

First Day of School Checklist & Student Orientation

Enrollment Packet

- ☐ Basic Guidelines
- ☐ Payment Contract
- ☐ Enrollment Application
- ☐ Student Discipline Policy
- ☐ Alternate Nutrition Plan
- ☐ Health and Development Questionnaire
- ☐ Food Program Application
- ☐ Child Participation Form
- ☐ Release for Emergency Care
- ☐ Signed, Know Your Child Care Facility Brochure
- ☐ Holiday Participation Notice
- ☐ Physical
- ☐ Immunization Form (Florida)
- ☐ Tuition Express Form
- ☐ Screening/Assessment Permission Form
- ☐ Parent Handbook Acknowledgement

General

- ☐ At least 2 full changes of clothes, including one pair of shoes in a large, labeled with first and last name, freezer storage bag (Please replace as needed and when seasons change)
- ☐ Crib sheet, labeled with child's first and last name
- ☐ Blanket, labeled with child's first and last name (Crib sheets and blankets are sent home every Friday to be laundered)
- ☐ One's only - Bottle or Sippy Cup labeled with child's first and last name (one's only). Sippy Cups and Bottles must be taken home EVERY DAY.
- ☐ Three's and Four's only - Green folder for homework and notices

On your child's first day, it's natural to want to stay with them and help them feel comfortable. We invite you to hug them tight, wish them well and watch them for a little through the windows in the hallway. This helps ensure an easy, stress-free transition for them and their classmates. We have an open-door policy and you are more than welcome to come by any time and take a peek!



894 Gary Hillery Dr
Winter Springs, FL 32708

Payment Contract

Name: _____ DOB: _____ Enrollment Date: _____

Responsible Parent/Guardian: _____

S.S. #: _____ Driver's License #: _____

- Thank you for selecting Green Day Early Learning Center as your child's care provider. The initial registration fee is \$50. Thereafter, VPK / four-year-old students have an annual supply fee of \$15 due in August. WEEKLY childcare payment is \$ _____ and is due on Friday for the upcoming week or on Monday at the latest for the week of service. A late fee of \$20.00 will be assessed on Tuesday to those who have not paid in full for the week of service. If your account is not cleared by Wednesday, GREEN DAY reserves the right to terminate services. The fee for NSF check is \$35.00. After the **second returned check**, we will accept cash only. We would appreciate your cooperation in keeping your child's tuition current.
- School hours of operation are from 6:30 a.m. to 6:30 p.m. Parents picking up their child after 6:30 p.m. will be charged \$10 for the first fifteen minutes and a \$1.00 per minute, per child after 6:45 p.m.
- Under NO circumstances will any child be released to any person, unless specifically authorized in writing by the legal parent/guardian. If there is ANY uncertainty regarding identity, your child will NOT be released. GREEN DAY reserves the right to request identification from any person on the premises.
- Your child may be photographed or taped during activities at the center and also by a professional photographer during the year. These pictures/videos may be displayed in the center and in company brochures.
- Each child who is enrolled for 52 weeks is allowed one weeks' vacation. If not taken during the appropriate time your vacation will not roll over to the following year. It renews every year on the month you enrolled.
- To comply with state requirements, all applicable enrollment forms and immunization/physical records must be completed and furnished before your child attends Green Day Early Learning Center.

Registration and childcare fees are non-refundable.

By signing this contract, you agree to the above terms.



Basic Guidelines

- Tuition is due on Monday of each week. A \$20 late fee will apply to tuition paid after Wednesday. Please be aware that your child will not be permitted to attend if your account is more than two payments past due
- Sick policy: your child should stay home if he/she is vomiting, has diarrhea, a rash, persistent cough, fever over 101 degrees, obvious contagious conditions, head lice or pink eye. This policy is consistent with Florida DCF guidelines and is intended to keep our children safe
- Missed days for illness or other reasons are not credited back. Extended absences are handled on a case-by-case basis
- 2025 Holidays in which the center will be closed:
 - New Year's Day Jan 01
 - Memorial Day May 26
 - Independence Day July 4
 - Labor Day Sept 1
 - Thanksgiving Nov 27-28
 - Christmas Dec 25-26
- Each family receives one week of vacation per year
- VPK classroom days follow the OCPS classroom schedule. VPK all day (Wrap) weekly tuition covers the non VPK days. You are responsible for paying for non-VPK days if you choose not to attend on those OCPS school off days
- Green Day provides lunch. If you choose to provide your child's lunch it must come in a small lunch container with your child's name printed on the container. Due to limited space in the refrigerator please bring enough food and drinks for one day
- Children should arrive at school no later than 9:30am
- Parents must give a two-week notice prior to unenrolling their child.

Parent Signature _____ Date _____



CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____ Date of Enrollment: _____ Nickname: _____

Full Name: _____
Last First Middle

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____ Days of the Week in Care: M T W Th F

Child Lives With: _____ Custody: Mother _____ Father _____ Both _____ Other _____

Family Information:

Mother's Name: _____

Address: _____

Home Phone: _____

Employer: _____

Address: _____

Work Phone: _____ Cell: _____

Father's Name: _____

Address: _____

Home Phone: _____

Employer: _____

Address: _____

Work Phone: _____ Cell: _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____



Informed Consent & Acknowledgments

Medical Acknowledgment

_____ I understand the State of Florida and Florida Department of Children and Families requires a current physical examination form (Form 3040) and immunization record (form 680 or 681) for every child within 30 days of enrollment.

_____ Your child should stay home if he/she is vomiting, has diarrhea, a rash, persistent cough. Fever over 100.6, head lice, pink eye or obvious contagious conditions. If your child becomes ill while at the center, center staff will call you to pick your child up.

Walk Permission & Transportation

_____ I give my child permission to go on supervised walk with staff on the center premises. This includes infants strolling in their buggy.

_____ I give the center permission to transport my child for purposes of field trips that require van transportation and/or transportation to or from his or her local school.

☐ Not applicable

Photography Permission

Green Day Early Learning Center regularly takes photographs of children enrolled. They may be shared with you and other families enrolled through our ProCare app. They also may be used for marketing purposes such as Facebook. By initialing below, you are consenting or denying permission of photographs of your child being taken. This permission does not include third party vendors contracted to take school year pictures.

- NO photographs/video will ever be taken of any child in the restrooms.

_____ Yes, I give permission for Green Day Early Learning Center to take photos of my child within various areas of the school and used for communication and marketing purposes.

_____ Yes, I give permission for Green Day Early Learning Center to take photos of my child within various areas but prefer them to be used for communication purposes only.

_____ No, I do not give permission for Green Day Early Learning Center to take photos of my child.

Nutrition Plan

Green Day provides 2 nutritional snacks and lunch throughout the day. If you chose to provide your child's lunch, it must come in a small lunch box or container with your child's name clearly printed on it. Please do not bring food that needs to be heated. The items must be able to be kept in the lunch box until lunch and ready for the child at the child's lunch time.

Holiday Participation

Green Day often schedules instructional activities around Holidays. Additionally, most classrooms schedule holiday snack events. We want to be sensitive to the individual needs of our students and their families. We recognize that some families may object to holiday activities, and we will arrange for these students to have an alternative activity. Please indicate below if you do or do not wish for your child to participate in these activities.

_____ Yes, my child may participate in holiday activities.

_____ No, I do not wish for my child to participate in holiday activities.

Behavior Guidance

_____ Green Day Early Learning Center is committed to providing students and families with quality childcare in a safe and loving environment as indicated in Green Day Family Handbook. Our children will be taught age-appropriate rules and encouraged to make positive choices regarding their behavior. No form of corporal punishment is ever tolerated.

Expulsion Policy

_____ In certain circumstances, as outlined in Green Day Family Handbook, it may be necessary for the center to decide to discontinue a child's attendance either on a short-term or permanent basis. Such a decision would be based on the best interests of the child, other children in the classroom and the overall operation of the center. Green Day Early Learning will make every reasonable effort to work with the family of the child(ren) to correct the problematic situations before a final decision is made. We reserve the right to disenroll and child or terminate services as deemed necessary or appropriate at our sole discretion, with or without notice.

Screening/Assessment Permission Form

___ I DO give Green Day Early Learning Center permission to use Ages & Stages Screening Tool and Progress Report assessments.

___ I DO NOT give Green Day Early Learning Center permission to use Ages & Stages Screening Tool and Progress Report assessments.

My child will have an Individual Education Plan (IEP) for the _____ school year. I will need to schedule a conference to review my child's IEP with my child's teacher.

By signing this form, I understand that both documents are researched-based and age-appropriate for preschoolers. I understand that I will have two opportunities to review the results of the screening and the assessments with my child's teacher during Parents/Teacher Conferences. You can request a copy of your child's assessments at any time.

Parent/Guardian Signature

Date

By signing below, I give consent to Green Day Early Learning and Florida Department of Children and Families permission to access and review my child's files. I understand access will be valid during the duration of my child's attendance. I verify that all the information given is accurate and true to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Section 402.3125(5), F.S requires parents to receive a copy of the Child Care facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24). I acknowledge that I have received a copy of "Know your Child Care Facility" brochure.

Signature of Parent/Guardian _____ Date _____

Florida Department of Health
RELEASE FOR EMERGENCY CARE

To whom it may concern,

I hereby give my consent to any emergency facility and physical to administer necessary treatment to my child _____.

Name of Child

In the event of any emergency at which time I cannot be reached, I give consent for my child to be transported by ambulance to the nearest hospital.

Physician's Name

Phone

Preferred hospital: _____

Allergies: _____

Date of last DPT or Tetanus: _____

Insurance company covering the child: _____

Policy Number

Date

Signature of Parent or Guardian

Date

This form is to be notarized

State of: _____ County of: _____

On the _____ day of _____, 20____, before me

came _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that (s)he executed the same.

Notary Public



Parent Handbook Acknowledgement

Green Day Early Learning Center is Eco-friendly to the environment. Please visit our website or any news, applications forms, and parent's handbook.

Please sign acknowledgement of the parent handbook that is on our website.

<http://www.greendayearlylearning.com/parent-handbook.html>

DISCLAIMER AND SIGNATURE

I hereby acknowledge the receipt of this parent handbook and understand that Green Day Early Learning Center has the right, without prior notice, to modify, amend or terminate policies, practices and other institutional programs within the limits and requirements imposed by law.

Student Name: _____ Date of Birth: _____

Name of Parent/Guardian/Caretaker: _____

Signature: _____ Date: _____



Alternate Nutrition Plan Agreement

Name of Child _____

Age _____

Indicate special dietary requirements: _____

Specific Allergies: _____

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and or snacks to meet my child's nutritional dietary needs:

Mark (P) for Parent Provides, or (C) for Center Provides

☐

AM Snack

☐

Lunch

☐

PM Snack

of Parent/Guardian

Date

Signature

I agree to provide the parent/Guardian with a suggested meal pattern/menu and will discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Signature of Director

Date



CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE

(To be completed by parent or guardian)

Child's Full Name: _____ Age: _____ Date: _____

Name of Parent or Guardian completing form: _____

As a supplement to the attached Student Physical Examination, please answer the questions on this form.

We feel this information will help us be more effective in working with your child.

CHILDHOOD DISEASES CHILD HAS HAD:

☐ Chicken Pox Date: _____ ☐

Measles _____ 3 Day (Rubella) Date: _____

_____ 10 Day (Rubella) Date: _____ ☐

Scarlet Fever Date: _____ ☐ Rheumatic Fever Date:

_____ ☐ Mumps Date: _____ ☐ Strep Throat

Date: _____

Is your child taking over the counter or prescribed medications regularly at home? ___ Yes ___ No

If yes, which ones? _____

Is your child taking vitamins regularly at home? ___ Yes ___ No

Please list any known allergic reactions: _____

Does your child complain of feeling ill often? ___ Yes ___ No

If yes, what does your child complain of? _____

Have you ever suspected your child of having seizures (fits)? ___ Yes ___ No

Describe your child's appetite: _____

Does your child dislike any foods? ___ Yes ___ No

If yes, which foods? _____

What does your child usually eat for breakfast before arriving at school? _____

How easily does your child fall asleep? _____

What is the usual bedtime? _____ Wake up time? _____

What is the usual naptime? _____ Wake up time? _____ Is

your child completely potty-trained? ___ Yes ___ No

Does your child remain dry all night? ___ Yes ___ No

When did your child begin to walk alone? _____

Are other adults (non family) able to understand your child's speech? ___ Yes ___ No

Does your child have a regular playmate of their same age, older or younger? ___ Yes ___ No

What is your child's favorite toy or activity at home? _____

Does your child have temper tantrums? _____

Does your child bite their nails? ___ Yes ___ No Twist their hair? ___ Yes ___ No

If you could describe your child in one word, what would it be? _____

Please list your child's strong points (happy, curious, etc.) _____

Please list anything else, medical or otherwise that we need to know? _____

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Green Day ELC 1010 W Oak Ridge Rr, Orlando, FL 32807

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

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (__ 407 __) _ 801 __ _ – 5727

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

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

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

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

STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**A. Children's Income** – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Total children's income: \$	How often received? (check only one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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B. Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. **For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually).** For an adult that does not receive income from any source, write “none” or “0.” If you enter “none” or “0” or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /

Total Household Members (children and adults): _____ **Last four digits of Social Security Number (SSN) of adult household member:** _____ If no SSN, write “none.”**STEP 4: Contact information and adult signature**

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ **Daytime phone #:** (_____) _____ – _____

Street Address, City, State, Zip Code

Signature of adult household member: _____ **Printed name:** _____ **Date signed:** _____**OPTIONAL: Child's ethnic and racial identities**

We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community.

Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino**Race (check one or more):** ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White**FOR CONTRACTOR USE ONLY:****Categorical Eligibility:** ☐ FAP/SNAP or TANF Household ☐ Foster Child**Total Household Size:** _____ **Total Household Income:** \$ _____**Eligibility Determination:** ☐ Free ☐ Reduced-Price ☐ Non-needy**How Often Income is Received (Frequency):** ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually**NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12****Reason for Non-needy Status:** ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____**Determining Official's Signature:** _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____



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.

OR

If child care hours are not the same every day, please complete this chart.

Monday	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. _____ 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. _____ 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. _____ 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. _____ 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. _____ 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. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

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

Signature of Parent/Guardian: _____ Date: _____