

CHILDREN'S FILE CHECKLIST

_____ Childcare Application for Enrollment

_____ Password

_____ Discipline Policy signed by parent/guardian

_____ Expulsion Policy signed by parent/guardian

_____ Physical Activity Participation Form

_____ Hours of Operation signed by parent/guardian

_____ Authorization for Emergency Medical Treatment

_____ Statement Acknowledgement form "Know Your Child Care Facility" & Parent Handbook registration packet.

_____ Food Activity Permission Form

_____ Parent-Center Contract

_____ Food Program Application

_____ Parent's Driver License

_____ Immunization Record Form #680 (blue form)

_____ Physical form #3040 (gold form)

_____ Emergency Card



State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

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

Family Information:

Child's Lives With: _____

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____

Phone Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:



Emergency Care Plan Instructions (if applicable):

Emergency Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

Helpful Information About Child:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date

PASSWORD

THE PASSWORD IS USED FOR THE PROTECTION OF YOUR CHILD.

Circumstances may occur when you will need someone that is not listed on enrollment form to take your child from this facility. When these circumstances arise, you will need to call and inform us of your instruction. You will be asked your password. Informing us of your password will enable us to carry out your instructions. If you do not provide or remember your password, we may not be able to carry out your instructions from over the telephone. The password for your child should not be given to any other individual. The password provides a code between staff and parents only to enable us to follow your instructions from over the phone.

Parent's Email address: _____

PASSWORD: _____

Parent's or Guardian's signature _____ Date _____

Director's Signature _____ Date _____

DISCIPLINE POLICY

The ultimate discipline is that which comes from within and does depend on an external reward or punishment to insure doing the right thing or doing whatever needs to be done. An important part of our teaching task involves helping children develop inner discipline. This means we must provide reasonable rules, logical consequences for breaking those rules and be willing to bestow more responsibility to the children, as they are able to assume it. We use positive techniques of guidance, including redirection, anticipation of and elimination of potential problems, positive reinforcement and encouragement. We will also use supervise time apart from the group. Consistent, clear rules and daily routines are established and followed by all. In the event we have a child whose behavior is not acceptable, a conference with the parents will be needed to determine the continuation of the child's enrollment in our program. **WE DO NOT SPANK CHILDREN**. Please remember that experiences at home affect the child's behavior at school. Let the center know joyous happenings, the upsetting experiences or important changes, which may affect behavior. These will be held in confidence and will help the teachers to understand the child's behavior. Also advise your child's teacher what a child has been told about an impending birth, serious illness, being adopted or a recent death so any conversation can be held in an intelligent and sensitive manner.

Sec. 7-4.07. Child discipline. (a)Child care facilities must ensure that age appropriate, individual, and constructive disciplinary practices are used for each child in care. Child care personnel shall adhere to the following: (1)Children shall not be subjected to discipline that is severe, humiliating, or frightening. (2)No cruel, harsh, physical, or unusual punishments shall be permitted. (3)No child shall be delegated or permitted to discipline another child. (4)No physical restraints, equipment, devices, or furniture shall be used to confine a child. (5)No child shall be confined in an enclosed area, such as a closet, locked room, box, or bathroom. (6)No child shall be subjected to profane language, threats, derogatory remarks, or other verbal abuse. (7)No child shall be punished for failure to eat or sleep, or for toileting accidents. (8)No child shall be punished by withholding food, rest, or use of the toilet. (9)No physical punishment shall be used, such as, but not limited to, spanking, hitting, striking, biting, or pinching. (10)No child shall be threatened with any punishment that is prohibited by this paragraph.

1'S: Create routines, structure and safe places to explore & Turn a negative into a positive

2'S: Set Limits; All kids need clear, consistent limits to define the boundaries of acceptable and unacceptable behavior. In fact, they crave them to feel secure in their world.

3'S: Practice prevention, Explain your rules & Provide alternatives. When you want your child to stop doing something, offer alternative ways for him to express his feelings

4'S: Create house rules that address the most important issues you want to address. Praise Good Behavior & Create Reward Systems.

Parent's Signature

Date

EXPULSION POLICY

Little Crayons Preschool reserves the right to cancel the enrollment of child for the following reasons (but not limited too), at any given time:

- Non-payment or excessive late payments of fees
- Not observing the rules of Little Crayons Preschool as outlined in the parent handbook (either parent or child)
- Physical and/or verbal abuse of staff or children by parent or child.

Parent's signature

Date

SCHOOL PERMISSION/ PHYSICAL ACTIVITY PARTICIPATION

I hereby grant permission for my child_____ to use all the play equipment, to participate in all activities of the Center, and to have pictures and film taken also for school publicity purposes. (website/social media platform)

Financial Agreement/ Hours of Operations 7am-6:30pm

I (we), parent(s) of:_____ understand and agree to abide by the following financial term and procedures for Little Crayons Preschool :

- ***WEEKLY TUITION**- Tuition is due on Friday for the following week. Whether they will be attending or not. You will receive a reminder on Tuesday via the portal. Payments received after close of business day (6:30pm) on Friday will be assessed a \$35.00 late fee that will be automatically applied to your account. Your child will not be admitted to school until your account is paid in full. Partial payment will be considered late tuition, therefore late fee will apply as well. ELC students rules of tuition applies as well. We do not do daily fees only weekly enrollment.
- ***MONTHLY TUITION**- is due on the 1st day of every month. Payments received after the 1st day of the month will assess a \$35.00 late fee.
- Deposit for your child's last week tuition is non-refundable. No credit card dispute for last week's tuition or any weekly tuition payment is permitted. Parents will still be responsible for any outstanding balances.
- Parents agree to make payments using their own credit card, if you wish to use someone else's credit card they are obligated to sign a financial agreement as well and a credit card authorization form. No credit card dispute allowed. A photo ID must be uploaded for whom ever credit card is being used for payments.
- School age and drop-in program attendees must pay their fee upon checking in the day of attendance.
- Credits will not be given for days not attended. If your child cannot attend at all due to major medical issues, such as surgery but not limited too, you must provide us with a doctor's note and we will credit ½ week.
- There is no credit for school schedule holidays. Tuition is due regardless of absence and tuition will not be pro-rated. Payments are done via Bright-wheel portal only.
- Hours of operation are from 7 am to 6:30 pm Monday through Friday. In the event that a child is not picked up by 6:30 pm, there will be a late pick up fee due of \$5.00 per minute. (No more then 10 hrs a day for attendance) after 1 hr, authorities will be called if your child is not picked up.
- **Each full time enrolled child will receive 1 week vacation (5 days) per school calendar year. This becomes effective after 2 months of enrollment. Once the free week have been used, you will be responsible for weekly tuition payment regardless, if your child attends school or not. Days missed for any reason may not be made up or pro-rated and must be paid on tuition due date. There is no credit for school schedule holidays.**
- There is a \$35.00 charge for all returned checks. Two consecutive returned checks will revoke check-writing privileges. Any further payments must be paid in cash.
- Payment using checking account must be paid a week earlier. It must clear and show paid in full. Pending transaction will not be accepted for child to attend.
- All delinquent accounts or returned checks will be submitted to the credit bureau and collection agency. Please be aware. In addition to any bank or late fees a \$50.00 collection fee will be added to all delinquent accounts and/or returned checks.
- Deposit fee may not used to pay for current weekly tuition. It's only for your child's last weeks tuition. Last week's deposit will be forfeited if 2 week notice isn't provided and will not be allowed to be used for current tuition week.

Parents it's mandatory to sign in and sign out your child every day per licensing. If not it will result in a \$5 fee for each occurrence.

Mother's or Guardian Signature/Date

Father's or Guardian Signature/ Date

SS# _____ - _____ - _____

SS# _____ - _____ - _____

Director's Signature:_____

Date:_____



Public Works and Environmental Services Department
Consumer Protection Division
CHILD CARE LICENSING AND ENFORCEMENT
One North University Drive, Suite A203,
Plantation Florida 33324
954-357-4800 • Fax 954-765-4804

AUTHORIZATION FOR EMERGENCY TREATMENT

I give my consent to _____ to seek
Child Care Facility
necessary medical treatment for my child, _____.
Name of Child

I give my consent to _____ to provide
Name of Hospital/Clinic
necessary medical treatment to my child, _____.
Name of Child

It is the responsibility of the child care provider or parent/guardian for payment for emergency services.
(circle one)

Name of Child's Physician: _____ Phone: _____

Allergies of Child: _____

Insurance Company Covering Child: _____

Policy Number: _____ Expiration Date: _____

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Child's Name: _____

Little Crayons Preschool

Statement Acknowledgement Form

This information is for the childcare file. Please read all provided brochures.

Child Care Brochure Statement (chapter 402.3125, F.S.)

On, ____/____/____

I, _____ (Name of Parent or Legal Guardian) read a copy of the Child Care Brochure found in the parent handbook or Bright-wheel portal.

(Signature of Parent or Legal Guardian)

(Name of Child)

Parent Handbook & Registration Packet Statement

On, ____/____/____

I, _____ (Name of Parent or Legal Guardian) read a copy of the Parent Handbook found in the registration packet or on Bright-wheel portal.

(Signature of Parent or Legal Guardian)

(Name of Child)



Food Related Activity Permission Form

In order for our school to be in compliance with the childcare standards of the Florida administrative code, we must keep your written permission on file for your child to participate in any food- related activities that occur at our school. To meet this requirement, we have complied a list of foods your child may encounter in our food related activities in class this year. Please read the list carefully and note the choices at the bottom of this permission slip. This list does not include food items that are already part of nutritional menu.

Cupcakes/cakes	chip
Maraschino cheese	Melons
Popsicles	cookies
Whipped cream	Grapes
Cheese doodles	popcorn
Chocolate	Lemons /limes
Sprinkles	Ice cream

_____ Yes, I give permission for my child to participate in any food related activity, including special occasions ad learning activities, during class.

_____ No, my child is not permitted to participate in any food related activity, including special occasions ad learning activities, during class.

_____ Maybe, since my child is allergic to _____
I would prefer him/ her not to have, the following food:

He/ she may participate only in food related activities, including special occasions and learning activities, during class that does not include the food listed above.

Child's Name: _____

Parent signature: _____

Date: _____

PARENT-CENTER CONTRACT

I acknowledge the receipt of Little Crayons Preschool fee schedule, eligibility and enrollment procedures/policy packet. I have read, understand and agree to the Policies and Procedures therein.

PLEASE INITIAL EACH ITEM:

- ☐ Hours of Operations (no more than 10 hrs a day)
- ☐ Fee schedule / Program fees
- ☐ Payment of Tuition, Additional fees & late pick up fees
- ☐ Curriculum
- ☐ Eligibility and Enrollment procedures
- ☐ Photo / Video usage (website/social media platform)
- ☐ What to bring/school uniform policies
- ☐ Nap-time
- ☐ Toys
- ☐ Birthday Celebration/Special events
- ☐ Custody Issues
- ☐ Child Protective Investigations
- ☐ Health Requirements/Health Records
- ☐ Illness Policy
- ☐ Medication Form/ Emergency Medical Plan/ Emergency Procedures
- ☐ Wide safety rules
- ☐ Parent Authorization
- ☐ Nutrition
- ☐ Program Implementation and Discipline
- ☐ Termination Policy/Expulsion Policy
- ☐ No Linger Policy
- ☐ Parental/Guardian consent for childcare personnel to have access to child's record
- ☐ Religion Exemption notification to parents

****Parent Handbook is subject to changes, please make sure you always have the most recent copy of the parent handbook**** you can always find an updated on in the office or in the portal.

In completing this application for my child to attend Little Crayons Preschool, I agree to support the moral, educational and disciplinary standards of the school. It is important for home and school to work together in establishing appropriate behavior. I /we give permission for my child to participate in all school activities. I will always be told of any field trips or special events in advance and sign a permission slip or my child will not be permitted to leave the school's premises.

I / we agree to give two weeks notice prior to withdrawing or I will be responsible to pay an additional two full weeks of tuition regardless of attendance.

In the event the above items are not complied with, Little Crayons Preschool has the right to retain an attorney and I / we agree to pay all costs accrue in order to collect any debt owed.

Parent's/ Guardian Name (Print): _____ Date: _____

Parent's/Guardian Signature: _____ Date: _____

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

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

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," 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 household members are United States citizens or qualified aliens, 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): ☐ 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: _____