

State of Florida Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

| Student Information: Date of Birth: | | Sex: Date of Enrollment: | | | | |
|--|------------------------------------|--------------------------|-----------------------------------|-------------------|--------|---|
| Full Name: | | | | | | - 19. |
| Last Child's Physical Addres | | First | | | | Nickname |
| Primary Hours of Care: | From | | To | | | |
| Days of the Week in Ca | re: M T | W | Th F | Sa | Su | |
| Family Information: | Child | Lives With | | | | |
| Mother's Name: | | | Father's Na | ame: _ | | |
| Address: | | | Address: _ | | | |
| Home Phone: | | | | | | |
| Employer: | | | | | | |
| Address: | | | | | | |
| Work Phone: | | | | | | /Cell: |
| Custody: Mother | Fathe | r | Both | | | Other |
| obtain emergency medic Doctor: | | _Address:_ | | | | |
| | | | | Phone: | | |
| | | Address: | | | | |
| Hospital Preference: | | | | | | |
| Please list allergies, spe | | | | eas of | concer | n: |
| Emergency Care Plan in | nstructions (if ap | plicable):_ | | | | |
| Emergency Contacts: Child will be released or The following people wi case of illness, accident cannot be reached: Name | ll also be contac or emergency, | ted and are | e authorized to reason, the cu | remov istodial | e the | child from the facility ir t or legal guardian |
| Ivaiile | Address | | Wor | K# | | Home# |
| Name | Address | | Wor | rk# | | Home# |
| Name | Address | | Wor | rk# | | Home# |

| ne Address | Work# | Home# |
|--|---|---|
| oful Information About Child: | | |
| | | |
| | | |
| | | |
| Section 7.3, of the Child Care Facility Handb Care Facility Brochure, "Know Your Child Ca | ook, requires that parents recorder Facility" (CF/PI 175-24), or | eive a copy of the Child |
| hat parent(s) receive a copy of the family da | arge Family Child Care Home y care home brochure, "Selec | Handbook, requires ting A Family Day Care |
| | | notified in writing of the |
| hat parents are notified in writing of the disci | arge Family Child Care Home iplinary and expulsion policies | Handbook, requires used by the family day |
| enrollment form is complete and accurate. I | ceived the above items and th hereby grant permission for th | at the information on ne staff of this facility to |
| nature of Parent/Guardian | | e |
| -mail address for absentee not | ification: | |
| | Sections 7.1 and 7.2, of the Child Care Facil Form 3040) and immunization record (Form Section 7.3, of the Child Care Facility Handb Care Facility Brochure, "Know Your Child Care Facility Handb Hat parent(s) receive a copy of the family darence Provider" (CF/PI 175-28). Section 2.8, of the Child Care Facility Handb disciplinary and expulsion policies used by the Section 2.3, of the Family Day Care Home/ Leat parents are notified in writing of the discover provider. Trisignature below indicates that you have recensely and accurate. It is access to my child's records. | Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a currer Form 3040) and immunization record (Form 680 or 681) within 30 days of Section 7.3, of the Child Care Facility Handbook, requires that parents reconstruction and the family Day Care Home/Large Family Child Care Home hat parent(s) receive a copy of the family day care home brochure, "Selection 2.8, of the Child Care Facility Handbook, requires that parents are 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 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 that parents are notified in writing of the disciplinary and expulsion policies are provider. It is signature below indicates that you have received the above items and the enrollment form is complete and accurate. I hereby grant permission for the access to my child's records. |

AFTER READING, PLEASE SIGN AND RETURN THIS PAGE TO THE STUDENT'S FILE

I have read the handbook policies for Hogan Lane Day Care, Inc. This handbook includes Hogan Lane Day Care's discipline policy as well as the DCF brochure, "Know Your child Care Facility," [CF/PI 175-24] - I agree to their provisions. I understand these policies may change, with proper notification to parents.

| Parent/Guardian's signature | Date |
|---|--|
| CHILD'S NAME: | |
| Dear Parents/Guardians: The first five years of life are ver for success in school and later life. Durible gained and many skills learned. It proceeding without problem during this your child's growth and development. Screening is a process to deter require further attention and follow-up. Assessment is the process to knowledge on an ongoing basis. Screening and Assessment are conditioned in the state age of five. Teachers for all children ages 2 months to 5 years least once per academic year. Teachers assessments for the purpose of creating development. Teachers of VPK will use tool, and the state mandated VPK assess. Information gathered from the | ry important to your child because this time sets the stage ng infancy and early childhood, many experiences should is important to ensure that each child's development is period; therefore, we are interested in helping you follow rmine if a child has any developmental concerns that may monitor growth and development of certain skills and directly linked to lesson planning and meeting the to ensure that your child is prepared to enter of all ages administer the Ages and Stages Questionnaire. This developmental screening will be administered at will also complete formal observation notes and individualized activities to promote learning and Teaching Strategies Gold, a comprehensive assessment sment. Observations and screenings will be used to help your access. These results are confidential and will be shared |
| Sincerely, Amy Litwin ************************************ | ************************************** |
| I give permission for my purpose of identifying my child learning activities accordingly. | ental Permission y child to be screened and assessed for the l's individual needs and planning his/her n for my child to be screened. |
| Child's Full Name: | DOB: |
| If child was premature, original due Child's Full Name: If child was premature, original due | dateDOB: |
| Parent/Guardian's Printed Name: Parent/Guardian Signature: Date: | |
| | |

Permission for Food-related Activities & Special Occasion food consumption

Pursuant, to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain permission from parents/guardians regarding child participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations; and birthdays. GIVE/DECLINE permission for____ (circle one) (Parent or Guardian) (Child's Name) To participate in food related activities & 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 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 below): __ My child <u>DOES</u> 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.

DATE

(Parents or Guardian) SIGN

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*:

| Van |
|-----------------|
| am |
| = |
| |
| Name of Street, |
| O |
| |
| |

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.

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 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.

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 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?

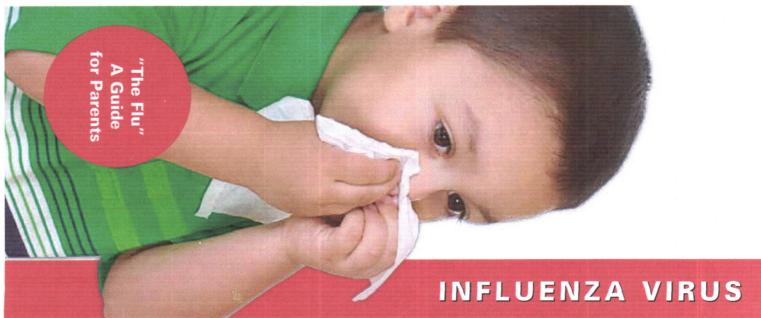
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between 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 or contact your local licensing office below:

CF/PI 175-70, June 2009

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



Hogan Lane Day Care's Voluntary Pre-Kindergarten Attendance Policy

Hogan Lane V.P.K. class time is from 8:30AM-1:30PM on Tuesday, Wednesday and Thursday. The cost for Extended Day is \$100.00 per week. If your student is here during non-VPK time you will be billed! If a student whom is not enrolled in Extended Day is picked up late the cost is \$10.00 per minute for the first five minutes and \$1.00 for each additional minute. A combined overage time of thirty minutes or more will result in your being charged the wrap around fee of \$100.00. If you are in non-compliance of the Hogan Lane hours of V.P.K. operation three times, Hogan Lane reserves the right to remove your student from our roll. This will allow you to find a class that better fits with your schedule. Please inform us if your child will be out of school. Try to have your student here no later than 8:45AM. Tardiness disrupts the entire class.

Hogan Lane Day Care's School Readiness Attendance Policy

Hogan Lane Day Care and their clients MUST FOLLOW the attendance policy set forth by school readiness contract guidelines.

Sign in Sheet Process

Parent/Guardian must use their <u>full legal name</u> to sign their student in and out on the appropriate VPK State form. If your student is also on our School Readiness roll you must sign them in and out on the appropriate County form with the parent/guardian's full legal name. All students must be signed in and out with the appropriate **times** on the Hogan Lane Day Care roll. Sorry for any inconvenience – these are the rules.

| Sorry for any inconvenience – these are the | rules. |
|---|--------|
| | |
| | |
| Parent/Guardian Signature | Date |
| | |

Children & Family Services GIVES US **30** DAYS FROM ENROLLMENT DATE TO COMPLY WITH THE FOLLOWING ITEMS:

- 1. YELLOW 3040 STUDENT HEALTH EXAMINATIONS. (A NEW PHYSICAL IS REQUIRED EVERY TWO YEARS)
- 2. A BLUE CARD 680 IMMUNIZATION CERTIFICATE. (NEEDS TO BE UPDATED OR REPLACED WITH A NEW BLUE CARD AFTER EACH SHOT RECEIVED BY YOUR CHILD/REN)
- 3. HEAD LICE: YOU HAVE TO IMMEDIATELY COME PICK UP YOUR CHILD/REN, TREAT THEIR HAIR, YOUR HOUSE, VEHICLES, AND ALL CLOTHING INCLUDING COATS, HATS, ETC. IF YOUR CHILD HAS EGGS ¼" FROM SCALP FROM ONE TO TEN DAYS AFTER TREATMENT, YOU WILL BE CALLED AGAIN TO RE-TREAT. SHAMPOO WILL NOT CLEAR HEAD OF EGGS. YOU WILL NEED TO STRIP THEM OUT BY HAND. A METAL LICE COMB IS HELPFUL.

*ASK THE DOCTOR OR CLINIC FOR DAY CARE HEALTH RECORDS ON ITEMS ONE AND TWO. THEY WILL KNOW WHAT TO GIVE YOU.

IF WE ARE OUT OF COMPLIANCE ONE THE ABOVE HEALTH RECORDS, D.C.F. REQUIRES THAT YOU HAVE THE REPLACEMENT FORMS IN OUR HANDS WITHIN TEN DAYS OF THE INSPECTION DATE. WE ARE TO REFUSE TO KEEP YOUR CHILD/REN ON THE TENTH DAY AND CAN BE FINED. THEY CAN PULL OUR OPERATING LICENSE.

PLEASE CHECK THE ORANGE SHEET FOR ADDITIONAL FEES DUE FOR LATE PAYMENT, LATE PICKUP, BREAKFAST, FIELD TRIPS, AND DAY CARE FEES. DAY CARE AND ORANGE SHEET PAYMENTS ARE DUE ON MONDAYS. WHEN YOU INCLUDE YOUR ORANGE SHEET MONIES IN YOUR CHECK, MAKE CHECK PAYABLE TO: SHARON HOGAN. DAY CARE BILLS MUST BE KEPT CURRENT. THE LATE PAYMENT FEE IS \$30.00 PER DAY.

WE CLOSE AT 5:30 P.M. AND THE LATE PICKUP FEE IS \$10.00 PER CHILD PER MINUTE FOR THE FIRST FIVE MINUTES AND \$1.00 PER CHILD FOR EACH ADDITIONAL MINUTE THEREAFTER.

Non-Sufficient Checks – WILL BE CHARGED \$50.00 AND CASH MUST BE PAID FROM THAT POINT FORWARD. NO POST-DATED CHECKS.

MEDICATION IS DISPENSED ONLY AT 11:00 & 3:00 WITH A SIGNED NOTE.

NEVER LEAVE A CHILD IN AN UNATTENDED VEHICLE!

- In just 10 minutes, a car's temperature can increase by 19 degrees
- Before getting out of your car, check the back seat... Don't forget your child!
- Never leave your child alone in a car & CALL 911 IF YOU SEE A CHILD LOCKED IN A CAR!
- Place something in the back seat that you will need that day.

Developed by: Prevention Unit / Office of Family and Community Services

| Parent Print Name | Parent Signature |
|-------------------|------------------|
| Student's Name(s) | |