

### State of Florida Department of Children and Families

### **CHILD CARE APPLICATION FOR ENROLLMENT**

Student Information: Date of Birth:	Date of 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			
Family Information: Child's Lives With:				
Mother's Name:	Father's Name:			
Address:	Address:			
Home Phone:	Home Phone:			
Employer:	Employer:			
Address:	Address:			
Work Phone: Cell:	Work Phone: Cell:			
Custody: Mother Father Both	Other (specify):			
<u>Medical Information</u> : 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:				
Dentist: Address:				
Phone Number:				
Hospital Preference:				
Please list allergies, special medical or dietary needs, or	or other areas of concern:			

Emergency Contacts: Child will be released only to the custodial parent or legal quardian 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 or legal guardian cannot be reached: Work Phone Home Phone Address Name Work Phone Home Phone Name Address Address Work Phone Home Phone Name Work Phone Home Phone Name Address **Helpful Information About Child:**  Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. . 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, or Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=8411. Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the 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 Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider. 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

Emergency Care Plan Instructions (if applicable):

Date

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

Child's Name:	Center Name	Center Name & Address: LEILANY NURSERY SCHOOL 10316 W Flagler St Miami FL 33174							
Primary Hours of Care: From:To:Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None									
Please read the instructions and accompanying P	arent Letter before comp	oleting this form. If you	u need assista	ance completi	ng this form,	call: ( <u>305)</u>	223-3118		
STEP 1: Complete the following table for all I	NFANTS and CHILDRE	N through age 18 th	nat reside in t	the househo	ld, even if no	t related.	(Include o	child listed at top	of form)
Child's Name (Last Name, First Name)									naway? (circle)
		Yes N	lo	Yes	No	Yes	No	Yes	No
		Yes N	lo	Yes	No	Yes	No	Yes	No
		Yes N		Yes	No	Yes	No	Yes	
		Yes N		Yes	No	Yes	No	Yes	
STEP 2: Do any household members (childre	The second secon		ram (FAP/SN	IAP) or Temp	orary Assis	tance for	Needy Fa	milies (TANF) b	enefits?
If NO, go to STEP 3. If YES, enter one of the following	case numbers, then go to \$	STEP 5.							
FAP/SNAP Case Number:		or TANF	Case Number	r:    _	IIII	_1111_	IIII		
STEP 3: Children's Income Information (see	reverse side for what ty	pes of income to re	<b>port)</b> (skip th	is step if you l	isted a case	# in STEP	2)		
Children's Income – sometimes children earn of	or receive income. Enter	the total income rece	ived by all chi	ldren listed in	STEP 1, the	n check ho	ow often th	ne income is rece	eived.
Children's income – Total: \$		ved? (Check only one							
STEP 4: Household income and adult housel	hold member information	on (see reverse side	for what typ	es of income	e to report) (	skip this s	tep if you l	isted a case # in	STEP 2)
Adult Household Members and Income – list all adult from each source in whole dollars only (no cents) source, write "none" or "0." If you enter "none" or "0" or "0	and how often it is receive	ed (i.e., weekly, bi-wee	ekly, twice a m	onth, monthly	, or annually).	the total of For an add	gross incor ultthat does	me (before taxes not receive incom	& deductions) e from any
Adult Household Member's Name	Earnings fro	om Work	Public Assi	stance/Child	Support/Ali	mony	Pensions	/Retirement/All	Other Income
(Last Name, First Name)	(\$ Amount / He	ow often?)	(\$	Amount / Ho	w often?)		(\$	Amount / How	often?)
		eekly Biweekly Monthly wice a Month Annually	\$		ly Biweekly Monthly		5		Biweekly Monthly Month Annually
		eekly Biweekly Monthly wice a Month Annually	\$		ly Biweekly Month		5		Biweekly Monthly Month Annually
Total Household Members (Add STEP 1 & 4):		of Social Security I	Number (SSN				_		SN, write "none."
STEP 5: Contact information and adult signa		CHANGE BY BY AND A	EVERTER!	THE REAL PROPERTY.					
By signing below, I am certifying (promising) that all in funds and that institution officials may verify (check) the									e receipt of federal
Home address (if available):		, , ,	•					)	_
Tromo adaroso (ii avanabio).	Street Ad	dress, City, State, Zip C	ode			ayame p		/	
Signature of adult household member:		Р	rinted 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):         Not Hispanic or Latino   Not H									
Race (check one or more):   American Indian or Alaskan Native   Asian   Black or African American   Native Hawaiian or Other Pacific Islander   White									
Categorical Eligibility:   FAP/SNAP or TANF House	nold	Total Household S	ize:	Total Housel	nold Income:	S			
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:Revised 6/2019		Date:Page 1 of 2	Second P	arty Check Si	gnature:				Date: U-009-08



#### **DISCIPLINE POLICY**

Dear Parents,

Name of Child

We are required by Children and Families to provide parents with a written disciplinary policy. Please sign this form and return it to our office.

Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child to look over his or her behavior. We will encourage children to choose alternatives to improper behavior. To ensure a safe and successful program, discipline is a most. We welcome the ideas of the parents, so feel free to share them with us.

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The following steps will be used for behavior modification:			
1 <sup>st</sup> - Children will be corrected and asked to change their behavior.			
2 <sup>nd</sup> - Children will be redirected from situation.			
3 <sup>rd</sup> - Children will be placed in "Time Out".			
4 <sup>th</sup> - Parents will be contacted if behavior is not corrected.			
5 <sup>th</sup> - Children should not be subject to discipline which is severe, humiliating, or frightening.			
6 <sup>th</sup> - Discipline shall not be associated with food, rest, or toileting.			
7 <sup>th</sup> - Spanking or any other form of physical punishment is prohibited.			
8 <sup>th</sup> - Children may not be denied active play as consequence of misbehavior.			
Thank you,			
in the state of th			
I, have received in writing the disciplinary practices			
used by this child care facility.			
Signature of Parent or Guardian			

Date



# **Emergency Contact Information**

Child's full name:	Home phone number:		
Address:		,,	
	Cell:		
	Cell:		
Other family and/or friends:			
Applications of Seminary Supplies and Configuration Configuration Configuration	Relationship to child: Cell:		
Name:	Cen	Albert de la constitución de la	
Name:	Relationship to child: Cell: _		
Name:	Relationship to child: Cell: _		
Name:	Relationship to child: Cell: _	-	
Name:	Relationship to child:Cell: _		
Name:	Relationship to child: Cell: _		
Name:	Relationship to child: Cell:		

	ZETLANI ZETLANI	
	Authorize  Do not authorize  Leilany Nursery School to take pictures of	of(child's name) and
	share them on Facebook exclusively for parents.  I understand that if I do not authorize the publication of pictures, I will not be a other way, and pictures will not be taken at all.	ble to view them in any
	Signature  TETLANI  TERROSERY SCHO  Yo  el dia	
	Yo, el dia	de
- 11	A Leilany Nursery School tomarle fotos a y compartirlas en facebook en una pagina exclusiva para los padres.	(nombre de el nino(a))
	Entiendo que si decido no autorizar la publicacion de las fotos, no tendre otra no consiguiente no se tomaran fotos de mi nino(a).	nanera de verlas, y por
PAIL	Firma	Shire S

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:	7.

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: <a href="http://www.cdc.gov/flu/">http://www.immunizeflorida.org/</a>



# 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.

### A 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.

## 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\*\*

My signature below verifies receipt of the Flyer on the Rilya Wilson Act from the Department of Children and Families.

Name:	
Child's Name:	
Date Received:	
Signature:	

Please complete and return this portion of the flyer to your child care provider, in order for them to maintain it in their records

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