

FILE DOCUMENTATION

CHILD'S NAME _____ DATE _____

As per Department of Children and Families, Child Care Licensing Rules and Regulations and Beacon Community Child Development Center policy, the following information is required.

____ State of Florida DCF Child Care Application of Enrollment (every line must be filled in)

____ Emergency Contact Information Form

____ Notarized Emergency Form

____ Signed Acknowledgement of Parent handbook/ Assessment/ Photo Release

____ Financial Information/ Tuition Agreement

____ State of Florida Immunization Record (must be current)

____ State of Florida Health Exam Form (must be current)

____ Health Policies Form

____ Influenza Information Form – filled out, signed and dated

____ Food Related Activities Permission/Allergy

____ Distracted Adult Form

____ Help Us Get to Know Your Child



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: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With:

Parent/Guardian Name: Parent/Guardian Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Relationship to the child: Relationship to the child:

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:

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable):

Emergency Contacts:

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

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, "Know Your Child Care Facility" (CF/PI 175-24), or
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- 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

Must provide email address for all parents/guardians for Smartcare

Email Address Parent/Guardian

Email Address Parent/Guardian



RECEIPT OF PARENT HANDBOOK

I have read the Parent Handbook and agree to follow the procedures and policies put in place for the safety and well being of my child and the other children attending Beacon Child Development Center.

I have received the FL DCF "Know Your Child Care Facility" brochure CF/PI 175-24, 3/2014.

_____ Child's Name
_____ Parent/Guardian Signature
_____ Date

PHOTO PERMISSION

I give permission for Beacon Child Development Center to photograph my child and to post his/her picture for promotional purposes for the school, as well as utilize within our school.

_____ Child's Name
•
_____ Parent/Guardian Signature
_____ Date

ASSESSMENT PERMISSION

I give permission for my child to be assessed throughout the year. I understand the assessments are available for me to review at any time, and that the assessments are only a tool to track progress of my child.

_____ Child's Name
_____ Parent/Guardian Signature
_____ Date

Child Care Agreement

This agreement is entered into as of this _____ day of _____, 20____ by Beacon Community CDC (herein after referred to as "Provider") and _____ (herein after referred to as "parent/guardian").

This agreement contains the terms agreed upon between Provider and Parent/Guardian for the child _____ Date of Birth _____.

1. **Enrollment Fee:** Parent/Guardian agrees to pay \$_____ upon enrollment and annually every August 1st thereafter.

2. Weekly Rate:

Beacon CDC Weekly Rate: \$_____

ELC Weekly Payment: \$_____

Parent Payment: \$_____

The total weekly rate payable from Parent/Guardian to Beacon Community CDC will be \$_____ and is due on the close of business day every Monday. On Tuesday a late fee of \$25 will be added to your tuition.

If your child is part time you are responsible for paying for the full # days regardless of your child's attendance.

3. **Days and Hours:** The parties to this agreement have agreed to the following schedule of care.

Primary Hours of Care: _____ am to _____ pm

Days of the Week: (circle) Mon - Tues - Wed - Thurs - Fri

4. Failure to comply with the terms set forth in this agreement may, at the Provider's discretion, result in immediate termination of child's enrollment.

5. If at any time changes need to be made on behalf of the Parent/Guardian it must be in writing and a two-week notice must be given. At which time normal tuition is due regardless of your child's attendance.

Parent/Guardian Signature _____ **Date** _____

Director Signature _____ **Date** _____

Beacon Community CDC Health Policies

Your child's health and safety is our number one concern, therefore Beacon Community CDC strictly follows the Florida State Health Related Requirements.

65C-22 Health Related Requirements:

(1) Communicable Disease Control.

(a) Children in care shall be observed on a daily basis for signs of communicable disease. Any child, child care personnel or other person in the child care facility suspected of having a communicable disease shall be removed from the facility or placed in an isolation area until removed. Such person may not return without medical authorization or until the **signs and symptoms of the disease are no longer present for a period of 24 hours**. A child's condition shall be reported to the custodial or legal guardian. Signs and symptoms of a suspected communicable disease include the following:

1. **Severe coughing**, causing a child to become red or blue in the face or to make a **whooping** sound
2. **Difficult or rapid breathing**
3. **Stiff neck:**
4. **Diarrhea** (more than one abnormally loose stool with in 24 hour period.
5. Temperature of **101 degrees** Fahrenheit or higher when in conjunction with any other signs of illness
6. **Pink eye**
7. **Exposed, open skin lesions**
8. **Unusually dark urine and/or gray or white stool**
9. **Yellowish skin or eyes; or**
10. **Any other unusual sign or symptom of illness**

(b) A child identified as having **head lice** shall not be permitted to return until the **following day nit free** and only **provided that treatment has occurred and has been verified**

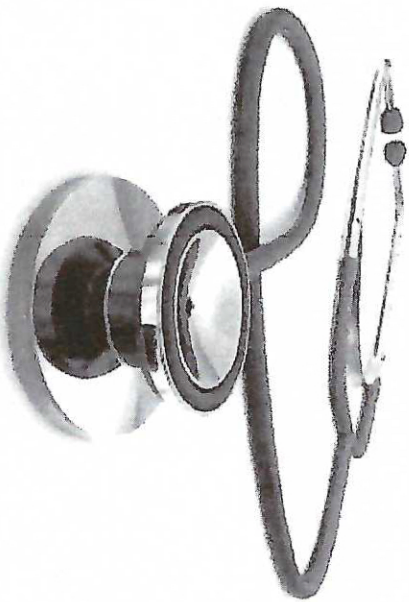
We know schedules are tight and we sincerely apologize in advance for any inconvenience this may cause. We just want to ensure each of our children stay as healthy as possible. Please be sure your child is symptom free for 24 hours or has a doctor's note stating they are free to return to school. Thank you so much for your cooperation and understanding.

I, _____, parent/guardian of _____ have read

And understand the Beacon Community CDC Health Policies and agree to adhere to them to the best of my ability

Sign _____ Date _____

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?

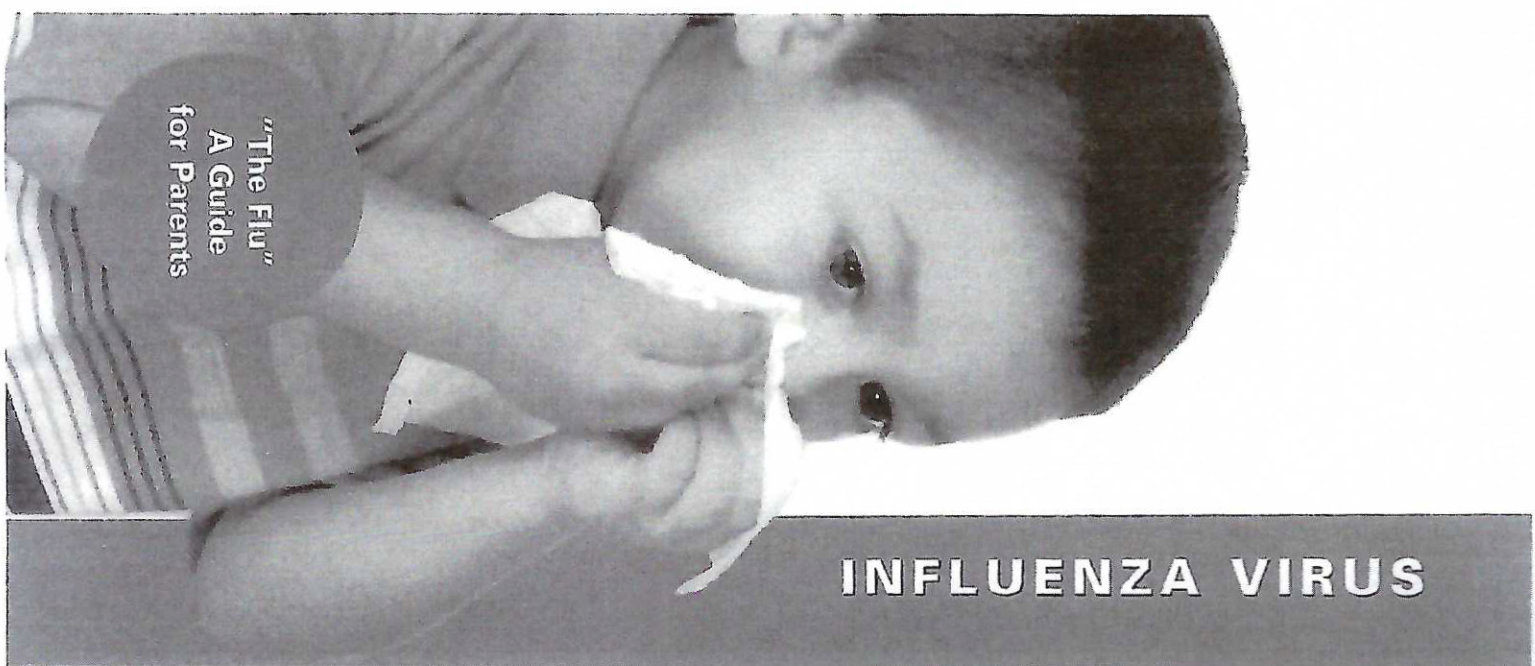
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between 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 or contact your local licensing office below:

CE/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



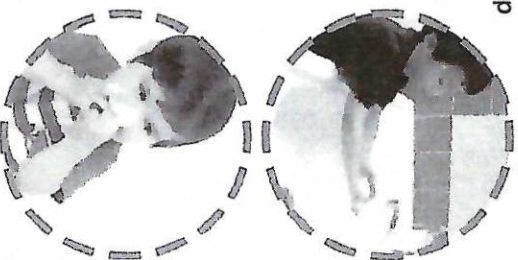
How can I protect my child from the flu?

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/>

DISTRACTED ADULT

HOUSE BILL 1079 amended s. 402.305(9), F.S. now requires operators of child care facilities and homes to provide parents/guardians with information pertaining to the dangers of leaving a child in a vehicle, including tips for prevention.

Please review the reminders below, as well as the ones posted at our sign in table and sign the bottom of this form in acknowledgment please.

Getting IN; Getting Out...

IN: Check Behind the Car

- **BEFORE GETTING IN THE CAR AND STARTING THE ENGINE**, walk around the car and **CHECK FOR KIDS, TOYS AND PETS!**
- Make sure there is **NOTHING UNDER OR BEHIND YOUR CAR** that could attract a young child.
- **PICK UP TOYS, BIKES, CHALK, OR ANY TYPE OF EQUIPMENT** around the driveway so that these items don't entice kids to play.

OUT: Check the Back Seat

- **In just 10 MINUTES**, a car's temperature can increase by 19 degrees!
- **Before getting out of your car, check the back seat...DON'T FORGET YOUR CHILD!**
- **NEVER** leave your child alone in a car and **CALL 911 IF YOU SEE ANY CHILD LOCKED IN A CAR!**
- Place something in the back seat that you will need at work, school or home (your laptop; your lunch).

Developed by: PREVENTION UNIT Office of Family and Community Services

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date



HELP US GET TO KNOW YOUR CHILD

CHILD'S NAME: _____

What brings your child JOY?

What causes sadness in your child?

What is your child's favorite snack?

What snack is his/her least favorite?

Which of these five do you think your child loves the most:

(Circle your choice)

one-on-one time; words of praise; gifts; things done for them or hugs?

Who is in your child's family?

What would be 1 of your child's strengths?

What would be 1 of your child's weaknesses?

Has your family/child been exposed to trauma in the past or currently involved in a traumatic situation? Please explain.

We strive to make your child's first days with us as stress free as possible. Thank you so much for taking the time to answer these questions that go a long way in making him/her feel safe and comfortable.

Your Beacon Staff