Child's Information Checklist

Name:	DOB:	Start Date:	
Childcare Application for	Enrollment signed		
Emergency Card			
Influenza Virus Pamphlet	signed (August - Septer	mber Only)	
Certificate of Immunization	on Form		
Physical Evaluation Form	า		
Copy of Birth Certificate			
Expulsion and Discipline			
Parent Handbook Acknor	wledgement		
Permission to Photograp	h / Video		
Permission Food related	Activities		
General Wellness Guidel	ines signed		
Bus Transportation			
Know Your Child Care Fa	acility		
Food Program Documen	ts signed		
Copy of Driver License			
Copy of Health Insurance	e 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 TELEPHO	NE NUMBER
E-MAIL ADDRESS			MOBILE TELEPH	IONE NUMBER
ADDRESS				
BUSINESS NAME:			BUSINESS TELE	PHONE NUMBER
ADDRESS				
FATHER'S NAME/LEGAL GUARDIAN			HOME TELEPHO	NE NUMBER
E-MAIL ADDRESS			MOBILE TELEPH	IONE NUMBER
ADDRESS				
BUSINESS NAME			BUSINESS TELE	PHONE NUMBER
ADDRESS	NAME	TELEP	HONE NUMBER \	WHEN CHILD IS IN CARE
EMERGENCY CONTACT PERSON(S)	IVAIVIE.			
		ADDRESS TELEBRON	C NO MARKED WAS	N CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME /	ADDRESS TELEPHON	E NOWBER WITE	N OTHER ROLL

			TELEPHONE NU	CTECOAN
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	*.		TELEPHONE INC	MADEL
ADDRESS				
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING M	EDICATION REAC	TIONS)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY	Y SITUATION	MEDICATION, SPECIAL COI	NOITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD				
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE	CE BENEFITS	POLICY NUMBER (REQUIR	ED)	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELO	W TO INDICATE PARENTAL C	ONSENT		
SIGNATURE OF PARENT OR GUARDIA	N	**************************************	ſ	DATE
				DATE:
SIGNATURE OF PARENT OR GUARDIA	N.		.1	DATE



State of Florida Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth:	Sex: 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 fo personnel to obtain emergency medical care if warrant	r the staff of this facility to contact the following medical ited.
Doctor: Address	•
Phone Number:	
Doctor: Address	<u> </u>
Phone Number:	<u> </u>
Dentist: Address	·:
Phone Number:	
Hospital Preference:	
Please list allergies, special medical or dietary needs,	or other areas of concern:



	wing people will also be contacted and so, accident or emergency, if for some r		hild from the
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
(Form 3040) and	7.2 of the Child Care Facility Handboo immunization record (Form 680 or 681 e Child Care Facility Handbook requires) within 30 days of enrollment.	
(Form 3040) andSection 7.3 of the Facility Brochure) within 30 days of enrollment. that parents receive a copy of " (CF/PI 175-24) [also available	the Child Care on-line at
 (Form 3040) and Section 7.3 of the Facility Brochure https://eds.myflfa Section 8.3 of the parent(s) received Home Provider 	immunization record (Form 680 or 681 Child Care Facility Handbook requires entitled "Know Your Child Care Facility	within 30 days of enrollment. that parents receive a copy of (CF/PI 175-24) [also available OpenDCFForm.aspx?FormId=8 willy Child Care Home Handbook orochure entitled "Selecting A at	the Child Care e on-line at 60], or ok requires that Family Day Car
 (Form 3040) and Section 7.3 of the Facility Brochure https://eds.myflfa Section 8.3 of the parent(s) receive Home Provider https://eds.myflfa Section 2.8 of the 	immunization record (Form 680 or 681 e Child Care Facility Handbook requires entitled "Know Your Child Care Facility milies.com/DCFFormsInternet/Search/e Family Day Care Home/ Large Fame a copy of the family day care home (CF/PI 175-28) [also available on-line	within 30 days of enrollment. that parents receive a copy of (CF/PI 175-24) [also available DpenDCFForm.aspx?FormId=8 illy Child Care Home Handboo prochure entitled "Selecting A at DpenDCFForm.aspx?FormId=8 that parents are notified in writ	the Child Care e on-line at 60], or ok requires that Family Day Car
 (Form 3040) and Section 7.3 of the Facility Brochure https://eds.myflfa Section 8.3 of the parent(s) receive Home Provider https://eds.myflfa Section 2.8 of the disciplinary and e Section 2.3 of the home Provider https://eds.myflfa 	immunization record (Form 680 or 681 e Child Care Facility Handbook requires entitled "Know Your Child Care Facility milies.com/DCFFormsInternet/Search/e Family Day Care Home/ Large Fame a copy of the family day care home (CF/PI 175-28) [also available on-line milies.com/DCFFormsInternet/Search/e Child Care Facility Handbook requires	within 30 days of enrollment. that parents receive a copy of (CF/PI 175-24) [also available OpenDCFForm.aspx?FormId=8] ily Child Care Home Handbook or chure entitled "Selecting A at OpenDCFForm.aspx?FormId=8] that parents are notified in write facility, or	the Child Care con-line at 60], or ok requires that Family Day Car 641]. ing of the

Emergency Care Plan Instructions (if applicable):

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	s / Guardian	
	earning School we will be taking pictures or class videos from time to time. not be produced without parent permission to our website or facebook page	
	ur permission to photograph or video your child. Please check below either mission or declining permission to photograph or video your child.	
Thank You		
Einstein Lear	rning School	
•	I Give Permission to have my child Photographed by a still camera or video camera.	
A AND THE RESIDENCE OF THE PARTY OF THE PART	I Do Not Give Permission to have my child Photographed by a still camera or video camera.	•
Parent / guar	rdian signature Date	

<u>Permission</u> for Food related activities & <u>Special Occasion food consumption</u>

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.

[parent/Guardian] give/declined permission for my child_	(child's Name)
to participate in food related activities and special occasions whereir consumed.	n food is
Please provide the following information :	
My child DOES NOT have a food allergy or dietary restriction $\overline{\text{MAY}}$ participate in activities.	on. He or she
My child DOES NOT have a food allergy or dietary or dietar He or she <u>MAY NOT</u> participate in activities.	ry restriction.
My child DOES have a food allergy or dietary restriction. H participate in activities, but <u>MAY NOT</u> eat or handle the following iter	
My child DOES have a food allergy or dietary restriction. He oparticipate in activities.	r she <u>MAY NOT</u>
understand that it is my responsibility to update this form in the even decision for permission changes. I agree that this form will remain in the term of my child's enrollment.	
(narent / 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 folic. 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

	\$ 445, pt . 4 of Print 1 of Series
Einstein Learning School Wellness Policy	
Please sign	
Name of child	
I have read these guidelines and will abide by them.	
Parent Print Name Date	alah peri da alam nganga sapa daga
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.

Stude	nt's Name		Parent's Sig	nature	Date
	I do not give Eins Child in any oth				
	Another fully ins			·	
	l give Einstein Le	arning Scho	ool permissio	n to transport	t my child in
receiving a	ose not to give per call the Bus is not e to pick my child u	operationa	I to take my	child to schoo	l, and I will be

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
- Communicate directly with caregivers. Visit and observe the facility.
 - Participate in special activities, meetings, and conferences.
- Talk to your child about their daily
- Arrange alternate care for their child experiences in child care. when they are sick.
- standards used to license the child

Familiarize yourself with the child care

information resources 当る有意 More

(F.S.), and Chapter 65C-22, Florida

section 402,305, Florida Statutes

standards included in

This child care facility is licensed

MyFLFamilies.com/ChildCare

MyFLFamilies.com/childcare

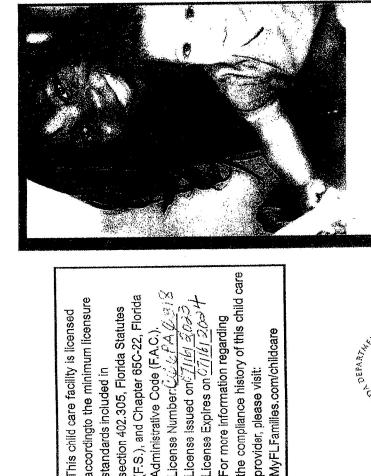
provider, please visit:



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

MYFLEAMILIES.COM

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



License Expires on CTII61 200 License Issued on 71161 200

License Number心でとれる。

Administrative Code (F.A.C.).

For more information regarding

Know Your Facility

MyFLFamilies.com/ChildCare





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

Child's Name:	Center Name & Address:	KINSTein	80101037 6	S C D & C	\ \frac{1}{2} \
Primary Hours of Care: From: 6. 3 오. To: 1	To: 6. C. Days of the Week in Care: M DW (H)	DW FIRES	S Meals Typically Serve	d While in Care	-
Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call:	Parent Letter before completing this form.	If you need assis	tance completing this form	I, call: $(8/3)$.	395=5/17
STEP 1: Complete the following table for all INFANTS and CHILI	NFANTS and CHILDREN through age 18	that reside in t	ne household, even if no	t related. (includ	Ö -
Child's Name (Last Name, First Name)	Date of Birth Attends this center? (circle)	-	Foster Child? (circle)	~	Homeless/Runa
•	Yes	No No	Yes No	Yes No	Yes No
	Хех	No	Yes No	Yes No	Yes No
	Yes	S	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? f NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.	n or adults) receive Food Assistance Prowing case numbers, then go to STEP 5.	ogram (FAP/SN	AP) or Temporary Assis	tance for Needy	y Families (TANF) benefits?
FAP/SNAP Case Number:		IF Case Number	J. O.A.		
Children's Income – sometimes children earn or receive income. E	or receive income. Enter the total income re	sceived by all chi	dren listed in STEP 1, the	n check how oft	of types of 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):	How often received? (check only one):	ly one): ☐ Weekly ide for what types o	kly ☐ Bl-Weekly ☐ Tv es of income to report)	☐ Twice a Month ☐ oort) (skip this step if y	☐ Monthly ☐ Annually 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 axes & 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 they source from any source write "pane" or "0" if you enter "none" or "0" or leave any income fields blank you are certifying that there is no income to report.	all adult household members (age 19 and upole dollars only (no cents) and how often	up) even if they on it is received (lo not receive income. For ite, weekly, bl-weekly, tome fields blank, vou are	r each adult, list wice a month, n	nembers (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult was any income fields hank, you are certifying that there is no income to report.
Adult Household Member's Name (Last Name, First Name)	DE	Public Assi	Public Assistance/Child Support/Allmony (\$ Amount / How often?)	mony Pensi	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ / Weekly Biweekly Monthly Twice a Month Annually	ь	/ Weekly Biweekly Monthly Twice a Month Annually		/ Weekty Biweekty Monthiy Twice a Month Annually
	\$ / Weekly Brweeky Monthiy Twice a Month Annualiy	€9	/ Weekly Biweekly Monthly Twice a Month Annually	es A	/ Weekty Biweekty Monthly Twice a Month Annually
Total Household Members (Add STEP 1 & 4):	Last four d	ity Number (SSI	gits of Social Security Number (SSN) of adult household member:	mber:	If no SSN, write "none."
STHES Control 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.	ture Ill information on this application is true and ti srify (check) the information. I am aware that '	nat all income is ก	sported. I understand that the false information, I may be	ils information is l prosecuted under	application is true and that all income is reported. I understand that this information is being given in connection with the receipt action. 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	p 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 Hispanic	are required to ask for information about your child' t your child's eligibility for free or reduced-price me	s ethnicity and race. als. Ethnici	This information is important a ty (check one):	nd helps make sure	that we are fully serving the community. I Not Hispanic or Latino
Race (check one or more): American Indian or Alaskan Native	Asian	Black or African American	n Native Hawaiian or Other Pacific Islander	· Other Pacific Islar	nder White
Categorical Eligibility: ☐ FAP/SNAP or TANF Household	sehold Foster Child Total Household Size:	id Size;	Total Household Income: \$	\$	
Eligibility Determination: ☐ Free ☐ Reduced-Price NOTE: If different Income frequencles are lis	ice 🔲 Non-needy Isted, convert all income to	ome is Received (nunt. Annual Inco	How Often Income is Received (Frequency): 디 Weekly 디an annual amount. Annual Income Conversion: Weekly x 원	☐ Biweekly ☐ Tw x 52, Biweekly x 26,	☐ Twice a Month ☐ Monthly ☐ Annually x 28, Twice a Month x 24, Monthly x 12
Reason for Non-needy Status: Income too High	☐ Incomplete Application ☐ Other Reason:				
Determining Official's Signature: Revised 6/2019	Date:	2	Second Party Check Signature: _		Date: U-009-08

Parent Handbook Acknowledgement

1,	selected is currently \$	on for theand may increase or de	ecrease from time to
	time. You will be notified	ed in advance of any increase/de	ecrease.
2.	will be added each day the	the Friday before each new wee hereafter. If payment has not bee may not return back until all fe	en received by drop
3.	Drop Off NO LATER Tholidays: Labor Day, Tholidays: Labor Day, Tholidays Day, New Yes	n 6:30 a.m. to 6:00 p.m. Mond THAN 10:00 a.m. We are close Thanksgiving day and after, Car's Eve and New Year's Day, MD Day. Also any Nature Emergencese closings.	d on the following Christmas Eve and LK Day, Presidents
4.	Only If my child is	Before & After School student	can attend Einstein
	on non-school day	ys (holidays).	
5.		gram requires us to engage stabled, we cannot give tuition ref	
6.		ne necessary to withdraw you ed to give us 2 week written not	
discip and co abide	line policy and procedure and itions detailed in the p	the parent handbook. I am finales. I have read and understand the parent handbook. I agree to these legement must be placed in our fact.	he fee arrangements e conditions and will
	Child's Name	Parent Signature	Date