



Application for Enrollment

Student Information
Enrollment Date _____

Classroom _____

Child's Full Name _____ M / F **Date of Birth** _____

Nickname _____

Address _____ City _____ Zip _____

Home Phone _____

Primary Hours of Care: From: _____ to _____

Days of the week in care: M T W TH F

Child lives with: Mother Father Both or Guardian (please pick one)

Father's Name _____

Email address _____

Profession: _____

Employer: _____

Cell phone: _____ Work Phone: _____

Mother's Name _____

Email address _____

Profession: _____

Employer: _____

Cell phone: _____ Work Phone: _____



Child: _____

Emergency Contact/Medical Information/Medical Release

Helpful information about your child:

History of any serious illnesses, operations, or injuries and if so, at what age

Is child on any medications _____ If so, which and why?

Does your child have any allergies known to you (including medication)? If none, state so.

Allergic reaction occurs through (please check):

- ☐ ingestion
☐ contact
☐ airborne

Is medication required? YES / NO

NOTE: Any required medication that may need to be administered at school is to be sent in to school along with a doctor's note requesting that school personnel give the medication. Medication must be in the original container and properly marked with the child's name, directions, and consent for administering.

No Over the Counter Medication will be administered at any time.

****IMPORTANT: A CHILD WITH ANY SERIOUS FOOD ALLERGIES MUST PROVIDE TO THE PRESCHOOL A FOOD ALLERGY ACTION PLAN SIGNED BY YOUR CHILD'S DOCTOR. ****

Health Insurance Carrier _____

ID # _____

Subscriber _____

Relationship _____

Child's Physician _____

Phone _____

Preferred Hospital _____



In case of illness, accident or emergency and we are unable to contact either parent or guardian, please list two nearby relatives or neighbors we should contact, and that are authorized to remove the child from the facility:

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

In case of accident, illness, or other emergency, I request that the school contact the parent/guardian. If the school cannot reach a parent/guardian after conscientious effort, I give permission for the school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for school staff to call paramedics immediately and then contact parent/guardian as soon as possible thereafter. I agree to accept responsibility for the cost of any medical services.

Parent/Legal Guardian's Signature

Date _____

Child will be released only to the custodial parent or legal guardian and the persons listed above. Additional persons may be added on a separate form.

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 Day Care Facility". Section 65C-22.006(4)@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-mentioned items and that all information on this enrollment form is complete and accurate.

"I understand that, if my child is admitted to the school, my commitment is for a period of twelve or ten months as shown in my tuition selection and my agreement to pay for the school year is not subject to adjustments due to illness, absence, holiday, or school emergency closings."

Signature of Parents/Guardians

Date

Signature of Witness

Date



Please complete the following Payment Profile Policy

I authorize **ilnido Montessori Preschool** to withdraw funds from my bank account or credit card.

I understand that for Credit Card transactions there is a 2.9% fee per transaction.

For ACH/EFT transactions, there is a \$0.90 fee per transaction.

I confirm that we will use the payment method provided below & will provide 2 weeks' notice should we wish to change the payment method.

DATE: _____

Child's Name(s): _____

Parent's Name: _____

Payment Method:

Credit Card: ☐ Bank Transfer: ☐

I will pay :
Monthly ☐ Weekly ☐

Webcam included (\$50.00 per month): ☐

Authorized Signature(s): _____

Discipline / Guidance Policy & Know your Child Care Facility

I have read and agree to the Discipline and Guidance Policy for Il Nido Montessori Preschool.

Parent / Guardian Signature: _____ Date: _____

Photography & Videography

☐ I understand that photographs/videos of the children in our programs may appear in our social media.

☐ I do not grant ilnido Montessori Preschool to post photographs or videos of my child on social media.

☐ I agree to having my child's photo posted in our classroom and center.

☐ I would prefer not having my child's picture posted anywhere in the school.

Parent / Guardian Signature: _____ Date: _____

Thank you for selecting Il Nido Montessori Preschool
as your childcare Provider.



DISCIPLINE POLICY

We firmly believe that all children need love, guidance, and support while they are in the formative years. It is therefore essential that our Educators clearly understand the principles of child development and growth. Discipline must be age appropriate, respectful, and never restricting food or toileting.

Inappropriate behavior can be changed by using positive reinforcement to guide the child toward the acceptable behavior and offer choices so that they feel that they have voice in the matter. Il Nido Montessori Preschool will effectively use the following tools to manage your child's behavior.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation.
- Recommendation of evaluation by the local specialists forming a child study team.

"OUR VALUES "

1-We will always do the best for each child

2-We will always value parental involvement

3-We will always value those who serve and care for children

4- We value diversity



I give permission to the following additional persons to pick up my child in my absence:

Name _____

Relationship _____ Phone _____

Email _____

Name _____

Relationship _____ Phone _____

Email _____

Name _____

Relationship _____ Phone _____

Email _____

Name _____

Relationship _____ Phone _____

Email _____

Name _____

Relationship _____ Phone _____

Email _____



RELEASE, WAIVER, AND INDEMNITY AGREEMENT

This **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** ("Agreement") is made as of the ____ day of May 2020 between Il Nido Montessori Preschool, a Montessori School, a Florida corporation ("School"), _____ and _____ (collectively, "Customers" and "you" and "your").

RECITALS

WHEREAS, there exists a global pandemic that has come to be known as COVID-19:

WHEREAS, the State of Florida and the federal government have provided orders and guidance regarding social distancing and measures to curb the spread of COVID-19:

WHEREAS, a serious need exists for childcare providers to reopen in order that parents can attend work during the COVID-19 health and economic crisis that is currently ongoing, which the government has acknowledged:

WHEREAS, Customers are aware of the dangers of COVID-19, but desire their children/child's attendance at the School:

NOW THEREFORE, in consideration of the promises and mutual covenants set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are mutually acknowledged, School and the Customers hereby agree as follows:

1. IT HEREBY ACKNOWLEDGED THAT THE COVID-19 IS EASILY TRANSMITTED AND IS A CONTAGIOUS, DANGEROUS DISEASE. Customers therefore release, waive, discharge and covenant not to sue School, its members, managers, officers, directors, employees, representatives or agents, along with any of its parents, subsidiaries, or other affiliates, along with their its members, managers, officers, directors, employees, representatives or agents of each of them, all for the purposes herein referred to as the "Releasees," from any and all liability, demands, costs or expenses, including without limitation, attorneys fees actually incurred, and arising in connection with Customers' children/child's attendance at the School during the duration of the COVID-19 pandemic.

2. Customers hereby agree to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage, or cost, including reasonable attorneys' fees, arising from any allegation, claim, demand, debt, obligation, liability, cost, or expense the School or the Releasees may incur arising from the Customers' children/child's attendance at the School during the COVID-19 pandemic, including any allegation that COVID-19 was transmitted to any person as a result of Customers' children/child's attendance at the School during the COVID-19 pandemic.

3. Releasees shall be third party beneficiaries of this Agreement.

{01033011;v2}



4. **Governing Law/Forum Selection.** This Agreement shall be construed by the laws of the State of Florida without reference to its conflict of laws rules. The parties to this Agreement hereby expressly consent to be subject to the jurisdiction of the State of Florida to determine any disputes regarding this Agreement and further agree that the sole venue for any such dispute shall be the Circuit Court of Florida for the County of Miami-Dade.

5. **Incorporation of Recitals.** The above-listed Recitals are hereby incorporated into this Agreement as if fully set forth herein.

6. **THE UNDERSIGNED** further expressly agrees that the foregoing release, waiver, and indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida, including indemnification against one's own negligence, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. **THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT,** and further agrees that no representations, statements, or inducements apart from the foregoing written Agreement have been made.

IN WITNESS WHEREOF, the parties have executed this Agreement.

By: _____ and By: _____
Printed Name: _____ Printed Name: _____
Date: _____ Date: _____

Il Nido Montessori Preschool

By: _____
Ethna Meyer

Its: Owner

Date: _____

{01033011;v2}

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.

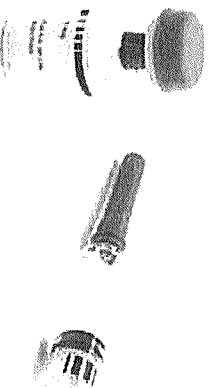


What should I do if my child gets sick?

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



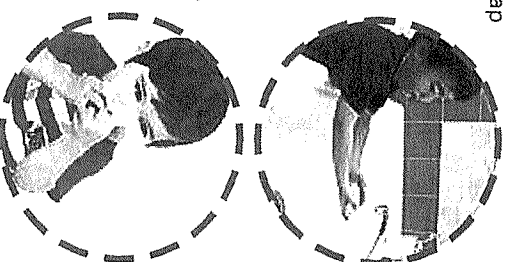
How can I protect my child from the flu?

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:

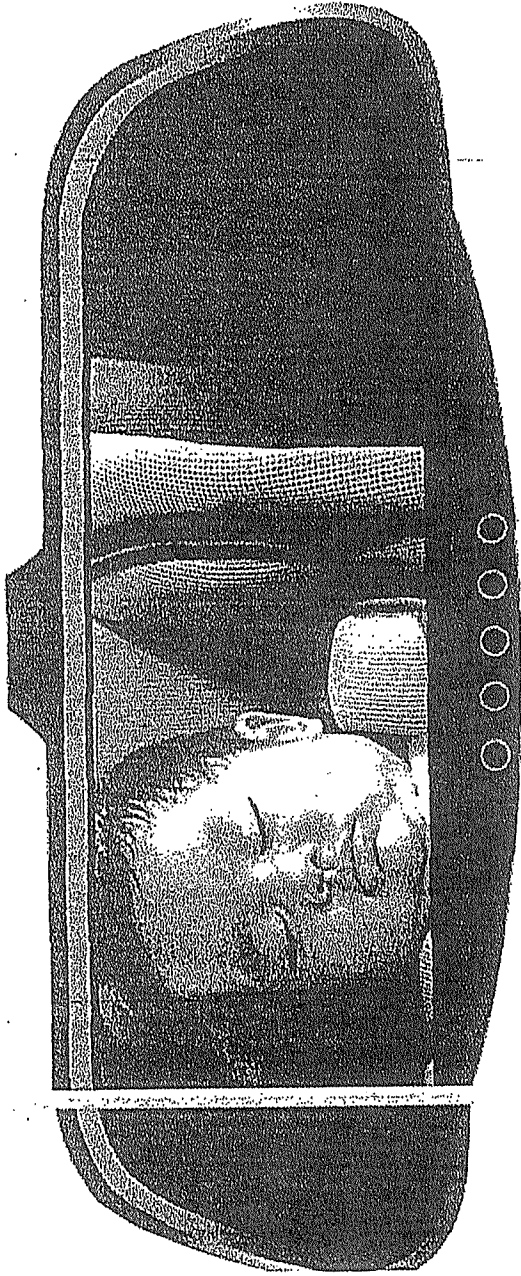
- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches 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/>

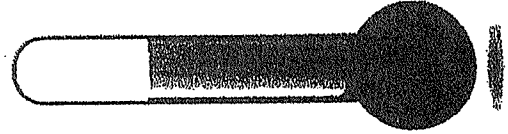


FACTS ABOUT HEATSTROKE:

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 heat stroke.

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.

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.

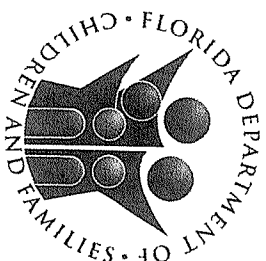
Quality Caregivers

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

Quality Environments

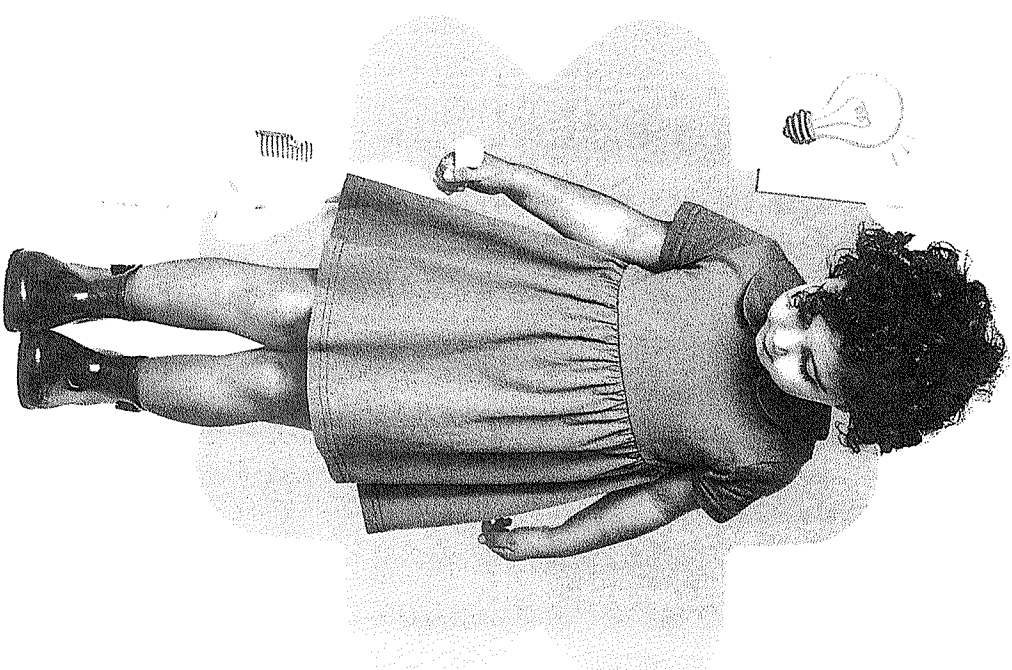
- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.

www.myffamilies.com/childcare



For additional information, please visit
www.myffamilies.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.



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



<u>Age of Child</u>	<u>Child: Teacher Ratio</u>
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).

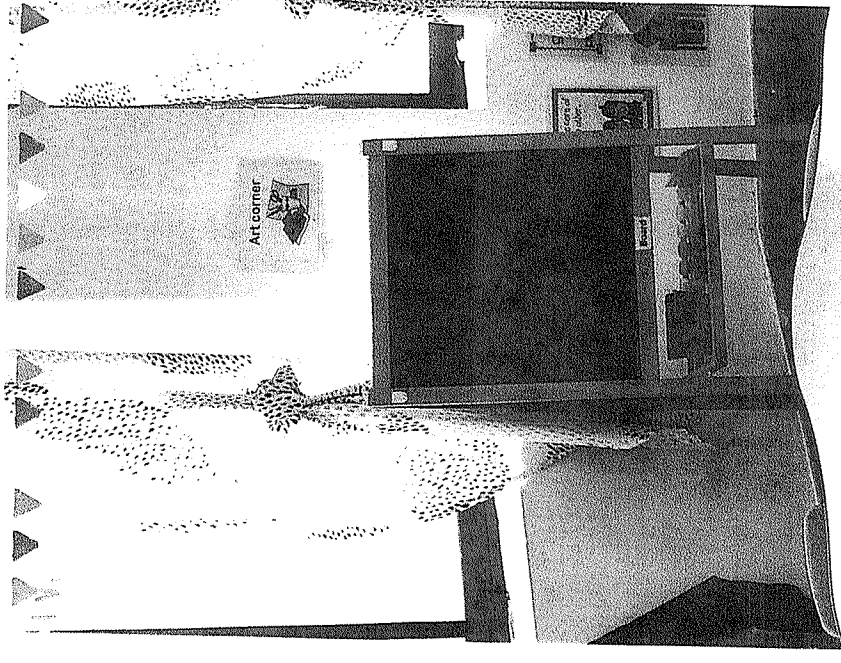
Record Keeping

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

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

Child's Name: _____ Center Name & Address: Indio Montessori Preschool

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: () _____

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

STEP 5: Contact information and adult signature Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

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): _____ Street Address, City, State, Zip Code _____ Daytime phone #: () _____

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): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

FOR CONTRACTOR USE ONLY: 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 Household ☐ Foster Child ☐ Total Household Size: _____ Total Household Income: \$ _____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needly ☐ 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-needly 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	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) • 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	• 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			
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**

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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