

## **Before/After Child's Information Checklist**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

\_\_\_\_\_ **Childcare Application for Enrollment**

\_\_\_\_\_ **Influenza Virus Pamphlet signed (August-September Only)**

\_\_\_\_\_ **Distraction Form signed**

\_\_\_\_\_ **Expulsion and Discipline**

\_\_\_\_\_ **Parent Handbook Acknowledgement signed**

\_\_\_\_\_ **Permission to Photograph/Video**

\_\_\_\_\_ **General Wellness Guidelines signed**

\_\_\_\_\_ **Know your Child Care Facility**

\_\_\_\_\_ **Food Program Documents signed**

\_\_\_\_\_ **Bus Transportation Form Signed**

\_\_\_\_\_ **Copy of Driver license**

\_\_\_\_\_ **Copy of Health Insurance**

State of Florida  
Department of Children and Families  
**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:**      Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

Days of the Week in Care: M T W Th F Sa Su

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	

**Family Information:** \_\_\_\_\_ **Child Lives With:** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_

Both \_\_\_\_\_ Other \_\_\_\_\_

**Medical Information:**

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

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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**Contacts:**

**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#
John Smith	123 Main St	555-1234	555-5678
Jane Doe	456 Oak Ave	555-9876	555-4321
Bob Johnson	789 Pine Rd	555-2468	555-8765
Alice Brown	101 Elm St	555-3579	555-9012
Charlie Davis	202 Maple Dr	555-4680	555-0123
Diana Evans	303 Birch Ln	555-5791	555-1234
Frank Green	404 Cedar Ct	555-6802	555-2345
Grace Hill	505 Spruce Way	555-7913	555-3456
Henry King	606 Willow St	555-8024	555-4567
Ivy Lee	707 Ash Ave	555-9135	555-5678
Jack Miller	808 Hickory Rd	555-0246	555-6789
Karen Wilson	909 Sycamore Dr	555-1357	555-7890
Leo White	1010 Magnolia Ln	555-2468	555-8901
Mia Young	1111 Dogwood Ct	555-3579	555-9012
Noah Hall	1212 Redwood Way	555-4680	555-0123
Olivia King	1313 Cypress St	555-5791	555-1234
Peter Lee	1414 Juniper Ave	555-6802	555-2345
Quinn Miller	1515 Fir Rd	555-7913	555-3456
Rachel Wilson	1616 Hemlock Dr	555-8024	555-4567
Samuel White	1717 Larch Ln	555-9135	555-5678
Tina Young	1818 Alder Ct	555-0246	555-6789
Victor Hall	1919 Basswood Way	555-1357	555-7890
Wendy King	2020 Cottonwood St	555-2468	555-8901
Xavier Lee	2121 Elm Ave	555-3579	555-9012
Yara Miller	2222 Hickory Rd	555-4680	555-0123
Zoe Wilson	2323 Maple Dr	555-5791	555-1234

Name	Address	Work#	Home#
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Name	Address	Work#	Home#
John Smith	123 Main St	555-1234	555-5678
Jane Doe	456 Oak Ave	555-9876	555-4321
Bob Johnson	789 Pine Rd	555-2468	555-8765
Alice Brown	101 Elm St	555-3579	555-1011
Charlie Davis	202 Maple Dr	555-4680	555-2022
Eve White	303 Birch Ln	555-5791	555-3033
Frank Green	404 Cedar Ct	555-6802	555-4044
Grace Hall	505 Spruce Way	555-7913	555-5055
Henry King	606 Willow St	555-8024	555-6066
Ivy Lee	707 Ash Ave	555-9135	555-7077
Jack Miller	808 Hickory Rd	555-0246	555-8088
Karen Wilson	909 Sycamore Dr	555-1357	555-9099
Leo Young	1010 Dogwood Ln	555-2468	555-0101
Mia Taylor	1111 Magnolia Ct	555-3579	555-1112
Noah Scott	1212 Redwood Way	555-4680	555-2223
Olivia Adams	1313 Cypress St	555-5791	555-3334
Peter Baker	1414 Juniper Ave	555-6802	555-4445
Quinn Clark	1515 Fir Rd	555-7913	555-5556
Rachel Evans	1616 Palm Dr	555-8024	555-6667
Samuel Harris	1717 Cedar Ln	555-9135	555-7778
Tina Martin	1818 Birch Ct	555-0246	555-8889
Uma Thompson	1919 Willow Way	555-1357	555-9990
Victor White	2020 Ash St	555-2468	555-0001
Wendy Green	2121 Hickory Ave	555-3579	555-1112
Xavier Brown	2222 Sycamore Rd	555-4680	555-2223
Yara Lee	2323 Dogwood Dr	555-5791	555-3334
Zoe King	2424 Magnolia Ln	555-6802	555-4445

**Helpful Information About Child:**

- 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).

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

# EINSTEIN LEARNING SCHOOL

35203 SR 54 ZEPHYRHILLS FLORIDA 33541

## EMERGENCY CONTACT PARENTAL CONSENT FORM

CHILD'S NAME		BIRTH DATE	
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
EMERGENCY CONTACT PERSON(S)		NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED		NAME	ADDRESS
			TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

ORIGINAL



## Parent Handbook Acknowledgement

1. \_\_\_\_\_ The weekly tuition for the \_\_\_\_\_ program you have selected is currently \$ \_\_\_\_\_ and may increase or decrease from time to time. You will be notified in advance of any increase/decrease.
2. \_\_\_\_\_ Tuition is due on the Friday before each new week. \$15 late charge will be added each day thereafter. If payment has not been received by drop off Monday , your child may not return back until all fees are fully paid
3. \_\_\_\_\_ We are open from 6:30 a.m. to 6:00 p.m. Monday through Friday. Drop Off NO LATER THAN 10:00 a.m. We are closed on the following holidays: Labor Day, Thanksgiving day and after, Christmas Eve and Christmas Day, New Year's Eve and New Year's Day, MLK Day and Independence Day. We do not prorate tuition for these closings.
4. \_\_\_\_\_ Because our program requires us to engage staff based upon the number of children enrolled, we cannot give tuition refunds for days your child is absent.
5. \_\_\_\_\_ Should it become necessary to withdraw your child from our program, you are required to give us 2 week written notice.

I acknowledge that I have read the parent handbook. I am finally aware of the discipline policy and procedures. I have read and understand the fee arrangements and conditions detailed in the parent handbook. I agree to these conditions and will abide by them. This acknowledgement must be placed in our files.

Please sign this form and return.

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Child's Name

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Parent Signature

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Date

## **Policies & Procedures**

### **Expulsion and Discipline**

#### **Expulsion Policy**

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

##### **Immediate Cause for Expulsion**

- 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**

- 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**

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

Prior to expulsion, a parent will be called indicating what the problem is, and every effort will be made by both the school 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, the parent will be asked to remove him/her. The parent will be given two days to find another school to provide care for this child.

#### **Discipline**

At Einstein Learning School, we use a method of "Redirection" to guide your child toward appropriate behavior. If a child is engaged in behavior not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior. (the use of physical punishment or harsh language is prohibited).

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Print parent name

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Parent signature

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Date

# Einstein Learning School

## PERMISSION TO PHOTOGRAPH OR VIDEO

Dear Parents / Guardian

At Einstein Learning School we will be taking pictures or class videos from time to time. (These pictures will not be produced without parent permission to our website or facebook page).

We need your permission to photograph or video your child. Please check below either granting permission or declining permission to photograph or video your child.

Thank You

Einstein Learning School

\_\_\_\_\_ I Give Permission to have my child \_\_\_\_\_  
Photographed by a still camera or video camera.

\_\_\_\_\_ I Do Not Give Permission to have my child \_\_\_\_\_  
Photographed by a still camera or video camera.

\_\_\_\_\_  
Parent / guardian signature

\_\_\_\_\_  
Date

## Permission for Food related activities & Special Occasion food consumption

Pursuant to 65C-22.0005(1)©2.,F.C., Licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities includes such things as: classroom cooking projects, gardening, school-wide celebration, and birthdays.

I \_\_\_\_\_ **give/declined** permission for my child \_\_\_\_\_  
(parent /Guardian) (child's Name)

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

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### **Please provide the following information :**

\_\_\_\_\_ My child **DOES NOT** have a food allergy or dietary restriction. He or she MAY participate in activities.

\_\_\_\_\_ My child **DOES NOT** have a food allergy or dietary or dietary restriction. He or she MAY NOT participate in activities.

\_\_\_\_\_ My child **DOES** have a food allergy or dietary restriction. He or she MAY participate in activities, but MAY NOT eat or handle the following items (please list):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child **DOES** have a food allergy or dietary restriction. He or she MAY NOT participate in activities.

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I understand that 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.

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(parent / Guardian Signature)

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(Date)

**Einstein Learning School**  
General wellness Guidelines

To ensure the health of our children and workers here at Einstein Learning School, we ask that sick children to not attend the preschool if the following exist within the last 24 hours :

1. Fever (101.0 or over) your child must be fever free for 24 hours.
2. Runny nose, yellow or greenish in color. This usually means infection.
3. Your child must be diarrhea free and or vomit free for 24 hours.
4. Any symptoms of childhood diseases such as Scarlet Fever, German Measles, Mumps, Chicken Pox, or whooping Cough.
5. Sore throat with high fever.
6. Severe coughing or wheezing.
7. Any unexplained rash.
8. Any skin infection such as boils, ringworm, or impetigo.
9. Pink eye, Parents will be called to pick up child.
10. Any communicable disease.
11. Lice, including presence of eggs or nits. Parents will be called to pick up child. You will need to bring in a box top from the product used with the receipt to return to school. Child must be free of all nits that might attach themselves to the hair follicle. There is a product available over the counter called "clear" it works with the Nit Kit.

Children will need a note from the doctor to return to school if they become ill with any of the above illnesses. If we all work together we can maintain a healthy school.

Thank You

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**Einstein Learning School Wellness Policy**

Please sign

Name of child \_\_\_\_\_

I have read these guidelines and will abide by them.

Parent Print Name \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature \_\_\_\_\_

# **BUS Transportation**

In the event Einstein Learning School Bus unexpectedly is not operating to take my child to school or pick up from school, I give permission for the owner Natali Minassian to transport my child in her personal vehicle.

If I choose not to give permission, I must pick my child up in 1 hour upon receiving a call the Bus is not operational to take my child to school, and I will be responsible to pick my child up from his/her school in the afternoon.

\_\_\_\_\_ I give Einstein Learning School permission to transport my child in the owner (Natali Minassian) vehicle.

\_\_\_\_\_ I do NOT give Einstein Learning School permission to transport my Child in the owner (Natali Minassian) vehicle.

\_\_\_\_\_  
Student's Name

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

\_\_\_\_\_  
Date

## Parent's Role

A parent's role in quality child care is vital:

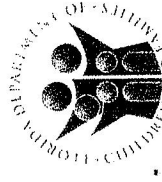
- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk 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 **C06PA0318**  
License Issued on **7/16/2014**  
License Expires on **7/15/2015**  
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.

CFPI 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)

Print Name

Sign Name

Date

## 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	5:1
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 examination/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.
- ☐ Equip 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.





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.

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 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.

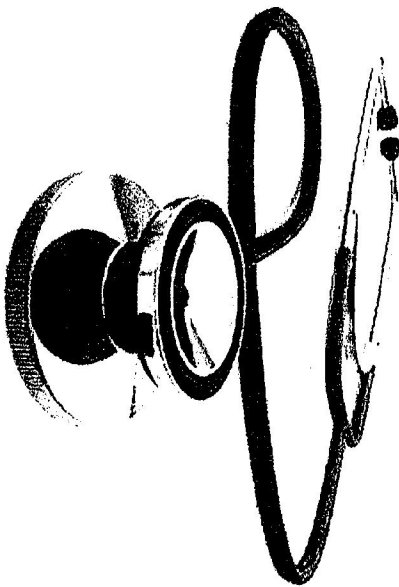


## When should my child stay home from child care?

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.

## What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



## How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



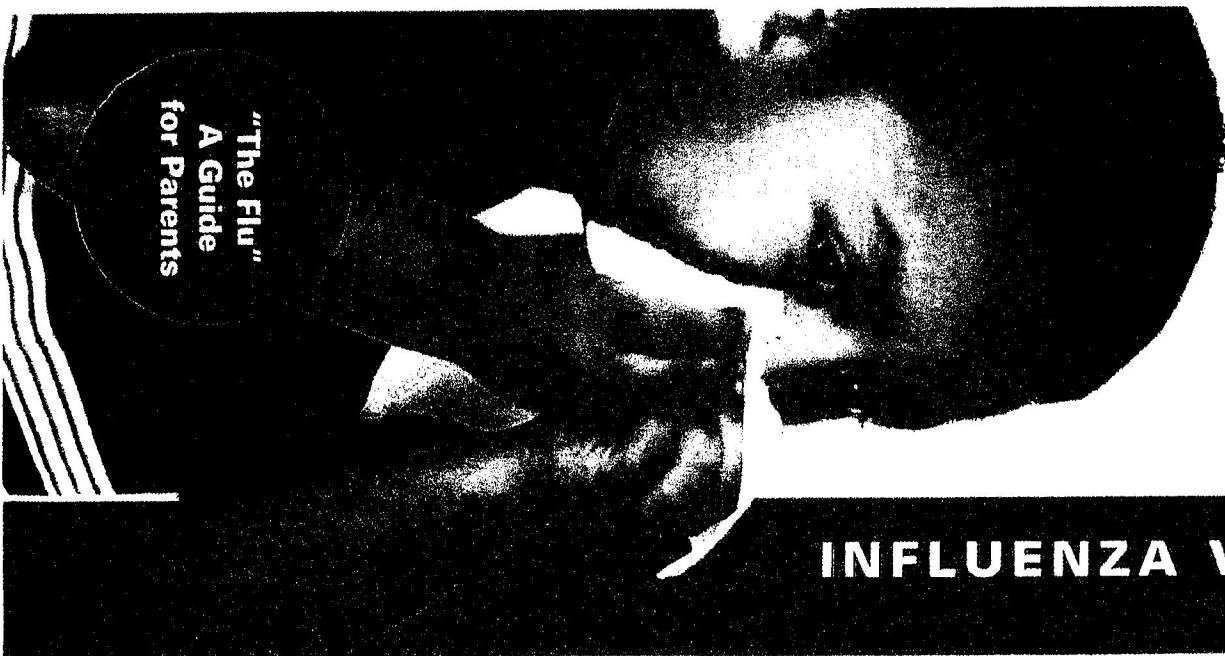
For additional information, please visit  
[www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your  
local licensing office below:

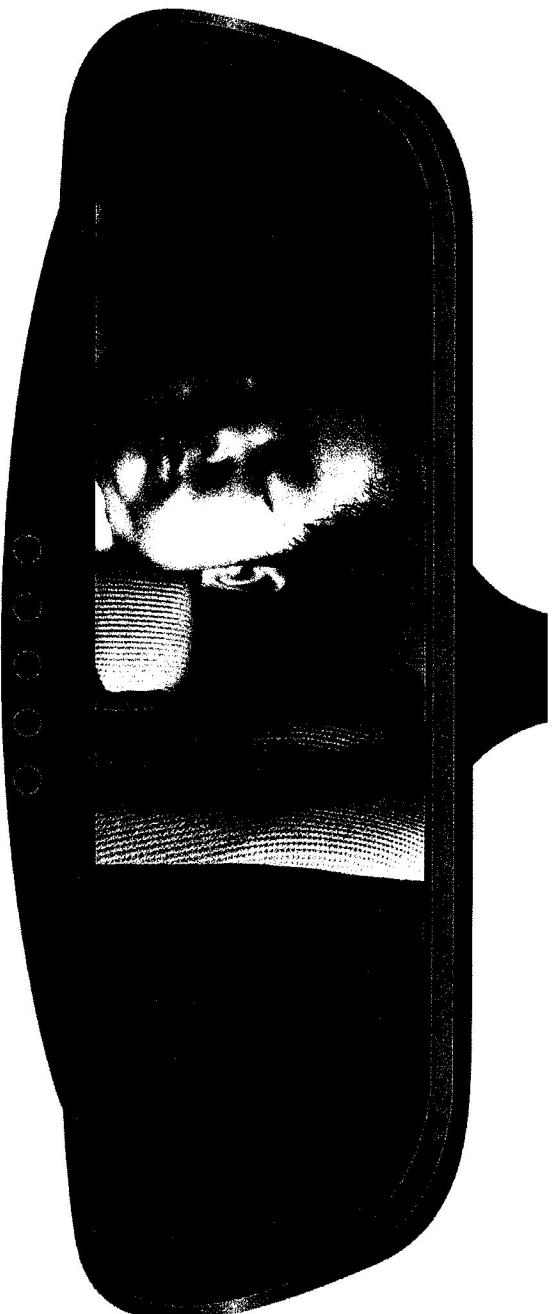
CF/P1 175-70, June 2009

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

# INFLUENZA VIRUS

"The Flu"  
A Guide  
for Parents





# FACTS ABOUT HEATSTROKE:

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

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

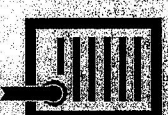
The body temperature of a child increases **3 to 5 times faster** than an adult's body.



# ⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

**During the 2018 legislative session,** a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fall to sleep off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



**My signature below verifies receipt  
of the Distracted Adult brochure**

Parent/Guardian:

---

Child's Name:

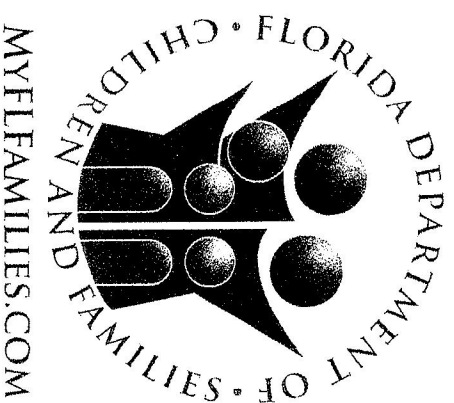
---

Date:

---

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

**A change in daily routine,**  
lack of sleep, stress, fatigue,  
cell phone use, and simple  
distractions are some things  
parents experience and can be  
contributing factors as to why  
children have been left  
unknowingly in vehicles...

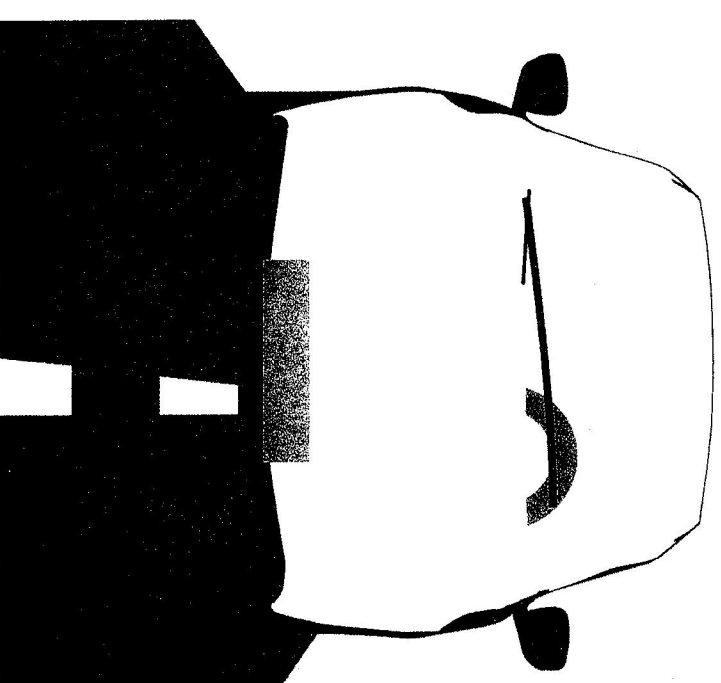


Developed by:

The Office of Child Care Regulation

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)  
CF/PI 175-12, May 2018

When life happens...Don't be a  
**DISTRACTED  
ADULT**



## PARENT LETTER FOR NON-PRICING PROGRAMS

Dear Parent/Guardian:

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

We participate in the Child Care Food Program (CCFP), which provides reimbursement for serving nutritious meals to enrolled children. All meals served must meet meal pattern requirements established by the U.S. Department of Agriculture (USDA). In the operation of USDA child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

The information requested on the attached Free and Reduced-Price Meal Application is necessary so that we may receive reimbursement for meals served to your child while in care. The amount of reimbursement we receive from the CCFP depends on the household income status of the enrolled children. Please complete the attached application, sign, date, and return it to the address listed below. **Please refer to the back of the application for full instructions.** Your application will be placed in our files and kept confidential.

Children from households that receive Food Assistance Program (formerly known as the Food Stamp Program) or TANF (Temporary Assistance for Needy Families) benefits are eligible for free meals. Children enrolled in Head Start or Early Head Start (HS/EHS) are eligible for free meals, subject to the submission of official, acceptable HS/EHS enrollment documentation. With proper documentation, HS/EHS children will not need Free and Reduced-Price Meal Applications. Foster children are eligible for free meals regardless of the income of the household with whom they reside, subject to the submission of official, acceptable foster care agency/court documentation or a Free and Reduced-Price Meal Application. Children from households with total incomes less than or equal to the levels listed below are eligible for either free or reduced-price meals.

### INCOME ELIGIBILITY GUIDELINES (Effective July 1, 2022 - June 30, 2023)

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional family member, add	+8,732	+728	+364	+336	+168

### HOW TO COMPLETE:

If any member of your household currently receives Food Assistance Program (FAP) or TANF benefits, then any child in the household is eligible for free meals. The application must include the child's name, the FAP or TANF case number, and the signature of an adult household member.

If completing a Free and Reduced-Price Meal Application for a foster child, the application must identify the child as a foster child, and include the child's name, any "personal use" income, and an adult's signature. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

If you do not list a FAP or TANF case number, or if the child is not a foster child, the application must include:

- the child's name;
- the names of all household members, including spouse, children, parents or other persons who live with you in the same household;

- the amount of income each person usually receives (before deductions for taxes, social security, etc.), how often it is received, and where it is from, such as wages, retirement, or public assistance. For self-employed persons, list net income. Net income is defined as gross receipts less operating expenses. For persons who do not receive any income, write "0" or "None";
- the signature of an adult household member; and
- the last four digits of the social security number of the adult household member who signed the application or the word "none" if that adult does not have a social security number.

**VERIFICATION:** Your application may be reviewed by the child care center or other officials at any time during the year to determine if it has been correctly approved. **CONFIDENTIALITY:** The information that you report will be used only to determine eligibility for free or reduced-price meals in the CCFP. **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the year. If you are not eligible now but your household experiences a change, such as, a decrease in household income, an increase in household size, unemployment or receipt of Food Assistance Program or TANF benefits, then complete a new application.

Sincerely,

Natali Minassian  
Name and Title of Child Care Center Representative

Einstein Learning School  
Name of Child Care Center

35203 SR 54 zephyrhills FL, 33541  
Address

813-395-5117  
Phone Number

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



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

Child's Name:

Center Name & Address:

Einstein Learning School

Primary Hours of Care: From: 6:30 a.m. To: 6:00 p.m. Days of the Week in Care: M T W T H F S S Meals Typically Served While in Care: (BR) MS (LU) (S) SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (813) 395-5117

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," 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 ☐ Non-needy 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: \_\_\_\_\_

Revised 6/2019

Page 1 of 2

U-009-08

# Florida Department of Health

## Child Care Food Program

### Child Participation Form

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

Dear Parent:

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

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

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

<b>If child care hours are <u>not</u> the same every day, please complete this chart.</b>		
Monday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

☐ Check here and sign/date below if your child has no regularly scheduled hours of care

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

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



# Einstein Learning School

## Parent Handbook

### **Vision**

Einstein learning school will focus on each child individually providing a safe and loving environment where all children can develop physically, emotionally socially, and intellectually, highly professional staff is committed to the success of each child.

### **Hours:**

6:30 a.m. - 6:00 p.m.

Full Time is Monday - Friday 6:30 a.m. - 6:00 p.m.

All children must be at the center No Later Than 10:00 a.m., with exception that you provide a Dr's note stating you were seen at their office for that day.

No child will be permitted to be dropped off after 12:00 p.m. for any reason

### **Holidays:**

New Years Eve

New Year's Day

Martin Luther King Day

Independence Day

Labor Day

Memorial Day

Thanksgiving Day

Day after Thanksgiving Day

Christmas Eve

Christmas Day

### **Financial Policies**

#### **Tuition:**

Registration Fee : \$75 (nonrefundable)

School Shirt (2T - 7/8) : \$ 25

School Bib & Onsie (Infant - 24 Months) : \$ 15

Every minute parent is late picking up is \$ 1 for each minute each child.

Full tuition payment is due, regardless of attendance or holiday closing.

**Payments are due the Friday prior to the week of care.** Payments received Monday morning, for the current week of care will be charged a \$15 late fee a day, starting on Monday your child will not be allowed to return until your account is current.

Tuition payments are due on a weekly basis. The weekly amount is payable by money order, or credit/debit card. Payments also can be made online or through Procare app.

Re-entry into the School will be based on available space and payment of a new registration fee.

Parents with more than one child enrolled Full Time at the school will receive \$10 off discount weekly in tuition for the oldest child.

#### **Returned Check**

- In the event a check payment is returned there will be a \$40 fee that will be assessed.

#### **Late Pick Up**

- Late pick up is considered when a child is picked up after 6:00 p.m. The late pick up fee is \$ 1 each minute per child. The fee would need to be paid on the spot or drop of on the next business day.

#### **Absences**

In the event your child is absent due to illness, natural disaster, etc. tuition is still required to be paid.

#### **Withdrawal**

Should it become necessary to withdraw your child, you are required to give 2 week written notice to administration. Your last week's tuition will be applied at this time.

### **Daily Procedures and Routines**

#### **Daily Sign-In and Sign-Out**

Parents sign your child in and out each day. When you bring your child to school, you also certify that to the best of your knowledge, your child is in good health and can participate fully in activities. Parents are required to list the name, address, phone numbers, and drivers license number of each person other than the parent who is authorized to care for their child in an emergency. Parents or any other person designated to pick up a child must be prepared to show picture identification. Children are not released to any other person than named on the registration form, unless we have prior written request from the parent. Children are not released to anyone younger than eighteen years old.

#### **Clothing**

Please be sure that your child's name is clearly marked on all articles of clothing and blankets so that we can minimize the loss of personal belongings. In the event of missing items, please notify us promptly. Unclaimed items are donated to charity periodically. Clothing should be comfortable, easy for the child to manage (buttons is front, elastic wait band, etc.) and appropriate for "messy" activities, such as creative arts and outdoor recreation. Clothing that comes on and off Easily, without adult help, gives your child added confidence and avoids toileting accidents. Closed-toe shoes, sneakers or other soft-sole shoes are advised for the prevention on injuries. We ask that infants, pre-toddlers, and toddlers have three changes of clothing and a supply of disposable diapers / pull-ups and wipes. Preschoolers should have one change of clothing and flushable wipes. A sweater or jacket should be brought to the school during the winter months.

### **Personal Belongings**

It is difficult for young children to share toys and personal belongings with other children. Likewise, it is difficult for the staff to monitor all the many belongings the children might bring from home. As a result, with exception of show-n-tell, please, leave all toys, food, gum, pets, and money at home. Personal items for naptime should be limited to a blanket for resting. Children are encouraged to bring a book for the teacher to share during group time.

### **Health**

#### **Immunization Requirements**

In accordance with state licensing requirements, each parent must submit a doctor's certificate and immunization record upon enrollment

#### **Health Records**

Children's health records are kept on permanent file at the school and must be updated as your child receives immunizations. If immunization or physical are expired, the child will not be permitted to enter the school. You may refer to the Health Department's website for immunization requirements.

#### **Medicine**

Each day a child is required to take medication, a parent must complete a medication Authorization Form. According to state licensing requirements, the medication must be kept in its original container and clearly state the following information: the child's name, doctor's name, prescribed dosage, time to be given, and date. Over-the-counter medication is not allowed. We maintain dated records, the amount of medicine dispensed, and the name of the staff person who administered the medication for one year

#### **Illness**

While we take precautions to protect your child against illness, most children experience a normal number of infections and illness throughout the year. In such cases, we provide a quiet, calm place for your child to rest in an isolated area until picked up in the 1 hour time frame. We also notify you if it is necessary to take your child home or to the doctor. State licensing regulations state it is necessary for a child to leave school if they have a fever of **101 degrees** or higher, or if they have uncontrollable diarrhea and / or vomiting. We request, if your child becomes exposed to or diagnosed with a particular infection or disease to notify us. In addition, we also ask that your child be symptom free for **24 hours** from the time picked up from school before returning to school for an extended period of time due to an illness or contagion, we will not prorate your tuition.

**Keeping Records Current and Confidential**

To provide emergency medical care to children, we require signed authorization by each child's parent or legal guardian. This form contains vital information about each child, such as parents' office and home phone number and addresses; and the name, address, and phone number of the child's physician. This form must be kept current and on file. Please notify us of any changes. We will request updated contact information on a quarterly basis. All children and family information will remain confidential unless a legitimate need exists to share such information. Furthermore, this information will not be disclosed to relevant persons without written permission by a parent or guardian.

**Nutrition**

Good nutrition is an essential ingredient in our child development program. Each meal and snack is planned to meet a child's nutritional requirements and is presented in an appealing manner. We utilize mealtime to instill in children at an early age the long-term benefits and the enjoyment of healthful eating habits. We make a special effort to encourage the children to sample new foods and to cultivate a taste for those that are nutritionally beneficial. All meals are served in the cafeteria or classroom in a family-style manner. Children with allergies and special diets will need to provide their own meals. A meal menu will be provided weekly.

## **Child Abuse / Neglect**

It is mandatory to report immediately any sign of child abuse/neglect to the Department of Children and Family (DCF) central abuse line.

## **Discipline**

Teachers support children's self-regulation by using redirection, positive guidance, and facilitate problem solving. Teachers do not use physical punishment or negative discipline methods that hurt, shame or frighten children. Teachers promote pro-social behaviors in children and support children as they deal with anger, frustration, sadness, or disappointment. Teachers understand that self-regulation is learned and takes daily practice with support from the adults in the school.

## **Our Discipline Policy**

The word discipline come from the Latin word "disciplina" which means, "to teach." At Einstein Learning school we consider discipline a teaching experience rather than a form of punishment. We employ developmentally appropriate techniques to teach children to be safe, responsible, independent children as well as giving them the tools needed to regulate their own behaviors and give them sense of empowerment. Our techniques include:

- **Positive reinforcement**  
Drawing attention to the positive behavior to reduce the negative behavior.
- **Redirection**  
Working with children to create choices that promote positive behavior.
- **Teaching Social Problem Solving Skills**  
Helping children by modeling the tools needed to solve their own conflicts such as guiding children to suggest a compromise that is acceptable to all parties involved validate the child's feelings and emotions.

According to the Ordinance 14-39, Section 1.06 (FC 1.06(1)), at Einstein Learning School we ensure that:

- A) Children shall not be subjected to discipline which is severe, humiliating, Or frightening.
- B) Discipline shall not be associated with food, rest or toileting; and
- C) Spanking or any other form of physical punishment is prohibited.
- D) Children may not be denied active play as a consequence of misbehavior.

## **Biting Policy**

As we know, biting is a common occurrence among children who do not have language to express their feelings. We understand that biting is normal, but is not an acceptable means of resolving issues. We will take immediate action in the classroom as well as with the family regarding any biting incidents with an incident report for both parties involved, in addition to observing, shadowing, or separating the children. If a specific biting incident continuously occurs, and if we do not

## Parent Handbook Acknowledgement

1. \_\_\_\_\_ The weekly tuition for the \_\_\_\_\_ program you have selected is currently \$ \_\_\_\_\_ and may increase or decrease from time to time. You will be notified in advance of any increase/decrease.
2. \_\_\_\_\_ Tuition is due on the Friday before each new week. \$15 late charge will be added each day thereafter. If payment has not been received by drop off Monday , your child may not return back until all fees are fully paid
3. \_\_\_\_\_ We are open from 6:30 a.m. to 6:00 p.m. Monday through Friday. Drop Off NO LATER THAN 10:00 a.m. We are closed on the following holidays: Labor Day, Thanksgiving day and after, Christmas Eve and Christmas Day, New Year's Eve and New Year's Day, MLK Day and Independence Day. We do not prorate tuition for these closings.
4. \_\_\_\_\_ Because our program requires us to engage staff based upon the number of children enrolled, we cannot give tuition refunds for days your child is absent.
5. \_\_\_\_\_ Should it become necessary to withdraw your child from our program, you are required to give us 2 week written notice.

I acknowledge that I have read the parent handbook. I am finally aware of the discipline policy and procedures. I have read and understand the fee arrangements and conditions detailed in the parent handbook. I agree to these conditions and will abide by them. This acknowledgement must be placed in our files.

Please sign this form and return.

---

Child's Name

---

Parent Signature

---

Date



# myprocare<sup>®</sup>

Dear parent/guardian,

**Einstein Learning School** is pleased to offer **MyProcare**, a free online portal for you to access account information and easily pay tuition. MyProcare is safe, secure and created with your convenience in mind.

**Log in today!**

1. Go to [MyProcare.com](http://MyProcare.com).
2. Enter your email address (the email you have on file with Einstein Learning School) and choose **Go**.
3. Enter the confirmation code sent to your email, choose a password, and press **Go**.
4. Then you may:
  - a. View your child's schedule, time card, immunizations and more.
  - b. Use the **Pay** button to make a payment with your card.

Thank you!

Einstein Learning Schoool and MyProcare