

Child's Information Checklist

Name: _____ DOB: _____ Start Date: _____

_____ Childcare Application for Enrollment signed

_____ Emergency Card

_____ Influenza Virus Pamphlet signed (August - September Only)

_____ Certificate of Immunization Form

_____ Physical Evaluation Form

_____ Copy of Birth Certificate

_____ Expulsion and Discipline

_____ Parent Handbook Acknowledgement

_____ Permission to Photograph / Video

_____ Permission Food related Activities

_____ General Wellness Guidelines signed

_____ Bus Transportation

_____ Know Your Child Care Facility

_____ Food Program Documents signed

_____ Copy of Driver License

_____ Copy of Health Insurance Card

_____ School Readiness Voucher 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)	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT					

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

ORIGINAL



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

Family Information:

Child's 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 (specify): _____

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 Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

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



Emergency Care Plan Instructions (if applicable):

Emergency 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 Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

Helpful Information About Child:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], **or**
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date

Policies & Procedures

Expulsion and Discipline

Expulsion Policy

Unfortunately, these are sometimes reasons we have to expel a child from our program either on a short term / permanent basis. We want 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.
- Parents threaten physical or intimidating action towards staff members.
- Parents exhibit 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 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 outburst / excessive biting.
- Ongoing physical or verbal abuse to staff or other children.
- Bullying another student or Staff (teasing, taunting, intimidating, stalking, social media bullying, sexual, religious or racial/ethnic harassment, Public or private humiliation)
- Destruction of property of the school or another student's property

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.)

Print Parent Name

Parent Signature

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.

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.

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.

(parent / Guardian Signature)

(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

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

Permission

In the event Einstein Learning School Bus unexpectedly is not operating due to mechanical issues, your child will be taken to school and picked up from school in a different transportation vehicle. The vehicle they will be transporting will be a fully insured 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
Another fully insured vehicle.

_____ I do not give Einstein Learning School permission to transport my
Child in any other Vehicle than Einstein Learning School's Bus.

Student's Name

Parent's Signature

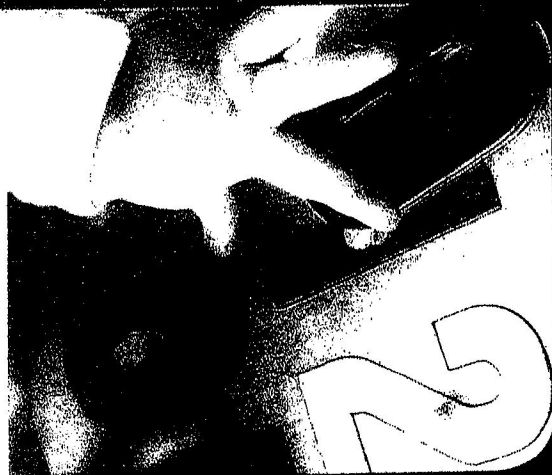
Date

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.



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: 006PA0318

License issued on 6/7/16 2023

License Expires on 07/16/2004

For more information regarding

the compliance history of this child care provider, please visit:

MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATORY
AND BACKGROUND SCREENING
MAVEFAMILIES.COM

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

CF/P1 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

print Name

signature

Date

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, Presidents Day and Independence Day. Also any Nature Emergency closings. We do not prorate tuition for these closings.
4. _____ Only If my child is Before & After School student can attend Einstein on non-school days (holidays).
5. _____ 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.
6. _____ 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