



come grow with us!

# **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!



## Basic Guidelines

- Tuition is due on Monday of each week. A \$10 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
- 2019 Holidays in which center will be closed:
  - New Year's Day Jan 01
  - Memorial Day May 27
  - Independence Day July 4
  - Labor Day Sept 2
  - Thanksgiving Nov 28-29
  - Christmas Dec 24-25
- 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 chose 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 to school no later than 9:30am
- Parents must give a two-week notice prior to unenrolling their child.

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



1010 W Oak Ridge Road  
Orlando, FL 32809

### 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 child care 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 \$10.00 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 6:00 p.m. Parents picking up their child after 6:00 p.m. will be charged \$10 for the first fifteen minutes and a \$1.00 per minute, per child after 6:15 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 child care fees are non-refundable.

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

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Parent/Guardian

Date

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Director

Date



# Florida Department of Children and Families

## 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 Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack Child Lives With: \_\_\_\_\_

**Family Information:**

Mother's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

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

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	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Helpful Information About Child:

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- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility"(CF/PI 175-24), or
- Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or
- Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).
- Section 7.3, of the Child Care Facility Handbook, Enrollment Information shall include parental/guardian consent for child care personnel to have access to child's records.

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

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

Date\_\_\_\_\_



# **Student Discipline & Expulsion Policy**

Green Day Early Learning Center is committed to providing students and families with quality childcare in a safe and loving environment. Our children will be taught age appropriate rules and encouraged to make positive choices regarding their behavior.

Our goal is to promote resiliency through the development of attachment, self-control and initiative. Resiliency is defined in Merriam-Webster's collegiate dictionary (9<sup>th</sup> ed.) as the ability to recover from or adjust easily to misfortune or change. With the increase of resiliency, a decrease in behavioral concerns occurs. By using positive redirection and promoting self-discipline, it is our goal to have every child achieve positive growth in all areas. We must work together to guide each child toward personal success.

## **Our teachers are expected to:**

- Set limits of behavior expectations that are developmentally appropriate.
- Praise and encourage children's positive behavior as well as model appropriate actions, attitudes and responses throughout date to day interactions with children and other staff members.
- Demonstrate what behavior is appropriate and give developmentally appropriate explanations for why behavior is expected. Focus on what the child CAN DO, not what the child cannot do.
- Provide age appropriate alternatives for children who choose not to participate in an activity.
- Focus on students' actions rather than personality. Make each child feel worthwhile and respected.
- Teach children to solve conflicts and problems independently, and allow each child involved in a conflict to express "their side" of the situation before a consensus is made.
- Maintain a calm but firm tone when disciplining. Use words and tones that respect and reassure the student.
- Be consistent with consequences and disciplinary interactions that are both logical and intrinsic.
- Be proactive in preventing behavioral concerns in the classroom by taking into account the needs and abilities of each individual child.

## **All staff is prohibited to:**

- **Use corporal or physical punishment • Associate punishment with:**
  - Food
  - Naps
  - Bathroom/Diapering
- **Use time-out as a form of discipline**

## EXPULSION POLICY

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- [Print](#)

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

### IMMEDIATE CAUSES FOR EXPULSION

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- The child is at risk of causing serious injury to other children or him/herself.
- Parent threatens physical or intimidating actions towards staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.

### PARENTAL ACTIONS FOR CHILD'S EXPULSION

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- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child. Verbal abuse to staff.

### CHILD'S ACTIONS FOR EXPULSION

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- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.

Prior to expulsion, a parent will be called and correspondence will be sent home indicating what the problem is, and every effort will be made by both the center and the parent to correct the problem. If, after one or two weeks, depending on the risk to other children's welfare or safety, behavior does not improve, and the center finds that they can no longer accommodate the child, the parent will be asked to remove him/her. The parent will be given a minimum of one week's notice to find another center to provide care for this child.





## **Discipline & Expulsion Policy Agreement**

The goal of discipline is to help the student gain self-control through learning and making positive choices rather than forcing the child to adult standards.

I, \_\_\_\_\_ have read, understand, and am in agreement with Primary Prep Academy Guidance and Discipline Guidelines. As a parent I will strive to reinforce the above discipline policies at home.

I understand that use of harsh words, harsh tones, or inappropriate handling of a child in any manner is not condoned by Green Day Early Learning Center and that all employees of Green Day Early Learning Center have received and signed the above discipline policy.

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

\_\_\_\_\_  
Director Signature



## 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): ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

B. Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

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

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: \_\_\_\_\_

**INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)**

**IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS:** **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:** With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 4. If you are applying for foster and non-foster children, complete STEPS 1, 3, and 4. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

**ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:** **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3: A.** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **B.** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 4:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Salary, wages, cash bonuses • Net income from self-employment (farm or business)	• Unemployment benefits <input type="checkbox"/> Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) <input type="checkbox"/> Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules.

**This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement.**



# Florida Department of Health

## Child Care Food Program

### Child Participation Form

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

Dear Parent:

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

**If child care hours are the same every day, please complete this chart.**

Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

**OR**

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

Monday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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



## 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



**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.



**“The Flu”  
A Guide  
for Parents**



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



## Holiday Participation Notice

We often schedule instructional activities around holidays. Additionally, most classrooms schedule snacks around holiday events. We encourage you to celebrate your child's birthday by bringing in small, store-made cupcakes to be served during snack time as well.

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. We will arrange for these students to have an alternative activity. If you do not wish for your child to participate in holiday activities, please indicate on the slip below and return it to the school along with your enrollment forms. We encourage you to keep in touch with your child's teacher regarding scheduled classroom activities.

Yes, my child can participate in all holiday activities \_\_\_\_\_.

No, I do not want my child to participate in holiday activities \_\_\_\_\_.

Our family celebrates special holidays and I would like to have them observed in their classroom as well. The holidays are \_\_\_\_\_.

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

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.



## **Notification of Non-Smoking Policy**

In compliance with state law, and for the well-being of our children, the use of all tobacco products and e-cigarettes is prohibited on the Green Day Learning Center campus, and within 1,000 feet of campus, at all times. Violators will be asked to leave campus immediately.

-----  
I acknowledge receipt of a copy of this policy and agree to comply where required.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **Notification of Non-Smoking Policy**

In compliance with state law, and for the well-being of our children, the use of all tobacco products and e-cigarettes is prohibited on the Green Day Learning Center campus, and within 1,000 feet of campus, at all times. Violators will be asked to leave campus immediately.

-----  
I acknowledge receipt of a copy of this policy and agree to comply where required.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



## Automated Payment Processing Safe – Convenient – Easy

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

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account **(Section A)** OR, initiate debit entries to my (our) checking or savings account, indicated below **(Section B)**. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

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

##### SECTION B (Bank Account)

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

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	<b>Attach Voided Check Here</b>	\$
Deposit slips not accepted		Dollars
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of





### 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.

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](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.







### Notice of Sick Child

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

Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was notified? \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_

Director/Supervisor

Date

\_\_\_\_\_

Parent/Guardian

Date

I understand that my child may return to school, symptom-free in 24 hours unless we are provided with a doctor's note.



### Notice of Sick Child

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

Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was notified? \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_

Director/Supervisor

Date

\_\_\_\_\_

Parent/Guardian

Date

I understand that my child may return to school, symptom-free in 24 hours unless we are provided with a doctor's note.



## Screening/Assessment Permission Form

Childs Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **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



## **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: \_\_\_\_\_



# Getting In; Getting Out...



## Check Behind The Car

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

Developed by:  
**PREVENTION UNIT**  
Office of Family and  
Community Services

