



SCIENCE | TECHNOLOGY | ENGINEERING | ART | MATH

## STUDENT REGISTRATION CHECKLIST

- REGISTRATION FORMS
- PASSWORD
- POLICY ACKNOWLEDGEMENT
- EMERGENCY CARDS
- CURRENT PHYSICAL (STATE OF FLORIDA FORM DH3040)
- IMMUNIZATION RECORDS (MUST BE UP TO DATE)
- COPY OF BIRTH CERTIFICATE
- SCHOOL AGE CHILD HEALTH REPORT
- COPY OF BIRTH CERTIFICATE
- REGISTRATION FEE
- SCHOOL SUPPLIES

Please make sure all checks are payable to Little Crayons Preschool.

Please write your child's name on the memo line of the check.

If you have any questions in regard to any of these forms, feel free to reach out dial 872- CRA - YONS



**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

Meals Typically Served While in Care:    Br    AM Snack    Lunch    PM Snack    Sup    Eve Snack

**Family Information:**                      Child 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 \_\_\_\_\_

**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: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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

**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#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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**Helpful Information About Child:**

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- 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 Child Care Facility" (CF/PI 175-24), **or**  
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**  
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

\_\_\_\_\_  
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.

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Parent's Signature

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## SCHOOL PERMISSION

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-

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

- Registration fee is non-refundable and it is due by August 1<sup>st</sup> every year of attendance.
- \*WEEKLY TUITION-** Tuition is due on Friday for the following week. Whether they will be attending or not. Refer to **parent handbook** for the pricing. 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.
- \*MONTHLY TUITION-** is due on the fifth day of every month. Payments received after the fifth day of the month will assess a \$35.00 late fee.
- 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 sickness, 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 Brightwheel portal only.
- Hours of operation are from 6:30 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 \$3.00 per minute.
- Each full time enrolled child will receive 2 vacation/sick weeks (10days) per school calendar year. This becomes effective after 2 months of enrollment. If enrolled after December (mid year) student will only have 5 days vacation/sick week. This becomes effective after 2 months of enrollment. Once the free weeks have been used, you will be responsible for 50% of the 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.
- 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.
- If your child is absent you will have 24 hours to provide us a doctor's note or a parent's note excusing their absence. Failure to provide such note will result in parents being responsible in paying for that day(s). If your child participates in a subsidized program parents will be responsible in paying the daily rate that the program pays for parents.

**\*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: \_\_\_\_\_

Board of County Commissioners, Broward County, Florida  
**HUMAN SERVICES DEPARTMENT**  
Community Partnerships Division  
Child Care Licensing and Enforcement Section

**AUTHORIZATION FOR EMERGENCY TREATMENT**

Today's Date: \_\_\_\_\_

To Whom It May Concern:

I hereby give my consent to \_\_\_\_\_  
Name of Hospital  
to administer necessary treatment to my child, \_\_\_\_\_  
Name of Child  
in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

**Name of Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies of Child:** \_\_\_\_\_

**Date of Last DPT or Tetanus:** \_\_\_\_\_

**Insurance Company Covering Child:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_  
Name of Person Acknowledged

My Commission Expires:

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Print or Type Name of Notary as Commissioned

- Personally Known
- Produced Identification

Type: \_\_\_\_\_

#: \_\_\_\_\_

**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
- \_\_\_\_\_ Fee schedule / Program fees
- \_\_\_\_\_ Payment of Tuition and Additional fees
- \_\_\_\_\_ Curriculum
- \_\_\_\_\_ Eligibility and Enrollment procedures
- \_\_\_\_\_ Photo / Video usage (website/social media platform)
- \_\_\_\_\_ What to bring
- \_\_\_\_\_ Naptime
- \_\_\_\_\_ 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

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 fieldtrips 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's Name: \_\_\_\_\_

**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 on our website under the registration tab.

\_\_\_\_\_  
(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 and Handbook found on our website under the registration tab.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) (Name of Child)

**Influenza Virus Brochure Statement**

On, \_\_\_ / \_\_\_ / \_\_\_

I, \_\_\_\_\_ (Name of Parent or Legal Guardian) read a copy of the Influenza Virus Brochure found on our website under the registration tab.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) (Name of Child)

If you have any questions in regards to any of these forms please contact us 872-CRA-YONS

**Part One  
Student File**



**SWIM Central Water Safety Education Questionnaire**

**Parents:** *Do you know that drowning is the leading cause of death among children?  
Complete this form to receive information to protect your child from drowning.*

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email (optional)** \_\_\_\_\_

*Your information is for the use of the Broward County Swim Central Program.*

1. How would you rate your own swimming ability?
  - Unable to swim
  - Can swim a little, but NOT comfortable in deep water
  - Able to swim for an extended period of time in deep water
  
2. Has your child ever received formal swimming lessons?
  - Yes
  - No, check all the reasons below that apply:
    - Do not know how to find information about swim lessons
    - Swim lessons are not important
    - Schedule of lessons not convenient
    - Equipment such as swim suit, towel, goggles too expensive
    - Transportation problems
    - Lessons are too expensive
    - We are too busy
  
3. Do you or a family member know how to perform CPR with rescue breaths?
  - Yes
  - No
  
4. Has your child's doctor talked to you about drowning prevention and water safety?
  - Yes
  - No
  
5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?
  - Yes, visit [Water SMART Broward Swim Instruction](#) for details.
  - No

**PART ONE FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

**Facility Name:** \_\_\_\_\_ **Facility License #:** \_\_\_\_\_

**Documentation of the original form via fax or mail is required, indicate below:**

**Date form faxed:** \_\_\_\_\_ **or, date mailed:** \_\_\_\_\_

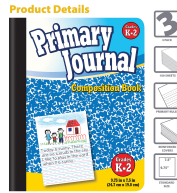
Fax: 954.357.8077  
SWIM Central  
3700 NW 11<sup>th</sup> Place  
Lauderhill, FL 33311

**Form and educational handout for parent distribution can be downloaded:** [Water SMART Broward](#)

Form Revised April 2016



## SCHOOL SUPPLY LIST



PRIMARY COMPOSITION BOOK (preschool)

PENCILS (JUMBO)

CRAYONS (JUMBO)

1 BOXES OF WASHABLE THICK CLASSIC MARKERS

1 BOTTLE OF HANDS SANITIZERS

1 (2.5) GALLON ZIPLOC BAG —HEFTY (JUMBO)

SET OF 6 CLASSIC PAINT 8 OZ (BLUE, RED, YELLOW, BROWN, BLACK, WHITE, PINK, GREEN & PURPLE)

SET OF ACRYLIC PAINT (dollar store)

COLOR CARD-STOCK PAPER

1 PACK OF PLAY DOUGH

1 PACK OF POM POM (dollar store)

1 PACK OF PIPE CLEANERS (dollar store)

1 PACK OF TISSUE PAPER

1 PACK OF GOOGLY EYE (EXTRA LARGE ONLY)

1 BOX OF BABY WIPES

2 ROLL OF PAPER TOWEL

1 PACKAGE OF LYSOL/CLOROX WIPES

2 REAM OF COPY PAPER

1 PACK OF INDEX CARD

2 BOX OF KLEENEX

1 PACK OF PAPER PLATES

4 GLUE STICK

1 FOLDER

Choose 1 from the list:

PUZZLE (Knobbed / Peg / Flat) **age appropriate** (your child's age group)

Choose 1 from the list:

LARGE LINK, SNAP STARS OR WAFFLE BLOCKS **age appropriate** (your child's age group)

# 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

**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 / Monthly / Twice a Month / Annually	Weekly / Monthly / Twice a Month / Annually	Weekly / Monthly / Twice a Month / Annually	Weekly / Monthly / Twice a Month / Annually
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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

**STEP 5: Contact Information and adult signature**

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ 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

**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.

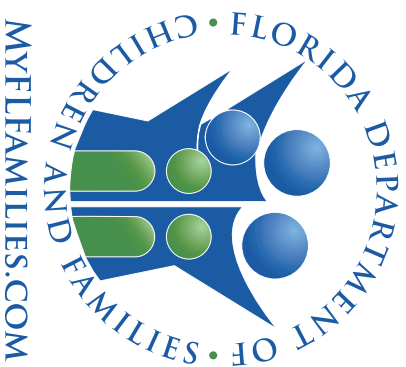
**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:** With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation 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, audits 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**

**A change in daily routine,** lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...

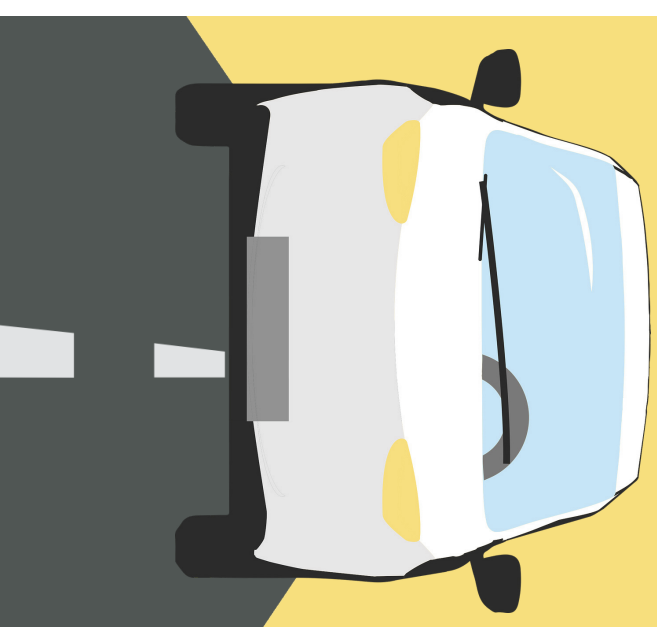


Developed by:

The Office of Child Care Regulation

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)  
CF/PI 175-12, May 2019

When life happens... Don't be a  
**DISTRACTED  
ADULT**





## FACTS ABOUT

## HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

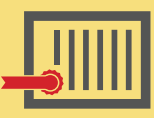
The body temperature of a child increases **3 to 5 times faster** than an adult's body.

## 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:

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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.

**What is the influenza (flu) virus?**  
Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



**How can I tell if my child has a cold, or the flu?**

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



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

CF/PI 175-70, June 2009

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



**INFLUENZA VIRUS**

**"The Flu"  
A Guide  
for Parents**



**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/>**