Child's Information Checklist

Name:	DOB:	Start Date:	
Childcare Application for Er	nrollment signed		
Emergency Card			
Influenza Virus Pamphlet si	gned (August - Septe	mber Only)	
Certificate of Immunization	Form		
Physical Evaluation Form			
Copy of Birth Certificate			
Expulsion and Discipline			
Parent Handbook Acknowle	edgement		
Permission to Photograph /	Video		
Permission Food related Ac	ctivities		
General Wellness Guideline	es signed		
Safe Sleep Policy			
Know Your Child Care Facil	lity		
Food Program Documents	signed		
Copy of Driver License			
Copy of Health Insurance C	Card		
	School Rea	adiness Voucher Date:	
	VPK Certifi	cate 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 TELEPHO	ONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPH	HONE NUMBER
ADDRESS			
BUSINESS NAME		BUSINESS TELE	PHONE NUMBER
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHO	ONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPI	HONE NUMBER
ADDRESS			
BUSINESS NAME		BUSINESS TELI	PHONE NUMBER
ADDRESS		1	
EMERGENCY CONTACT PERSON(S) NAME	TEL	EPHONE NUMBER	WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME	ADDRESS TELEPH	ONE NUMBER WHE	N CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE N	JMBER
ADDRESS			
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING		CTIONS)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL C	CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQU	JIRED)	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PAREI	NTAL CONSENT		
			*
SIGNATURE OF PARENT OR GUARDIAN	2		DATE
SIGNATURE OF PARENT OR GUARDIAN			DATE



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: 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
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 personnel to obtain emergency medical care if warrante	
Doctor: Address:	
Phone Number:	
Doctor: Address:	
Phone Number:	
Hospital Preference:	
Present Illness:	
Allergies/Reaction:	
Present Medications and Dosages:	
Current Diet:	
Diapering Requirement (if applicable):	

Past Medical History: Other illnesses or Childhood Diseases: Past Medications: Emergency Contacts: Child will be released only to the custodial parent(s) or legal quardian(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: Cell/Home Phone Name Address Work Phone Name Address Work Phone Cell/Home Phone Work Phone Cell/Home Phone Name Address **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=8601. 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.

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

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

Parent Handbook Acknowledgement

Ch	ild's Name	Parent Signature	Date
Please si	gn this form and return.		
Diama	4.'- C		
discipline and cond	e policy and procedures. I litions detailed in the parer	parent handbook. I am finally ave have read and understand the feet thandbook. I agree to these content must be placed in our files.	arrangements
6 pı	Should it become a rogram, you are required to	necessary to withdraw your choosive us 2 week written notice.	ild from our
nı	Because our prograr umber of children enrolled hild is absent.	n requires us to engage staff bal, we cannot give tuition refunds	sed upon the for days your
	on non-school days (h	nolidays).	
4	Only If my child is Be	fore & After School student can a	ttend Einstein
D he C	Prop Off NO LATER THA olidays: Labor Day, Than hristmas Day, New Year	30 a.m. to 6:00 p.m. Monday than 10:00 a.m. We are closed on aksgiving day and after, Christ is Eve and New Year's Day, Monday the prorate tuition for these closing	the following mas Eve and ILK Day and
W	ill be added each day there	Friday before each new week* \$ eafter. If payment has not been recy not return back until all fees ar	eived by drop
1, so ti	The weekly tuition is elected is currently \$ me. You will be notified in	for thepro and may increase or decrean advance of any increase/decrean	ogram you have se from time to se.

Einstein Learning School

PERMISSION TO PHOTOGRAPH OR VIDEO

Dear Parents	5 / Guardian	
At Einstein Le pictures will	earning School we will be taking pictures or class videos from time to time. (The not be produced without parent permission to our website or facebook page).	se
We need you granting perr	or 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	ning 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.	
	dian 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.

[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 MAY participate in activities.	on. He or she
My child DOES NOT have a food allergy or dietary or dietar He or she MAY NOT participate in activities.	y restriction.
My child DOES have a food allergy or dietary restriction. He participate in activities, but <u>MAY NOT</u> eat or handle the following iter	e or she MAY ns (please list):
-2	
My child DOES have a food allergy or dietary restriction. He oparticipate in activities.	r she <u>MAY NOT</u>
I 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.	ent that my effect during
(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.

Parent Print Name

Parents Signature____

- 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

Einstein Learning School Wellness Policy

Please sign

Name of child ______

I have read these guidelines and will abide by them.

Date____

Health & Safey 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.
- 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.

Parent Signature	Date

Parent's Role

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

experience of child care staff, as well Inquire about the qualifications and as staff turnover.

information

More

and free

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

resources:

MyFLFamilies.com/ChildCare

the compliance history of this child care Administrative Code (F.A.C.). License Number: $\overline{COCPAOS}$ (F.S.), and Chapter 65C-22, Florida License Expires on O71161 200 TE accordingto the minimum licensure section 402.305, Florida Statutes This child care facility is licensed License Issued on 71161 203 For more information regarding MyFLFamilies.com/childcare standards included in provider, please visit:



OFFICE OF CHILD CARE REGULATION AND BACKGROUND SCREENING MYFLFAMILIES.COM

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

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





MyFLFamilies.com/ChildCare

print Name

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

Child's Name:	Center Nam	Center Name & Address:	instein		80101037	50	checl	i i		
of Care: From: 6.3 C	Davs of	the Week in Care: M WW ITH IF	MARIASS	Meals Typ	ically Serve	While in	Meals Typically Served While in Care: (BR) MS(LU	(3)	SU ES None	euc
Thomas and	nving Parent Letter before co	moleting this form. If y	ou need assista	ance comple	ting this form	æ €	13) 39	5-51	17	
STED 4: Complete the following table for all INFANTS and CHII	NEANTS and GHII DR	DREN through are 18 that reside in the household, even if not related. (include child listed at top of form)	at reside in th	e househol	d, even if no	related.	include child li	sted at top o	of form)	
Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	ar? (circle)	Foster Child? (circle)	17 (circle)	Migrant? (circle)	circle) Hon	Homeless/Runaway? (circle)	away? (cir	rcle)
		-	0	Yes	No	Yes	No	Yes	ž	
		1	0	Yes	No	Yes	No	Yes	8 N	
		Yes No	0	Yes	No	Yes	No	Yes	8 N	
		Yes No	0	Yes	No	Yes	No	Yes	8 N	
STEP 2: Do any household members (children or adults) receive Food Assistance F	n or adults) receive F	re Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? is then on to STEP 5.	ıram (FAPISN)	AP) or Temp	orary Assist	ance for	Veedy Familio	ss (TANF) b	enefits?	
				=	=	=	=	_		
FAP/SNAP Case Number:	 averse side for what	hat types of Income to report) (skip this step if you listed a case # in ST	or I ANF Case Number.	step if you	isted a case	# in STEP 2)	2)	1		可是
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.	or receive income. Ente	ar the total income rece	eived by all child	dren listed in	STEP 1, the	n check ho	w often the in	come is rec	eived.	
Children's Income – Total: \$	How often re	How often received? (check only one): ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually ☐ STEP 2)	one): 🗆 Wee	kly □ Bi-W	eekly □ Tw	☐ Twice a Month	th Monthly	☐ Monthly ☐ Annually If you listed a case # in S	lly STEP 2)	
STEFF 4: nonselicin income and adult nonselicin member and Adulf Household Members and Income – list all adult household	all adult household me	members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before) even if they d	o not receive	income. For	each adu	It, list the tota	al gross Inc	ome (befo	976
taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.	ole dollars only (no convite "none" or "0." If you	ocents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For ocents and how often it is received (i.e., weekly, bi-weekly, twice a month) and how often is no income to report four enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report	t is received (i	l.e., weekly, ∞me fields b	bi-weekly, to lank, you are	vice a mo certifying	nth, monthly, that there is no	or annually o income to	/). For an a report.	adult
Adult Household Member's Name		Earnings from Work (\$ Amount / How often?)	Public Assis	ssistance/Child Support (\$ Amount / How often?)	Public Assistance/Child Support/Allmony (\$ Amount / How often?)	mony	Pensions/Retirement/All Other Income (\$ Amount / How often?)	ns/Retirement/All Other (\$ Amount / How often?)	Other Inco	эшо
	\$	/ Weekly Biweekly Monthly Twice a Month Annually	s,	/ Week Twice	/ Weekly Biweekly Monthly Twice a Month Annually			/ Weekly Twice a !	Weekly Biweekly Monthly Twices Month Annually	hty
	G		မာ	/ Weei Twice	/ Weekly Biweekly Monthly Twice a Month Annually	S		/ Weekiy Twice a	Weekly Biweekly Monthly Twice a Month Annually	hly /
Total Household Members (Add STEP 1 & 4):	Last four	digits of Social Security Number (SSN) of adult household member:	Number (SSN	l) of adult h	ousehold me	mber:		If no SS	If no SSN, write "none.	one."
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.	ature all information on this ap arify (check) the informal	plication is true and that tion. I am aware that if I	t all income is re purposely give	ported. I und false informa	erstand that th	is informat prosecuted	on is being give under applicab	en in connec ole state and	tion with the federal law	e receipt s.
Home address (if available):	Street	Street Address. City. State. Zip Code	Code			Daytime phone #:	hone #:			
Signature of adult household member:			Printed name:				Dat	Date signed:		
OPTIONAL: Child's ethnicand radial identities We are required to ask for Responding to this section is optional and does not affect your child's eligibility.	are required to ask for Infor t your child's eligibility for fr	Information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Fundiced for free or reduced-price meals.	thnicity and race.	This informatio ty (check one)	n is important a	nd helps mal	ce sure that we a	re fully serving panic or Latin	the community	ĘĘ.
Race (check one or more): American Indian or Alaskan Native		Asian Black or	Black or African American	-	Native Hawaiian or Other Pacific Islander	Other Paci	īc Islander	White		
Categorical Eligibility: ☐ FAP/SNAP or TANF Household	sehold Foster Child		Size:	Total House	E	8				
Eligibility Determination: Free Reduced-Price Non-needy	rice	How Often Income is Received (Frequency): ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Anr Income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12	ie is Received (F nt. Annual Inco	Frequency): [me Conversion	⊒ Weekly □ on: Weekly x 5	☐ Biweekly < 52, Biweekly	☐ Twice a Month x 26, Twice a Mor	nth Monthly Month x 24, Mon	thly LI An Aonthly x 13	∐ Annually ly x 12
Reason for Non-needy Status: 🗆 Income too High	n Incomplete Application	tion Other Reason:								
Determining Official's Signature:		Date: Page 1 of 2		Second Party Check Signature:	Signature:				Date: U-009-08	00