

## 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

\_\_\_\_ Safe Sleep Policy

\_\_\_\_ Know Your Child Care Facility

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

\_\_\_\_ Copy of Driver License

\_\_\_\_ Copy of Health Insurance Card

\_\_\_\_ School Readiness Voucher Date:

\_\_\_\_ VPK Certificate received 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



State of Florida  
Department of Children and Families

**CHILD CARE APPLICATION FOR ENROLLMENT IN SPECIALIZED  
CHILD CARE FACILITIES FOR MILDLY ILL CHILDREN**

**Student Information:** Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female 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

Meals Typically Served While in Care: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper

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

Parent's/  
Guardian's  
Name: \_\_\_\_\_ Parent's/  
Guardian's  
Name: \_\_\_\_\_

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

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

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

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

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

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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: \_\_\_\_\_

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

Present Illness: \_\_\_\_\_

Allergies/Reaction: \_\_\_\_\_

Present Medications and Dosages: \_\_\_\_\_

Current Diet: \_\_\_\_\_

Diapering Requirement (if applicable): \_\_\_\_\_



Symptoms Requiring Parent or Health Care Provider Notification/Special Instructions:

**Past Medical History:**

Other illnesses or Childhood Diseases: \_\_\_\_\_

Past Medications: \_\_\_\_\_

**Emergency Contacts:** Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

| Name | Address | Work Phone | Cell/Home Phone |
|------|---------|------------|-----------------|
|      |         |            |                 |
| Name | Address | Work Phone | Cell/Home Phone |
|      |         |            |                 |
| Name | Address | Work Phone | Cell/Home Phone |
|      |         |            |                 |

**Helpful Information About Child:**

- 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>].
- Section 7.3, C.3, of the Child Care Facility Handbook requires that parents are provided food and nutrition policies used by the child care facility].
- Rule 65C-25.003(14)(b), Florida Administrative Code, requires that parents receive copies of the facility's admission policy; infection control procedures; daily care procedures; plan for the care of children exhibiting worsening symptoms, and referral for medical evaluations, including a listing of the symptoms; policy and procedure for staff communication with parents and health providers; and, discipline and expulsion policies.

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.)

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Print Parent Name

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Parent Signature

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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 and Independence Day. 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.

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Child's 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.

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 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

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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 \_\_\_\_\_

## Health & Safety Policies

### **Safe Sleep Policy**

#### **For Infants/ Toddlers in Childcare Programs**

Einstein learning school will follow safe sleep recommendations for infants to reduce the risk of Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID), and the spread of contagious diseases:



1. Infants will always be put to sleep on their backs.
2. Infants will be placed on a firm mattress, with a fitted crib sheet.
3. No toys, soft objects, stuffed animals, pillows, bumper pads are in the crib.
4. Sleeping infants will be actively observed by sight and sound.
5. An infant who arrives asleep in a car will be moved to a crib.
6. Infants will not share cribs, and cribs will be 3 feet apart.
7. Pacifiers will not be attached by a string to the infant's clothing and will not be reinserted if they fall out after the infant is asleep.
8. When able to roll back and forth from the back to front, the infant will be put to sleep on their back and allowed to assume a preferred sleep position.
9. Sleeping areas will be ventilated and at a temperature that is comfortable.
10. Toddlers' heads will remain uncovered for sleep with their shoes on.
11. In the rare case of a medical condition requiring a sleep position other than on the back, the parent must provide a signed waiver from the physician.

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Parent Signature

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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: 0066PA0318

License Issued on 07/16/2014

License Expires on 07/16/2015

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 REGULATORY  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

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

CF/PI 175-24, 03/2014

This brochure was created by the

Florida Department of Children and Families,

Office of Child Care Regulation and Background Screening  
pursuant to s. 402.3125(5), F.S.,



# Know Your Child Care Facility

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)

print Name

signature

Date

