



Please print CLEARLY.

CHILD CARE APPLICATION FOR ENROLLMENT

Today's Date: _____

CLASSROOM: _____

Date of Enrollment: _____

Student Information:

Date of Birth: _____

Sex: _____

Full Name:

Last First Middle Nickname:

Child's Address:

Ethnicity (optional): Caucasian: _____ African American: _____ Hispanic: _____

Asian-American: _____ Native American: _____

Multiple Ethnicity: _____ Other: _____

Approximate Hours of Care: From: _____ To: _____

Days of the Week in Care: M T W Th F

Meals Typically Served While in Care:

Breakfast Lunch Afternoon Snack

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home: _____ Home: _____

Cell: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

REQUIRED: Primary Email: _____

Secondary Email: _____

Custody: Mother __ Father __ Both __ Other __ Notes: _____

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: _____

Doctor: _____ Address: _____

Phone: _____

Dentist: _____ Address: _____

Phone: _____

Hospital Preference: _____



Please print CLEARLY.

Allergies - Please list **all allergies**, special medical or dietary needs, or other areas of concern:

Immunization and Physical: Per DCF Regulations, the Child Care Center must have a current DH Form 680 and an up to date Physical form (physicals are good for 2 years).

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY"

Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items, agree to submit the proper documentation in a timely manner, and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Updated:

Signature of Parent/Guardian

Date

Updated:

Signature of Parent/Guardian

Date

PARENT HANDBOOK, POLICIES, AND GUIDELINES AGREEMENT

Child's Name: _____

Date of Birth: _____

I understand that I am responsible and need to abide by the information contained in the Easterseals Child Development Parent Handbook and Welcome Guide including the following (Please initial next to each category):

- _____ *General Information*
- _____ *Enrollment Requirements*
- _____ *Parent letter addressing tuition rates*
- _____ *Arrival/Departure Guidelines and Child Release Agreement*
- _____ *Authorization to Access Child's File*
- _____ *Recent changes to the DCF Child Care Rules and Regulations*
- _____ *"Child Parent Rights" information*

Policies:

- _____ *Attendance Policy*
- _____ *Communicable Disease Policy*
- _____ *Discharge Policy*
- _____ *Discipline Policy*
- _____ *Keeping Children Healthy Policy*
- _____ *Late Pick-up Policy*
- _____ *Suspension and Expulsion Policy*
- _____ *Vacation Policy*

I have received a copy of the Easterseals Parent Handbook which includes the above policies.

Parent/Guardian Signature

Date



Please print CLEARLY.

CHILD RELEASE AGREEMENT / AUTHORIZATION

Name of Child: _____

Approximate Time of Arrival: _____

Approximate Time of Departure: _____

List all persons permitted to remove your child from our facility. Please **include yourself** and the other parent, if authorized.

Name	Relationship	Address	Phone Number

Please add any additional information about departure: _____

Note: At **NO** time shall your child be released to an unauthorized individual. Should there be undetermined custody of your child, all parties involved must agree to in writing to the individuals listed on this form to whom the child may be released. If legal custody has been determined, copies of the custody papers **MUST** be submitted and kept with your child's registration forms. Persons must be at least 18 years of age or older to pick students up.

Parent/Guardian Signature

Date

Updated:

Parent/Guardian Signature

Date



Please print CLEARLY.

"MEET MY CHILD INFORMATION FORM"
(To be completed by Parent/Guardian)

Dear Teacher,

I would like for you to meet my child.

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Daytime Phone: _____

My child responds to being called: _____

Emergency Contact (Name and Number): _____

Other people in my home (Name and Relationship):

The best way to keep in touch with me is by: Email _____ Phone _____ Notes _____

Expected drop off time is: _____ Expected pick up time is: _____

My goals and expectations of what my child will learn at Easterseals Child Development Center are:

I am available to help connect with my child's school and classroom by:

_____ Volunteering for classroom parties or events (Costume Parade, Holiday party)

_____ Volunteering for school events (Fall Festival, Picture Day, etc.)

_____ Donate classroom supplies

_____ Help laminate, cut, prep visuals

_____ Become a member of our Family-Teacher Organization (FTO)

GENERAL INFORMATION

1. At home my child communicates with us by (looking, touching, smiling to respond to question, facial expressions, speaking, sign language, etc.): _____

2. My child's favorite toy is: _____
3. My child's favorite play activity is: _____
4. When unhappy or uncomfortable, my child will: _____

5. The best way to soothe my child is: _____
6. My child does does not use a pacifier
7. My child does does not enjoy comforting by physical contact (caressing, rocking, stroking, holding, walking with, etc.)
8. My child does does not enjoy music
9. When my child is not feeling well, he/she is (fretful, cries easily, quieter than normal, sleeps for longer periods of time, etc.): _____

10. My child has has not attempted to run away from a child care center or school.

MEDICAL *If receiving, please complete therapy contact form and release

1. Please list all current diagnoses: _____

2. Please list all current therapies*: (ex. speech, OT, PT, behavioral) _____

3. Medications for my child include: (kind, reason, how often, etc.): _____

4. When on medication my child may not act differently may. Explain: _____

5. My child does does not have allergies.
6. Smoking does does not occur in my house.
7. My child does does not have seizures.
8. My child has has not had surgery.
9. My child does does not have a diagnosed behavior disorder.
10. My child does does not use aerosols or breathing treatment.

Child's Name: _____

TOILETING

1. My child wears diapers _____ or training pants _____.
2. My child urinates about _____ times during a normal day.
3. My child has bowel movements _____ times during a normal day.
What is usual consistency (constipation, diarrhea) _____
Do some foods cause a change in the stools? _____ yes _____ no
4. My child is _____ is not yet _____ toilet trained.
5. Special equipment used for toileting at home: _____

SELF CARE

1. My child is bathed in (bath, tub, sink, etc.) _____
2. Special equipment for bathing includes: _____
3. He/ She helps with (face, hands, etc.) _____
4. My child's teeth are brushed by him/herself _____
by me (parent/guardian) _____.
5. My child can help with dressing by:

Taking off clothes _____		putting on clothes alone _____
Pulling off shirt _____		putting on shirt _____
Pulling off pants _____		putting on pants _____
Pulling off shoes _____		putting on shoes _____

 Moving body parts to accomplish dressing/undressing _____ yes _____ no
 Other _____

Child's Name: _____

SLEEPING

1. My child usually goes to bed at _____ and gets up at _____.
2. During the day, he/she does does not nap.
If yes, for how long and at what time? _____
3. My child does does not normally have difficulty going to sleep.
4. My child does does not wake up crying during the night.
5. My child sleeps in a bed crib other

FEEDING

1. My child drinks from a bottle cup.
2. My child does does not feed him/herself.
3. When eating, my child needs help to: _____
4. My child eats (baby-puréed, junior, chopped, table) foods. _____
5. My child eats _____ meals per day. Normal portions? _____ Yes _____
_____ # of portions
6. His/her favorite foods are: _____
7. He/she does not like: _____
8. His/her favorite drinks are (type of juice): _____
9. Foods my child should not eat are: _____
10. When my child has had enough, he/she will: _____
11. My child has food allergies to: _____
12. Other information/comments such as hand preferences, favorite song, good-poor eater, or any special interests pertaining to my child _____



Please print CLEARLY.

FINANCIAL RESPONSIBILITY AGREEMENT

This Financial Responsibility Agreement (this "Agreement") is to inform you of your financial obligation to Easterseals Northeast Central Florida ("Easterseals") for childcare/education services rendered. Responsible Party is the individual financially responsible for payment of services.

Tuition: Weekly tuition fees are paid in advance; therefore, payment is due on Friday, prior to services rendered. Payment obligation does not change, regardless of actual hours of attendance. _____ (initial)

Late Fees: Weekly tuition must be paid no later than the Friday preceding the week of service. Tuition is considered late if not paid in full by 6:00 pm Monday and late of \$25.00 will be charged to your account. _____ (initial)

Withdraw: I understand that I am required to give a minimum of one (1) week's written notice of my child/children's withdrawal. If absent for 2 weeks or more and tuition has not been paid, my child will automatically be discharged and I will need to re-enroll my child by paying any outstanding balances and an additional \$50.00 registration fee. _____ (initial)

Returned Check Fee: I understand that I will be charged a \$25.000 returned check fee for any non-sufficient funds (NSF) or closed account. This fee will automatically be charged to my account along with the initial amount of the check. _____ (initial)

Food Program: I understand that the food program is included in my child's weekly tuition costs and that during the initial registration process I am to fill out the food program forms with current income. However, if my income changes during the course of my child's enrollment, I have fourteen (14) day to complete and submit updated food program forms reflecting my new income. _____ (initial)

Collection Policy: In the event of collection proceedings or legal action to collect an overdue balance, I understand and agree that any reasonable costs will be charged to the account in question. _____ (initial)

Furthermore, if I am receiving assistance for childcare from the Early Learning Coalition of Flagler & Volusia (ELCFV), I understand it is my responsibility to make sure that my childcare assistance is renewed on time and does not terminate.

If it does terminate, I understand that I am obligated to pay for childcare services received from the date the services are terminated at the regular rate until my funds are renewed.

My signature confirms that I have read this Agreement, understand my financial responsibility and agree to these terms, and accept full responsibility for tuition and fees.

Print Name of Responsible Party

Signature of Responsible Party

Date



Please print CLEARLY.

Signature of Authorized Easterseals Agent

Date

**AUTHORIZATION FOR EMERGENCY
MEDICAL/DENTAL TREATMENT**

Child's Name: _____ Date of Birth: ____/____/____

Sex: M _____ F _____

Parent/Guardian's Name: _____

Address: _____
(Street Address) (City) (State) (Zip)

Telephone: (Home) _____ (Work) _____ (Cell) _____

Child's Physician: _____

Address: _____ Telephone: _____

Medical Coverage (if applicable) _____ Insurance Company _____
Medicaid _____

Insurance Company's Name: _____

Address: _____ Telephone: _____

Policy #: _____ Medicaid #: _____

Child's Allergies: _____

Medications taken regularly & dosage: _____

I, _____, hereby give my consent to _____
(Parent/Guardian) (Provider)

To seek emergency medical/dental treatment for my child, _____

I hereby release Child Care Resource Network, Inc. of any and all liability, as a result of any negligent medical/dental treatment.

Signature: _____

Date: _____

Child Photo Release Form

DATE: _____

I hereby certify that I am the parent/guardian of _____, a child under the age of 21 years, and hereby:

- CONSENT**
 DO NOT CONSENT

that narratives, photographs, videotape, film, and/or other sound recordings made by Easterseals may be used by Easterseals, and those acting with its permissions, in connection with the work of Easterseals. Such use may include print or internet publication, illustration or broadcast in connection with the work of Easterseals. Parent/guardian may, at any time, revoke permission for their child to be photographed or videotaped by notifying Easterseals in writing.

*I **CONSENT/ DO NOT CONSENT** for my child to be photographed for the use of classroom projects/bulletin boards:*

- CONSENT**
 DO NOT CONSENT

I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof:

Parent or Guardian: _____

Witness for Easterseals: _____

Permission for Food Related Activities and Special Occasion Food Consumption

Pursuant to 65-22.005(1) with F.A.C. licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. The activities include such things as classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ (parent or legal guardian) give/decline permission for my child, _____ to participate in food related activities and special occasions where 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):

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 at Easterseals Northeast Central Florida Child Development Center.

Parent or Legal Guardian Signature

Date



Please print CLEARLY.

THErapy TREATMENT PERMISSION FORM

While my child is enrolled in the Easterseals Child Development Center or Easterseals Charter School, I authorize that (child's name): _____, can receive Occupational, Physical, and/or Speech therapy when I am not in attendance. I understand that the therapy may occur in the classroom or another location at Easterseals, including the playground.

Parent/Guardian Signature

Date



Please print CLEARLY.

DEVELOPMENTAL SCREENING FORM

Dear Parent/Guardian,

Easterseals offers a Developmental Screening Process to help determine any supports that your child may need. Areas screened may include gross motor, fine motor, communication, social/emotional, hearing, vision, dental and problem solving.

The initial screening will be conducted by your child’s teacher or qualified staff from Easterseals. You will be given the outcome of the screening in writing and we will discuss any results with you that may require a next step. Should it be appropriate, Easterseals will help you make necessary referrals to your physician, the Early Steps Program (for children under 3) or Child Find (for children over 3).

Different screening tools used may include the Battelle Development Inventory (BDI), VPK Assessment screen, ASQ, ASQ-SE, and VB-MAPP.

Easterseals is pleased to offer you these services as part of your enrollment in our Easterseals Child Development Centers. If you have any questions or concerns, please do not hesitate to reach out to us.

Permission for Developmental Screening

I, _____ hereby give permission for my child,

_____ to be administered screenings by Easterseals teachers and/or qualified staff.

I hereby give permission to refer my child to the Early Steps Program if needed.

Parent/Guardian Signature

Date



Please print CLEARLY.

Client Release of Records

Child: _____

Date of Birth: _____

I hereby authorize the following persons and/or agencies to engage in verbal or written communication for my child. All pertinent records and information can be released. I am aware that this information will be strictly confidential and will be used in my child's best interest in order to provide the best medical, education, and/or social services management. I am aware that I may deny "consent for disclosure" to any of the agencies designated below.

The agencies authorized to exchange information when appropriate include:

****ONLY AUTHORIZED TO THOSE INITIALED****

- | | |
|---|---|
| <input type="checkbox"/> Act, Inc. | <input type="checkbox"/> HANDS Direction Service |
| <input type="checkbox"/> Child Find / FDLRS | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Children's Home Society | <input type="checkbox"/> Health & Rehabilitation Services |
| <input type="checkbox"/> Children's Medical Services | <input type="checkbox"/> Early Learning Coalitions |
| <input type="checkbox"/> Division of Blind Services | <input type="checkbox"/> Early Steps Program |
| <input type="checkbox"/> Easterseals Society | <input type="checkbox"/> Volusia County Health Department |
| <input type="checkbox"/> Flagler County Health Department | <input type="checkbox"/> Volusia County Schools |
| <input type="checkbox"/> Flagler County Schools | <input type="checkbox"/> Other |

The following records may be exchanged:

- | | |
|--|---|
| <input type="checkbox"/> Income Verification | <input type="checkbox"/> Occupational Therapy Records |
| <input type="checkbox"/> Individual Service Plans | <input type="checkbox"/> Speech/Language/Hearing Reports |
| <input type="checkbox"/> Medical/Dental/Vision Records | <input type="checkbox"/> Physical Therapy Records |
| <input type="checkbox"/> Occupational/Physical Therapies | <input type="checkbox"/> Social/Developmental History |
| <input type="checkbox"/> Psychological/Educational Reports | <input type="checkbox"/> Staffing Reports – Individual Education Plan |
| <input type="checkbox"/> Psychological/Psychiatric Testing/Reports | <input type="checkbox"/> Teacher/Parent Observations |
| <input type="checkbox"/> | <input type="checkbox"/> Other |
| <input type="checkbox"/> | <input type="checkbox"/> |

Information will NOT be disclosed to any other party without prior written consent of the parent.

Parent/Guardian Signature

Date

Therapy Contact Form and Release

Speech Therapy

Provider	
Address	
Phone Number	
Frequency	
Enrolled since:	

Occupational Therapy

Provider	
Address	
Phone Number	
Frequency	
Enrolled since:	

Physical Therapy

Provider	
Address	
Phone Number	
Frequency	
Enrolled since:	

Applied Behavior Analysis (ABA) Therapy

Provider	
Address	
Phone Number	
Frequency	
Enrolled since:	

I, _____, consent to the release of records from these agencies to Easterseals in an effort to coordinate services and goals and inform any teachers and administrative staff of successful teaching techniques for my child _____.

Parent Signature

Date

**AUTHORIZATION TO ACCESS CHILD’S FILE
LOG RECORD OF FILE ACCESS**

I hereby authorize employees of Easterseals (both teachers and administration) to access my child’s enrollment information, including family information, medical information, email, addresses and phone numbers of individuals authorized to bring my child to and from school. These records will be secured/maintained in the school office.

Student information will not be given to others for any purpose. The information in the file will be utilized (only by Easterseals employees) to implement and support activities and progress to benefit the child.

Information from this file may not be released without written permission from the parent.

_____ *Child’s Name*

_____ *Parent Signature*

_____ *Date*

Record of File Access

Date	Name	Reason to Access File



Please print CLEARLY.

Easterseals Child Development Center
Voluntary Prekindergarten (VPK) Attendance Policy
2020-2021

Easterseals VPK program begins Monday, August 31, 2020. The program hours are **8:00 a.m. - 11:00 a.m. Monday-Friday.** If your child requires care before or after VPK program hours you may enroll him/her in the extended day program for a nominal fee.

Tardiness

VPK instruction begins promptly at 8:00 a.m. We require children to arrive before that time to be counted as "present" for that day.

Absences

If a child enrolled in the VPK program accumulates too many absences, 20% or more of the total VPK hours (approximately 36 VPK days), Easterseals will not be reimbursed by the State of Florida.

Late Pick Up

Children not enrolled in the Easterseals Aftercare/Wrap Around program must be picked up at 11:00 a.m. daily. **A late fee will be assessed beginning at 11:05 a.m., at the rate of \$1 per minute.**

Verifying Attendance and Absences

Children must be signed in and out of the program daily! Signatures must include a first and last name (no initials). Parents must also complete mandatory Attendance Verification forms monthly. These forms are located in binders at the front desk of the child care center.

By signing below, I acknowledge that I have read, understand, and will comply with the Easterseals VPK Attendance Policy.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Child Printed Name

Suspension and Expulsion Policy

Easterseals recognizes the importance of a strong family partnership. We strive to create bonds with the children and their families in our care. We promote positive interactions among children and work to help them acquire the age appropriate skills needed to solve problems. As outlined in the program's discipline policy, we use redirection and age appropriate positive behavior supports.

If a child continually exhibits behaviors that are considered challenging and result in repeated harm to person or property, Easterseals may suspend the child for the remainder of the day to review the circumstances and gather supports for an improved next day. We will also work with the family in the following way:

- *Communicate the behaviors emitted and teacher responses used to redirect behavior in our setting.*
- *Contact necessary community resources (e.g., The Early Learning Coalition, Early Steps or Child Find), to provide center supports and assistance.*
- *Work with the parents to access community services such as behavioral counselors and other comprehensive services.*

We understand that a child's suspension and/or expulsion from our care may affect a parent's ability to work; as a result, we are dedicated to providing environmental arrangements for success, additional recommended support from other providers and collaboration with parents. If, following one month of these measures, improvements are not seen, Easterseals will recommend other placement.

Additionally, in rare instances, there may be cause to dis-enroll a child based on actions from a parent or guardian. In the instance that a child has been unenrolled, the parent will be required to pay the total amount of balance owed. Immediate causes for disenrollment:

- *A parent/guardian exhibiting dangerous behavior or is physically/verbally abusive or intimidating to staff, children, or others at the Center.*
- *Refusal to follow through with referrals for medical or behavioral support*
- *A tuition payment is late by two or more weeks.*

I have read and received the Easterseals Suspension and Expulsion Policy.

Child's Name (printed): _____

Parent's Name (printed): _____

Signature: _____ *Date:* _____

Rilya Wilson Act

Rilya Wilson Act Requirements This law requires coordination by the staff of various departments and the Community-Based Care Provider staff with local education or child care providers. This activity is required by law and is designed to ensure the safety and well-being of specified children who are receiving funds for child care services

By signing below, I hereby acknowledge that I have received and read the accompanying information about the Rilya Wilson Act:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Child's Class/Teacher: _____

Witness for Easterseals: _____

Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<http://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf>

**** If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE****

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*:

Name: _____

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 to rest and to avoid giving the flu to other children and 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.



INFLUENZA VIRUS

**“The Flu”
A Guide
for Parents**

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

When life happens...Don't be a
**DISTRACTED
ADULT**



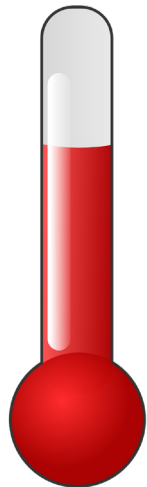


FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: _____ Center Name & Address: _____

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____ - _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	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?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

A. 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.

Total children's income: \$ _____	How often received? (check only one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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B. 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 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.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /

Total Household Members (children and adults): _____ **Last four digits of Social Security Number (SSN) of adult household member:** _____ If no SSN, write "none."

STEP 4: 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.

Home address (if available): _____ **Daytime phone #:** (_____) _____ - _____

Street Address, City, State, Zip 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 Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child **Total Household Size:** _____ **Total Household Income:** \$ _____

Eligibility Determination: Free Reduced-Price Non-needy **How Often Income is Received (Frequency):** Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 4. If you are applying for foster and non-foster children, complete STEPS 1, 3, and 4. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3: A.** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **B.** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 4:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Salary, wages, cash bonuses • Net income from self-employment (farm or business)	• Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules.

This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement.

Florida Department of Health

Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____