



Application for Enrollment

Student Information Classroom _____
Enrollment Date _____

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.



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-10 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.

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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: _____



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

Name _____

Relationship _____ Phone _____

Drivers Lic. No. _____

Name _____

Relationship _____ Phone _____

Drivers Lic. No. _____

Name _____

Relationship _____ Phone _____

Drivers Lic. No. _____

Name _____

Relationship _____ Phone _____

Drivers Lic. No. _____

Name _____

Relationship _____ Phone _____

Drivers Lic. No. _____



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



ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial):

Date of Birth: _____

Parent/Guardian Name:

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ BASIC SERVICES: I understand that ilnido Montessori provides childcare and development services for families with children 6 weeks to 6 years of age. Enrollment ages may vary by availability.

_____ REGISTRATION FEE: I understand that the payment of a non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

_____ MATERIALS FEE: Supplies and materials purchased for the school will be \$100.00 charged in August and again in January . (Non-refundable)

_____ TUITION AND MODIFICATIONS CONDITIONS: \$_____ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices. I have enrolled my child in the following program(s):

Days (Check all that apply): M T W TH F

From _____ a.m./p.m. to _____ a.m./p.m.

_____ PAYMENT OF TUITION: I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks.

_____ LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state-specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ AGENCY REIMBURSEMENT: In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status



changes. If I fail to properly enter attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition. Unless my state prohibits disclosure of such information, I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

_____ CHARGES AND PROCEDURE FOR LATE PICK-UP:

My school is open from 6:30 am a.m. to 6:30 p.m., Monday through Friday, all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of \$1.00 per minute period, per child, until the child is picked up.

_____ DISCOUNTS: I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child with the lowest tuition rate. This discount is only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, agency co-pays, or special program promotions and cannot be combined with any other discount or promotion.

_____ RETURNED CHECKS: I understand that a processing fee will be charged to my account for all checking account payments which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any checking account payment returned due to non-sufficient funds, will automatically be resubmitted electronically up to three times. I further understand that once a check is processed electronically, the check is no longer negotiable and will not be returned. If more than two checking account payments are returned within a six-month period, I may be required to pay by an alternate method of payment for the next six-month period. I am responsible for the principal amount plus all returned check fees.

SECTION 2: DAILY PROCEDURES

_____ DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a minimum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state childcare licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures

. _____ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

_____ MODEL RELEASE: The company, its agents, affiliates, and licensees, may may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose

_____ PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on company property, I shall only use



such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

_____ INTERVIEWING CHILDREN AND INSPECTING RECORDS: I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

_____ WITHDRAWAL FROM PROGRAM: I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

_____ HOLIDAYS: I understand the school is closed on the following holidays: New Year's Day, Martin Luther King Day, Presidents' Day, as well as Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after Thanksgiving, and the week of Christmas. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness). A tuition fee of 50% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday and with a doctor's note) with advance notice to the director, with a maximum of two (2) weeks per year. I agree to pay the reservation fee of 50% per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during the school year for a vacation, I will be required to pay the regular tuition for those weeks.

_____ EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company's intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.



SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

_____ **WAIVER OF JURY TRIAL: IF A DISPUTE ARISES OUT OF OR RELATES IN ANY WAY TO OUR SERVICES OR THIS AGREEMENT, WE ENCOURAGE YOU TO ATTEMPT TO RESOLVE SUCH MATTER IN GOOD FAITH DIRECTLY WITH MANAGEMENT. HOWEVER, IF THE DISPUTE CANNOT BE RESOLVED AMICABLY, YOU AGREE TO IRREVOCABLY AND UNCONDITIONALLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, ANY RIGHT YOU MAY HAVE TO A TRIAL BY JURY IN ANY LEGAL ACTION, PROCEEDING, CAUSE OF ACTION OR COUNTERCLAIM ARISING OUT OF OR RELATING TO OUR SERVICES OR THIS AGREEMENT, INCLUDING ANY EXHIBITS, SCHEDULES, AND APPENDICES THAT ARE PART OF THIS AGREEMENT, OR THE TRANSACTIONS CONTEMPLATED HEREBY. YOU ACKNOWLEDGE THAT YOU HAVE CONSIDERED THE IMPLICATIONS OF THIS WAIVER AND MAKE THIS WAIVER KNOWINGLY AND VOLUNTARILY.**

_____ **INDIVIDUALIZED CARE PLANS:** I understand that should my child have an IEP or IFSP, it should be shared with the director so the school can support my child's needs.

_____ **FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name:

Director Signature: _____

Date: _____



EXPULSION POLICY

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

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 local school district child study team.

SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion.

An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school. The parent/guardian will be informed regarding the length of the expulsion policy. The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.



PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payment.
- Failure to complete required forms including the child's immunization records.
- Verbal abuse to staff.
- Parent threatens physical or intimidating actions toward staff members.

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical abuse to staff or other children.
- Unable to toilet train in our three year old program.

A CHILD WILL NOT BE EXPELLED

If child's parents:

- Made a complaint to the Office of Licensing regarding a school's alleged violation of the licensing requirements.
- Reported abuse or neglect occurring at the school.
- Questioned the school regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

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

Child's Name: _____ Center Name & Address: 11 nido 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 MEANS and CHILDREN through age 18 that reside in the household, even if not related. (Include child listed at top of form)

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

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
 If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 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?)

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.

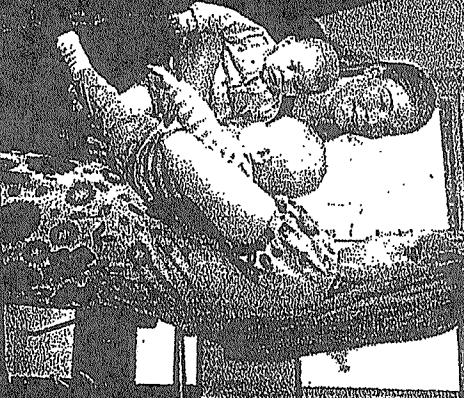
Sources of Income for Children		Sources of Income for Adults	
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • 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)
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	• Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust		• 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

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**

Parent's Role

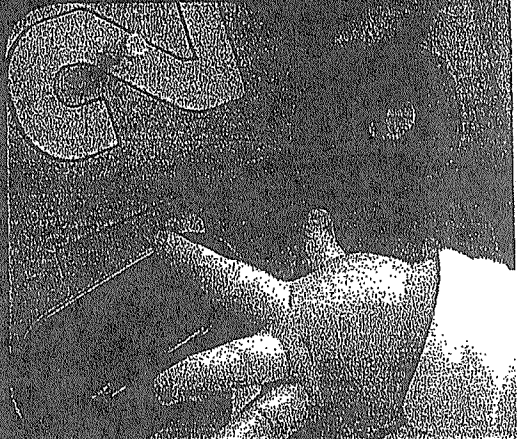
A parent's role in quality child care is vital:

- 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 their child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.



More information and free resources:

MyFLFamilies.com/ChildCare



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).
License Number: AL1MD
License Issued on 6/27/19
License Expires on 6/24/20
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATING
AND BACKGROUND SCREENING
MYFLFAMILIES.COM

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CFPI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.312(6), F.S.,



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

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 vehicles (if transportation is provided).
- Provide parents with written disciplinary practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios:

Age of Child	Child:Teacher Ratio
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

Health Related Requirements

- Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and Infant/Child 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.

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 examination/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.
- Maintain sufficient lighting and inside temperatures.
- Equip 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.

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, the following indicators should be considered:

Quality Activities

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve.

Quality Caregivers

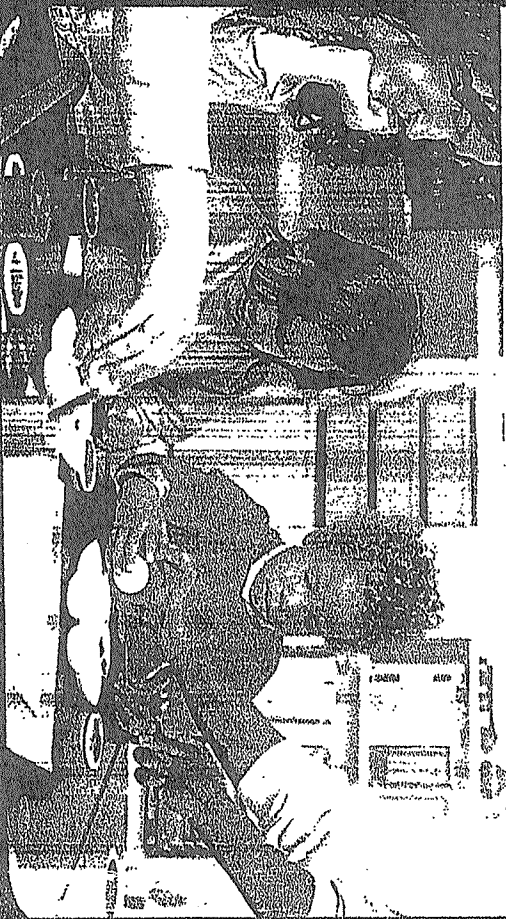
- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child's individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.

- Help children manage their behavior in a positive, constructive, and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting, and educational activities.

- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

Quality Environments

- Are clean, safe, inviting, comfortable, child-friendly.
- Provide easy access to age-appropriate toys.
- Display children's activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.



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.

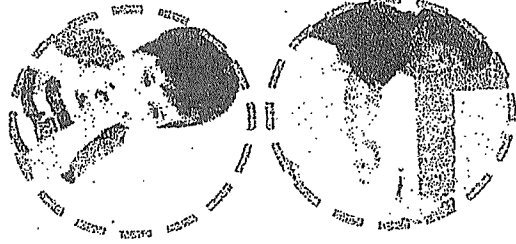
CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- 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

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, you don't have a 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.



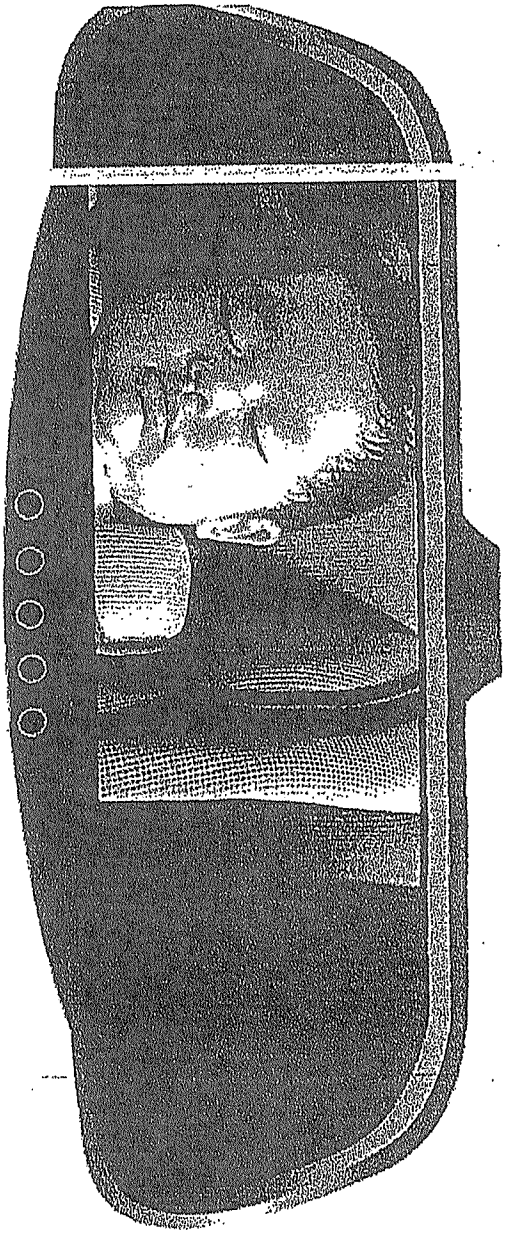
How can I protect my child from the flu?

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.

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.immunize.org/>



FACTS ABOUT

HEATS TROKE:

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.

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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