



# SUNRISE EARLY LEARNING ACADEMY

## Child Enrollment Form

<b>Student Information</b>	Date of Birth: _____	Sex: M/F
Full Name: _____		
Last	First	Middle
Nickname _____		
Child's Physical Address: _____		
Primary Hours of Care: From: _____ To: _____		Days of the Week in Care: M T W Th F
<i>How did you hear of us?</i> _____		

**Family Information**

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Employer: _____	Employer: _____
Primary Contact Number: _____	Primary Contact Number: _____
Work Number: _____	Work Number: _____
Last 4 of SS#: _____	Last 4 of SS#: _____
<b>Email Address:</b> _____	<b>Email Address:</b> _____
Custody: Mother _____ Father _____ Both _____ Other _____ Child Primarily Lives With: _____	
Primary Account Holder: _____	

**Authorized Emergency Contacts**

The safety of children in our center is our top priority. Center staff will release your child only to the parents/guardians listed or to the other emergency contacts you authorize below (*18 and up*). For your child's safety any time a person we do not recognize comes to pick up your child we will ask for a government-issued photo ID. 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 guardian cannot be reached:

	Name	Relationship to Child	Address	Phone Number
Contact 1				
Contact 2				
Contact 3				
Contact 4				

## Care Information

Our goal is to provide your child with excellent education and care. We have a few questions that will help us be better prepared to meet your child's individual needs. Please indicate if your child receives any of the following supports:

Physical Therapy     Speech Therapy     Occupational Therapy     Applied Behavior Analysis  
 Mobile device     Communication device     Visual support     Auditory support

Would you like your child's therapists to deliver services at the center? Y/N

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff?

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Allergies and their reaction: \_\_\_\_\_

Are any of the allergies life threatening? Y/N (If yes, please speak with the Director regarding an Allergy Plan)

List of current medications: \_\_\_\_\_

## My Child's Medical Information

Primary Doctor Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

## Emergencies

In case of an emergency possibly requiring medical attention, I understand that the center staff will attempt to contact me immediately. I also authorize center staff to: Consult the physician named above; Administer first aid and/or cardiopulmonary resuscitation; Transport my child via ambulance to a local hospital or other urgent care facility; Obtain any emergency medical, surgical, or dental treatment deemed necessary by medical authorities.

## Medication

I will provide written permission for center staff to administer medication with written instructions from me or the child's health care provider, as permitted by local child care licensing regulations. I will complete and sign authorization forms.

I will provide the medication in its original container (with the pharmacist's label for prescriptions).

## Immunizations

I will provide the center with updated immunization documentation (expiration date listed on form) or an exemption for my child as well as a current physical (valid for two years).

## Illness

If center staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child contracts a contagious illness, I understand that my child may return only when he/she is well, as described in the Family Handbook.

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Parent/Guardian Signature

Date

## Center Hours

The center is open from 6:30am to 6:30pm, Monday-Friday.

We will be closed New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and day after, as well as Christmas Day. The center will be open whenever possible on a regularly scheduled day except in the case of severe weather or other emergency. Tuition is not reduced as a result of center closures.

## Regular Schedule

Tuition is assessed on the child's regular schedule and not attendance. Tuition and fees are not pro-rated for illness, holidays, or emergency closures.

## Absences

I will notify the center by 9:00am when my child will be absent. Full tuition is due if my child is absent for one or more days. In the event that my child is completely absent all week I will be granted a discount for that week.

## Tuition and Fee Information

Late Payment Fee: I understand that tuition is due weekly in advance of services rendered. Tuition is considered late after 11:59pm Monday and a late fee of \$25 will be automatically charged.

Late Pick-Up Fee: A late pick-up fee per child of \$25 per 15 min starting at 6:31pm will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after hours service. The late pick-up fee will be assessed regardless of which authorized pick-up person picks up.

Registration Fee: A non-refundable one-time registration fee of \$100 per family is due at the time of enrollment. If my child has withdrawn from the program and subsequently re-enrolls, a new registration fee is due at that time.

Monthly Supply Fee: A monthly supply fee of \$10 per child is assessed on the 1st day of each month.

## Child Supplies

Diapers and wipes are not included in my child's tuition. I agree to provide these items as needed in a timely manner. If I fail to provide my child with diapers and center supply must be used, I understand that I will be charged \$2 per diaper.

Requested items to provide for your child, as applicable:

Toddlers and Two Year Old's	Preschool and VPK	School Age
<ul style="list-style-type: none"><li>Bottles or cups, if you choose to bring them, <b>must be labeled with first and last name</b></li><li>Extra clothes to leave at school</li><li>Diapers and wipes</li></ul>	<ul style="list-style-type: none"><li>If you choose to bring a cup or water bottle, it <b>must be labeled with first and last name</b></li><li>Extra clothes to leave at school</li><li>Diapers/pullups, wipes, and/or extra underwear</li></ul>	<ul style="list-style-type: none"><li>Extra clothes to leave at school</li><li>If you choose to bring a cup or water bottle, it <b>must be labeled with first and last name</b></li></ul>

# Financial & Other Terms

**Payment Authorizations** I authorize Sunrise Early Learning Academy to:

- Process my payment according to my instructions through the online iCare portal as per payment processing terms & conditions either one time or for recurring payment (Autopay).
- Maintain the payment authorization granted online in effect until I remove the authorization from the online portal.
- Attempt to collect on returned (unsuccessful) payments up to two additional times.

**Financial Obligations** I understand:

- As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility.
- Payments that I authorize will be made from a bank or financial institution account (the "Payment Method") that I designate.
- It is my responsibility to establish and maintain the Payment Methods and to pay all fees associated with this contract.
- Accounts two weeks in arrears may result in immediate termination of services; however, upon payment, enrollment may be reinstated with applicable paid tuition.
- Overdue accounts may be referred to a collection agency. I am responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account.
- Families with returned electronic check activity will be subject to a returned item fee of \$45.
- There is a no refund policy in effect and any prepaid balance which remains at the time of my child's disenrollment will not be refunded.
- Two weeks written notice is required prior to the last day of attendance. If I do not give written notice of withdrawal, I agree to pay full tuition and fees due for the final two weeks regardless of my child's attendance.

## Photography of Children

I do/do not give permission for my child to be photographed and videoed in the center and during program function. I understand that the photographs/videos may be taken by center staff or by other parents/guardians, and by giving permission I consent to the use of these photographs/videos for communication purposes, such as communication with families and internal business communication by email, website, mobile applications, or other means.

Parent/Guardian Initials \_\_\_\_\_

## Other Terms

### Assessments and Screenings

I give permission for my child to participate in early learning assessments and screenings administered by Sunrise Early Learning Academy. The results of these assessments will be used by Sunrise to measure my child's progress and may be used to evaluate, market, and update our programs. I will have access to all results of these assessments.

### Babysitting

We do not encourage private babysitting by our staff. If you hire any of our employees, however, how that works is solely between you and the employee. Sunrise Academy is not responsible for those services.

### USDA Non-discrimination Statement

In accordance with Federal Law and U.S. Department of Agricultural policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish).

Sunrise Early Learning Academy is an equal opportunity provider.

The Sunrise Early Learning Academy **Parent Handbook** can be accessed at any time within the iCare portal on the top right dropdown button. Please familiarize yourself with our center policies and procedures and use it for reference.

## Florida State Regulations

- 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**. *Attendance will not be permitted after 30 days if not received and/or kept current\*\**
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24). *Located within this enrollment packet\**
- Section 2.8 of the Child Care Facility Handbook requires that parents be notified in writing of the disciplinary and expulsion policies used by the Childcare Facility. *Located within this packet, but please reference Parent Handbook for details regarding all school policies\**

I have read, understand and accept all of the terms in this Agreement. I specifically consent to Sunrise Academy collecting and using my information as described in this Agreement. I will promptly update any information provided for in this Agreement if any information changes. A child may be dis-enrolled by the center without prior notice if, in the sole opinion of the center, it is in the best interest of the child or the center. We reserve the right to alter policies and/or program at any time. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part by the center with 30 days' notice.

Your Signature Below indicates that you have read, received, and understand all enrollment requirements and responsibilities and that the information on this enrollment form is complete and accurate.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_



# Sunrise Early Learning Academy

## Annual Enrollment Application Review

Please review your child's enrollment application and make any necessary changes and/or modifications. Please sign to confirm that the information is current and correct for the new school year.

*\*\* This form only to be used annually post initial enrollment, in lieu of filling out an entirely new application each school year during the course of enrollment.*

Print Name	Signature	Date

# Sunrise Early Learning Academy

## EXPULSION/TERMINATION POLICY

At Sunrise Early Learning Academy we strive to provide a safe, healthy, enriching, and stimulating environment for all our students, families, and staff. Unfortunately there are occasional reasons which require us to remove a child from our program either on a short term or permanent basis in order to maintain a safe space for all. We will do everything possible to work with the family of the child(ren) in order to prevent a child from being involuntarily removed from our program.

The following are reasons we may have to terminate or suspend enrollment from Sunrise Academy:

### **Immediate Causes**

- The child is at risk of causing serious injury to other children or him/herself
- Parent threatens physical or intimidating actions toward the staff members
- Parent exhibits verbal abuse to staff or other individuals

### **Parental Actions**

- Failure to pay/habitual lateness in payments
- Failure to complete required forms including the child's immunization records
- Habitual tardiness when picking up your child after the close of the business day

### **Child's Actions**

- Failure of child to adjust after a reasonable amount of time
- Inability to generally cooperate with the classroom schedule or program
- Health and safety or behavioral needs requiring one on one care
- Continued and ongoing uncontrollable tantrums/angry outbursts
- Ongoing risk of physical harm (or verbal abuse) to staff, other children, or self
- Excessive biting or scratching

Prior to removal from our program a parent will be contacted and correspondence (normally in the form of incident reports, if applicable) will be provided indicating what the concern is. Every effort will be made by both the center and the parent to address or correct the problem. If after one to two weeks and depending on the risk to self or other childrens' welfare or safety the concern does not improve or get properly resolved, -then we can no longer accommodate your child and enrollment will be terminated.

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Parent Signature

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Date

## PARENT LETTER FOR NON-PRICING PROGRAMS

Dear Parent/Guardian:

Date: 07/01/2025

We participate in the Child Care Food Program (CCFP), which provides reimbursement for serving nutritious meals to enrolled children. All meals served must meet meal pattern requirements established by the U.S. Department of Agriculture (USDA). In the operation of USDA child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

The information requested on the attached Free and Reduced-Price Meal Application is necessary so that we may receive reimbursement for meals served to your child while in care. The amount of reimbursement we receive from the CCFP depends on the household income status of the enrolled children. Please complete the attached application, sign, date, and return it to the address listed below. **Please refer to the back of the application for full instructions.** Your application will be placed in our files and kept confidential.

Children from households that receive Food Assistance Program (formerly known as the Food Stamp Program) or TANF (Temporary Assistance for Needy Families) benefits are eligible for free meals. Children enrolled in Head Start or Early Head Start (HS/EHS) are eligible for free meals, subject to the submission of official, acceptable HS/EHS enrollment documentation. With proper documentation, HS/EHS children will not need Free and Reduced-Price Meal Applications. Foster children are eligible for free meals regardless of the income of the household with whom they reside, subject to the submission of official, acceptable foster care agency/court documentation or a Free and Reduced-Price Meal Application. Children from households with total incomes less than or equal to the levels listed below are eligible for either free or reduced-price meals.

### INCOME ELIGIBILITY GUIDELINES (Effective July 1, 2025 - June 30, 2026)

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add	<b>+10,175</b>	<b>+848</b>	<b>+424</b>	<b>+392</b>	<b>+196</b>

### HOW TO COMPLETE:

If any member of your household currently receives Food Assistance Program (FAP) or TANF benefits, then any child in the household is eligible for free meals. The application must include the child's name, the FAP or TANF case number, and the signature of an adult household member.

If completing a Free and Reduced-Price Meal Application for a foster child, the application must identify the child as a foster child, and include the child's name, any "personal use" income, and an adult's signature. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

If you do not list a FAP or TANF case number, or if the child is not a foster child, the application must include:

- the child's name;
- the names of all household members, including spouse, children, parents or other persons who live with you in the same household;

- the amount of income each person usually receives (before deductions for taxes, social security, etc.), how often it is received, and where it is from, such as wages, retirement, or public assistance. For self-employed persons, list net income. Net income is defined as gross receipts less operating expenses. For persons who do not receive any income, write "0" or "None";
- the signature of an adult household member; and
- the last four digits of the social security number of the adult household member who signed the application or the word "none" if that adult does not have a social security number.

**VERIFICATION:** Your application may be reviewed by the child care center or other officials at any time during the year to determine if it has been correctly approved. **CONFIDENTIALITY:** The information that you report will be used only to determine eligibility for free or reduced-price meals in the CCFP. **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the year. If you are not eligible now but your household experiences a change, such as, a decrease in household income, an increase in household size, unemployment or receipt of Food Assistance Program or TANF benefits, then complete a new application.

Sincerely,

**Dina B., Admin**  
 Name and Title of Child Care Center Representative

**Sunrise Early Learning Academy**  
 Name of Child Care Center

**2771 Monument Rd, Ste 3**  
 Address

**(904)928-3101**  
 Phone Number

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
 U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410; or
2. **fax:**  
 (833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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

**Child's Name:** \_\_\_\_\_ **Center Name & Address:** \_Sunrise Early Learning Academy 2771 Monument Rd, Ste 3\_\_\_\_\_

**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 Parent Letter before completing this form. If you need assistance completing this form, call: ( 904 ) 928-3101

**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
		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 5.

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

**STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

**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.

**Children's income – Total:** \$ \_\_\_\_\_ **How often received? (check only one):**  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

**STEP 4: 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)**

**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?)
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually

**Total Household Members** (Add STEP 1 & 4): \_\_\_\_\_ **Last four digits of Social Security Number (SSN) of adult household member:** \_\_\_\_\_ If no SSN, write "none."

**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.

**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)**

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

**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:** Skip this step. **STEP 5:** 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 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. 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:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** 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 circle 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 5:** 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	<b>Earnings from Work</b>	<b>Public Assistance/ Alimony/Child Support</b>	<b>Pensions/Retirement/All Other Income</b>
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**

## 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 Centers 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.

Child Name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

# THE FLU

## A Guide for Parents



For additional information, please visit [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare) or contact your local licensing office.

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



## 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 settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



*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.*

**For additional helpful information about the dangers of the flu and how to protect your child, visit: [www.cdc.gov/flu/](http://www.cdc.gov/flu/) or [www.immunizeflorida.org/](http://www.immunizeflorida.org/)**

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...

Child Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**WHEN LIFE  
HAPPENS...  
DON'T BE A  
DISTRACTED  
ADULT**





## Distraction 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.*



## 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.



## Parent's Role

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

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

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, you should consider the facility's quality indicators related to activities, caregivers, and environment.

### Quality Activities

- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

### Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

### Quality Environments

- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.



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# KNOW YOUR CHILD CARE FACILITY

# Know Your Child Care Facility - General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

## Health Related Requirements

### Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

## Ratios



<b>Age of Child</b>	<b>Child: Teacher Ratio</b>
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

## Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

## Food and Nutrition

Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

## Record Keeping

### Maintain accurate records that include:

- Children's health exam/immunization record.
- Medication records.
- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and administration of medications.

## Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.



**To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline 1.800.962.2873**