

Application for Admission License #C02LE0270

Date of Application ___ / ___ / ___

Child's Name _____ Date of Birth ___/___/___ Age _____

Address _____ Sex _____

City _____ State ___ Zip Code _____ Home Phone (____) _____

ENROLLMENT FOR: (circle which applies)

FULL TIME

VPK / EXTENDED DAY

VPK ONLY

AFTERSCHOOL/SUMMER CAMP

Mother's Name _____

Place of Employment _____

Work Phone (____) _____ Cell Phone (____) _____

Email Address: _____

Father's Name _____

Place of Employment _____

Work Phone (____) _____ Cell Phone (____) _____

Email Address: _____

Previous Schools Attended: _____

Before / After School Care – Drop off/Pick up (please circle which school)

DESOTO TRAIL

GILCHRIST

HAWKS RISE

KILLEARN LAKES

Doctor's Name _____ Doctor Phone (____) _____

In making this application for my child, it is my desire to have him or her complete the school year. It is also my understanding that the policy for KinderSchool is to make no refunds of registration and/or tuition fees and no refund when my child is absent due to illness, vacation or any other reason. I have read, understand and accept all discipline procedures and all policies and procedures of KinderSchool. I give my consent for child care personnel to have access to my child's records. My child has my permission to leave KinderSchool premises on all field trips/outings (ages 4-10) during the summer and/or school year.

Parent/Guardian Signature _____ Date ___/___/___

For Office Use Only:

\$ _____ Reg Paid

Date: ___/___/___

Cash/Check # _____

Admission Date: ___/___/___ Accepted by: _____ Class Placement: _____

PERMISSION FOR RELEASE OF CHILD

(It is required that there be at least 2 individuals other than the parents listed here in case of an emergency)

My child may be released to the following individuals at times designated by me or may be contacted in case of an emergency and parent/guardian cannot be contacted:

1. Name _____

Address _____

Telephone Number _____

2. Name _____

Address _____

Telephone Number _____

3. Name _____

Address _____

Telephone Number _____

4. Name _____

Address _____

Telephone Number _____

5. Name _____

Address _____

Telephone Number _____

6. Name _____

Address _____

Telephone Number _____

Child's Name: _____

Signature of Parent/Guardian: _____

ENROLLMENT QUESTIONNAIRE

KinderSchool, LLC
3561 Timberlane School Road
Tallahassee, FL 32312
(850) 668-1457

General Information:

Date to be enrolled _____

Child's Name _____

Name used at home _____

Present Age _____

Emergency Information:

Name of Child's Doctor _____ Phone _____

Address _____

Medical History of Child:

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____ Flu _____

Meningitis _____ Convulsions _____

Allergies (Foods, Etc.) _____

Any evidence of:

Hearing loss or difficulties? _____ Other Illnesses? _____

Speech Disabilities? _____ Hospitalizations/Operations? _____

Family Situation:

Is child adopted? _____ If so, at what age? _____ Own Mother? _____ Own Father? _____

Step Parent? (which) _____ Divorced? _____ Death of one Parent (which) _____

Names and ages of other children in the home _____

Social and Physical Growth:

Is your child:

- | | | |
|-------------------------------|-------------------------------|------------------------|
| 1. Right or left handed _____ | 6. Dare-devil behavior? _____ | 11. Restless? _____ |
| 2. Well coordinated _____ | 7. Impulsive? _____ | 12. Shy? _____ |
| 3. Clumsy? _____ | 8. Unusual fears? _____ | 13. Domineering? _____ |
| 4. Good with hands? _____ | 9. Talks well? _____ | 14. Happy? _____ |
| 5. Falling spells? _____ | 10. Excitable? _____ | |

What problem does your child have that concerns you most, if any? _____

What is your child's attitude toward him/herself? _____

What do you feel are his special abilities or capabilities? _____

Experiences with Others:

What are some of the ways your child plays at home? _____

Favorite Toys _____

Special Interests _____

Favorite TV programs _____

Favorite Foods _____

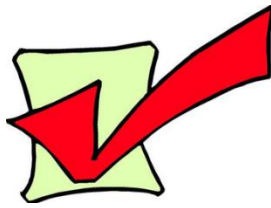
Does he/she play well with other children? _____

How does he react when he does not get his way? _____

Is child enrolled in special group (Dancing, art, etc.)? _____

List methods of discipline used with your child _____

In what ways do you expect our program to help your child? _____



Check Policy

We accept checks. For your convenience, if your check is dishonored or returned for any reason, we will electronically debit your account for the amount of the check plus a processing fee of \$25.00. Checks over \$300 will be charged 5% of the check amount.

I understand that my account will be debited electronically for both the face amount and returned check fee if returned unpaid.

After the second returned check, I understand that payment will be on a cash only basis.

Print Name _____

Signature _____

updated 1/1/2020



Photo Release

We like to sometimes include pictures of the children on our web page and/or Facebook page. We need parent permission before doing so. Children's names will NOT be put on the web page nor Facebook page.

_____ I give my permission for my child's picture to be posted on KinderSchool's web page and/or Facebook page.

_____ I do NOT want my child's photo used on the KinderSchool's web page nor on Facebook.

Child's Name _____

Parent Signature _____

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



OFFICE OF CHILD CARE REGULATION AND BACKGROUND SCREENING
MYFLFAMILIES.COM

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

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



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

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

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

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

Health Related Requirements

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

Training Requirements

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

Food and Nutrition

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

Record Keeping

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

Physical Environment

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



Please sign below acknowledging receipt of the above brochure.

**Child Care Facility
Brochure Statement**

(Chapter 402.3125, F.S.)

On, ____/____/____

Name of Parent or Legal Guardian

**received a copy of the Know Your
Child Care Facility Brochure.**

Signature of Parent or Legal Guardian

Name of Child

This information is required for your child's file.



Permission to Apply

KinderSchool has my permission to apply the following initialed items on my child,

_____.

(Child's Name)

Please initial

_____ sun screen

_____ bug spray

_____ baby powder

_____ diaper ointments

_____ stamps

_____ lotion/Vaseline

_____ face paint (special occasions)

_____ tatoos

I understand it is my responsibility to provide sunscreen, bugspray, powder, ointments or lotions for my child.

Medications administered by dosage require signed medication forms so that dispensed times are documented. This applies to prescription, over the counter, teething medications and gas drops. All medication must be in the original container (s).

Parent Signature

Date



Permission for Food related activities
&
Special Occasion Food

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations and birthdays.

I, _____, give / decline permission for my child _____
(parent or guardian) (child's name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

_____ My child DOES NOT have a food allergy or dietary restriction. He/She **may** participate in activities.

_____ My child DOES NOT have a food allergy or dietary restriction. He/She **may not** participate in activities.

_____ My child DOES have a food allergy or dietary restriction. He/She **may** participate in activities, but **may not** eat or handle the following items: (please list below)

_____ My child **DOES** have a food allergy or dietary restriction. He/She **may not** participate in any food activity.

I understand it is **my** responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

(Parent or Guardian) (Date)

Childcare licensing requires all children to provide, within 30 days of enrollment, a CERTIFICATE OF HEALTH (DH3040 physical form), signed by a Florida physician. It states your child is in good physical condition. This is valid for two (2) years.

A CERTIFICATE OF IMMUNIZATION (DH680 Florida Certificate of Immunization) also signed by a Florida physician is also required. An expiration date must be noted on the form.

Please note – there may be under immunized or non-immunized children enrolled in our program. Due to confidentiality rules, we may not provide any information pertaining to these children.

If your child is exempt from immunizations, a RELIGIOUS EXEMPTION FROM IMMUNIZATIONS (DH681 form) must be signed by a Florida physician or a public health department.

As your child receives additional shots and wellness exams, please request new forms from the physician.