year, the registration fee will be deducted from your account.
- There is a \$30.00 fee for insufficient funds or any type of return.
- There is a \$30.00 fee if tuition is not paid in full or not paid on time.
- There is a \$25.00 biweekly fee for payments made other than by automatic debit for tuition (Airside).
- In the event my child is withdrawn, I must submit a two-week written notice prior to the withdrawal date. Each day your child attends up to and including their last day must be paid in full. No exceptions.
- Early Learning Coalition vouchers/certificates payment policy states a child can miss no more than three days per month. Otherwise, I will be responsible for the payment.
- ECLC attendance policy for VPK states a child can miss no more than 5 days in a row, and/or a total of 26 days for the school year.
- I understand and agree, if I withdraw from the center with an unpaid balance, there will be an additional 15% of the total amount owed to ECLC charged to me, the customer.
- I understand and agree with the Child Behavior Policy.
- I understand and agree with the Biting Policy.
- I understand and agree with the Health Policy. (This includes that head lice requires a doctor's note or box top as proof of treatment.)
- Your insurance is primary and ECLC insurance is secondary when seeking medical attention.
- I have received the brochure "KNOW YOUR CHILD CARE FACILITY", provided by the Florida Department of Children and families.
- Your code for the keypad is for you only.
- **Section 65C-22.006, F.A.C.**, requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. I agree to have my child's physical examination and immunization records in within 30 days of enrollment.
- **Section 402.3125 (5), F.S.**, requires that parents receive a copy of the Child Care Facility Brochure "KNOW YOU CHILD CARE FACILITY".
- If in the event a lawyer is retained on behalf of ECLC, the parent will be responsible for any and all fees acquired.
- I have received, read, understand, and agree to the terms of all procedures, policies, and checklists of Early Childhood Learning Center.

Name of Child (print) \_\_\_\_\_

Name of Parent or Guardian (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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

Child's Name: \_\_\_\_\_ Center Name & Address: Early Childhood Learning Center / 3135 Airside Center Dr. Lakeland FL 33811

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

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

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

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

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?**  
If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

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

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

Children's income – Total: \$ \_\_\_\_\_ How often received? (check only one): ☐ 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-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: \_\_\_\_\_





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...



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



For additional information, please visit  
[www.myflfamilies.com/childcare](http://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.



## Facts About Heatstroke:



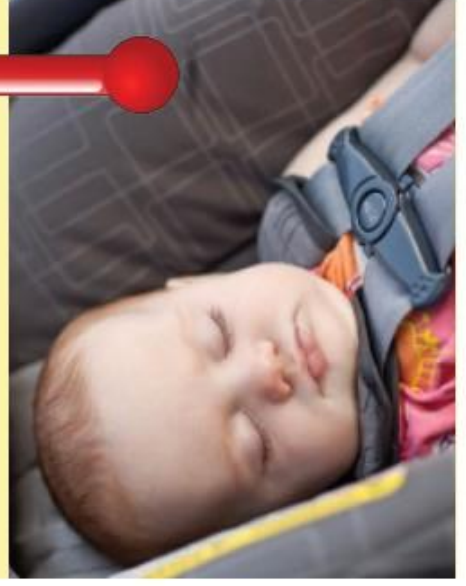
It only takes a car **10 minutes** to heat up 20 degrees and become deadly.



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.



# THE FLU

## A Guide for Parents



For additional information, please visit  
[www.myfloridafamilies.com/childcare](http://www.myfloridafamilies.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.



## 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.

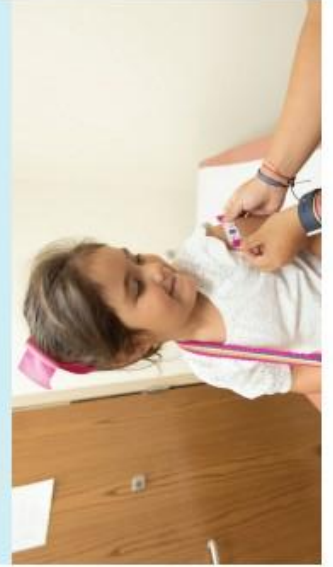
### Call or take your child to a doctor right away if your child:

- 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/](http://www.cdc.gov/flu/) or [www.immunizeflorida.org/](http://www.immunizeflorida.org/)



### 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](http://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](http://MyFLFamilies.com/childcare)



OFFICE OF CHILD CARE REGULATION  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

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

CFRPI 175-24, 03/2014  
This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.,

## Know Your Child Care Facility



[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)

## General Requirements

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

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

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

### Health Related Requirements

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

### Training Requirements

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

### Food and Nutrition

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

### Record Keeping

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

### Physical Environment

- ☐ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ☐ Provide space that is clean and free of litter and other hazards.
- ☐ Maintain sufficient lighting and inside temperatures.
- ☐ Equipped 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.

