



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 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, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- 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



MEDICAL RELEASE FORM

To Whom It May Concern:

I hereby give my consent to any hospital and/or licensed doctor to administer necessary emergency treatment to my child, _____, in the event of an emergency, provided such treatment is imperative and I cannot be contacted. I also give my consent for my child to be transported by ambulance if the situation warrants.

Name of family physician _____ Phone _____

State any specific allergies, disabilities or restrictions of your child _____

Does the student receive medication: Yes No

Type and reason for medication _____

Name of medical insurance company _____ Policy Number _____

Please check if your child has had the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Seizure activity | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Wears glasses |
| <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Polio (disease) | <input type="checkbox"/> Frequent sore throat | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Kidney disorder |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> TB or exposed to | <input type="checkbox"/> Hearing difficulty | <input type="checkbox"/> Scoliosis |

My child has a history or the following chronic medical problems (example: asthma, allergies, drug related allergies, hearing conditions, epilepsy) _____

Special information or instructions for emergency care: _____

Please let the school office know immediately if any of the above information changes during the school year.

Date

Parent Signature



LIABILITY DISCLAIMER

I/We the undersigned hereby disclaims Just For Kids Accredited Preschool and Childcare Center from full responsibility of any accidental injury that may occur to my child, _____.

Just For Kids Accredited Preschool and Childcare Center cannot be held responsible for any belongings lost or stolen while on the premises and must follow the Child Day Care Standards, Florida Administrative Code Chapter 10M-12 (H.R.S. Department of Health & Rehabilitative Services)

Just For Kids Accredited Preschool and Childcare Center cannot be held responsible for any belongings lost or stolen while on the premises. Normal and ordinary care will be given to all personal belongings.

I have read the above Liability Disclaimer for Just For Kids Accredited Preschool and Childcare Center and agree to and understand the standards that it has set in place.

Signature (Parent or Guardian)

Date

Signature (Parent or Guardian)

Date

Student: _____

Location: _____

Director's Initials: _____



GUIDANCE/DISCIPLINE/EXPULSION POLICY

Just For Kids Accredited Preschool strongly believes in promoting healthy social and emotional development for our young children. Early Childhood is a critical time for children to learn skills they are not born with. Research has shown that when children are given the opportunities, guidance, and support to develop, learn and practice self-control along with other social/emotional skills, it will provide them with a solid foundation for school readiness and a safe, happy, fulfilling social life. It is true...A child's parents are their first teacher and caregiver. Early Childhood Programs in cooperation with parents can build and grow a child's foundation together. Quality is key for your child's success as they learn to play, learn and grow through their younger years. Teachers and caregivers must teach social-emotional skills just as they teach hand washing, or learning colors and shapes. Therefore, Just For Kids has taken a firm stand to offer you and your child the skills needed to be successful. Just For Kids strives for all areas to be in place for this to occur. Staying true to our mission: Children and Families First! Continue to read how we will implement our Guidance Agreement.

Our Children...Will develop self confidence and self-esteem. They will be guided to develop skills to help them control their emotions which will help them control their behavior. Also, learn how to handle conflict in a healthy manner.

Our Families... Communicate openly and truthfully to ensure consistency in guidance between home and school. We ask that you will partner with us and allow us time to work with all children, including those who may need higher levels of support. Please understand that we do not expel children as they are learning these social - emotional skills. We will strive to serve individual needs. Let this be said, "To better serve your child, we may need to partner with other professional community experts to guide your child. We ask that you cooperate with Just For Kids to allow us to help give your child the BEST foundation for school readiness and life success.

Our Teachers...Will develop a relationship with each child. Always speak to children in a calm tone, especially during redirections. Our teaching staff will encourage friendships and relationships by creating social opportunities. Use age appropriate words to resolve conflict. Teachers will use classroom resources to teach healthy social skills to young children and help put words to their emotions.

Our Environment...We will provide your child with an environment that will ensure and promote healthy social interactions. There will be schedules to meet the needs of young children. Schedules may not "fit" into your days, BUT please know that regular, consistent routines allows young children to thrive! Schedules are made for the best outcome for your child while they are attending Just For Kids Accredited Preschool. Children will be provided materials and engage them in daily activities that are appropriate for their age and respectful to each of them as individuals.

Thank you for allowing our teaching staff to guide, support, and assist your child's development. Just For Kids is committed to every child's social/emotional development. We do not dismiss children from our program because of "behavior concerns". Behavior concerns tell us that young children need more time, guidance and practice to develop their social/emotional skills.

If serious concerns arise, Just For Kids Director/Teachers will partner with parents and professionals who specialize in supporting children's social-emotional health. We will work with families to seek the best care for their child. After guiding a child/family to resources and professionals there may be a need to agree that the child will need to find another child care setting to assist them with their individual needs.

Signature (Parent or Guardian)

Date

Signature (Parent or Guardian)

Date

Student: _____

Location: _____

Director's Initials: _____



TUITION POLICY

Tuition is due Monday for the upcoming week. If tuition not paid in full by Tuesday, there will be a \$30 late charge automatically added to your account Wednesday morning unless prior arrangements have been made. In the event of a staff member having to remain beyond closing (6:00pm) with your child, charges will accrue at \$3 per minute per child. Staff members are not scheduled to work after 6:00pm.

Families will receive 1 vacation week per calendar year. Weekly tuition is charged for your child's space in the program not on attendance. If your child is sick, weekly tuition is still due as we are ensuring that your child will have a space in our program.

Our registration fee of \$100 is non-refundable and is due annually, each August. Since our expenses remain consistent, there will not be a reduction in weekly tuition when the center is closed. Just For Kids will be closed no more than 12 days per year. When the Holidays fall during the week (Tuesday or Thursday) Just For Kids may close the day before or the day after the Holiday.

I have read the above Tuition Policy for Just For Kids Accredited Preschool and Childcare Center and understand the standards that it has set in place. I agree to adhere to the payment schedule set forth by Just For Kids.

Signature (Parent or Guardian)

Date

Student: _____

Location: _____

Director's Initials: _____



Illness Policy:

If a child becomes ill while at school, parents will be notified. Parents are required to pick up their ill child within 45 minutes of notification by phone. If a parent is reached, but cannot pick their child up within 45 minutes, it becomes the parent's responsibility to arrange for alternate pick up with someone listed on the child's emergency contact form. The staff will not continue to call those listed on the emergency contact list once a parent is reached. If a parent cannot be reached, the staff will begin to call the people listed on the emergency contact form, until arrangements can be made for the child to be picked up. The ill child will be isolated from other classmates, placed on a cot or mat, given fluids (except in case of vomiting) and quietly supervised until picked up.

Children will be excluded from participation in the program if they exhibit symptoms of any communicable disease. They will not be permitted to return to the program until they are no longer contagious. Guidelines for determining the contagious period for a specific illness are based on the recommendations by the American Academy of Pediatrics. Children must present a doctor's note stating they are no longer contagious and can return to the program. The school reserves the right to refuse to allow a child to return if the center director or designee believes the child to be too ill to participate in the program.

These are common symptoms that a child has a contagious condition:

- Active sneezing or coughing
- Colored discharge from nose
- Sore throat (with fever or swollen glands)
- Discharge from eyes or ears
- Diarrhea (two or more watery stools in 24 hours)
- A fever (a temperature of 100 degrees Fahrenheit or more)
- An eye infection
- Rash (Especially with a fever or itching)

These are common communicable diseases:

- Chicken Pox – A child may return to the campus after crusts have formed, at least six days after the onset of the rash
- Conjunctivitis (Pinkeye) – Once a child has been seen by a doctor, he/she may return to the campus within 24 hours accompanied with a note from the doctor.
- Diarrhea – A child with diarrhea may return after the diarrhea has subsided for 24 hours.
- Fever – 100 Fahrenheit. **A child must be fever free for 24 hours without medication before the child may return to the school.**

I have read the above Illness Policy for Just For Kids Accredited Preschool and Childcare Center and agree to and understand the standards that it has set in place.

Signature (Parent or Guardian)

Date



PERMISSIONS REQUEST

Please read, review and sign the appropriate sections:

I, _____ understand photos may be selected for Just For Kids website, Facebook, and/or advertising in brochures. With my signature I grant permission for my child(ren) to be photographed or their images recorded for print or electronic use in promoting Just For Kids Services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

I, _____ give permission for my child to be transported to/from, either/or, from local elementary school.

I, _____ give permission for my child to be transported to/from field trips during scheduled days off from public elementary school, summer vacation months and spring break.

I, _____ give permission for my child to attend field trips with Just For Kids VPK class for educational purposes.

I, _____ give my permission for my child to participate in developmental assessments for the purposes of tracking developmental milestones and to be used as tools for designing individual activities to expand my child's learning experiences.

Just For Kids will always be respectful and considerate when using photos of children. There are so many amazing learning experiences that occur during your child's day.

Thank you ahead of time for your consideration and signature/permission.



Expulsion Policy

The topic of expulsion in a childcare setting is a difficult one, but is necessary at times. This policy applies to all children enrolled at Just For Kids.

Behavior that will lead to a child's expulsion:

1. Child endangers themselves or others
2. Child doesn't follow safety rules
3. Child leaves the room or the supervision of the teacher or refuses to enter the building with the class or teacher
4. Disruptive behavior
5. Spitting on staff or other children
6. Using inappropriate language

Measure Taken Before Expulsion:

1. Speaking with the child about expected behavior
2. Discussion with parents about expected behavior
3. Creation of behavior plan with parental input
4. Final warning in writing to parents
5. Expulsion

Steps to Expulsion:

1. Incident #1 - Call parent to have the parent talk to the child
2. Incident #2 - Child will leave for the day
3. Incident #3 - Child will be suspended for 1 day
4. Incident #4 - Child will be suspended for 3 days
5. Incident #5 - Child will be suspended for one week
6. Incident #6 - Child is suspended from the school

Child's Name: _____

Parent 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 T H 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: \$ _____
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."
 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 #:** (_____) _____

Signature of adult household member: _____ **Printed name:** _____ **Date signed:** _____
 Street Address, City, State, Zip Code

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.
Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Not Hispanic or Latino
FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child **Total Household Income:** \$ _____
Eligibility Determination: Free Reduced-Price Non-need **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-need Status: Income too High Incomplete Application Other Reason: _____
Determining Official's Signature: *Shirley Hanley* **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____
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