



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):

[Blank lines for emergency care instructions]

**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



# Child Care Food Program Infant Feeding Form

**Child care facility: Please fill in facility name and formulas offered before distributing to parents.**

Child Care Facility Name:	
*Formulas offered at this facility:	
Milk-based:	
Soy-based:	

**This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby.** The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

---

## Parents please complete the following:

Baby's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check  this box  if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk

Visit facility to nurse

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of \*formula): \_\_\_\_\_

**This facility has not requested or required me to provide infant formula or food.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

\*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food



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

Child's Name: \_\_\_\_\_ Center Name & Address: \_\_\_\_\_

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	Weekly	Monthly	Weekly	Monthly
	\$	Twice a Month	\$	Twice a Month	\$	Twice a Month
	\$	Annually	\$	Annually	\$	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): \_\_\_\_\_ Daytime phone #: (\_\_\_\_\_) \_\_\_\_\_

Street Address, City, State, Zip Code

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**OPTIONAL: Child's ethnic and racial identities** We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**FOR CONTRACTOR USE ONLY.** Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child **Total Household Size:** \_\_\_\_\_ **Total Household Income:** \$ \_\_\_\_\_

Eligibility Determination:  Free  Reduced-Price  Non-needy **How Often Income is Received (Frequency):**  Weekly  Biweekly  Twice a Month  Monthly  Annually

**NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12**

Reason for Non-needy Status:  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Florida Department of Health Child Care Food Program

## Child Participation Form

Name of Child: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

Check here and sign/date below if your child does not receive meals while in care

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here and sign/date below if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

KIDZ KLUBHOUSE

EMERGENCY AUTHORIZATION FORM

I / We understand that no emergency treatment may be given without parental consent except in a life threatening situation. I / We understand that in the event of a medical emergency, every effort will be made to contact the persons I /We have designated to authorize emergency care.

However, in the event that a legal guardian cannot be reached and my child, \_\_\_\_\_, requires emergency medical care, I, \_\_\_\_\_, authorize MARLENE ABBATE, or the acting supervisor of Kidz Klubhouse to act in my place to authorize emergency medical care for my child.

Should my child need to be transported to a hospital, he/she will be transported to Orange Park Medical Center. I understand and accept responsibility for any costs incurred. Should my child be well enough to return to Kidz Klubhouse before I am able to arrive at the Emergency Room, my child may be released into the custody and care of the Director or Acting Director and returned to Kidz Klubhouse.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## PARENT INFORMATION

Parent Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

-----

Upon occasion, we will take pictures of the children in our center. These pictures are for our use only. By signing this document, you grant us permission to photograph your child.

\_\_\_\_\_

Parent Name

Date

## DISCIPLINE STATEMENT

The first attempt to correct a child's behavior will be to make the child understand that the behavior was wrong.

Explain to the child how he/she will be expected to act while in class or play toward other children as well as the teacher. The child will apologize to the person or the teacher for his/her conduct. Most of the time, this is sufficient.

Time Out procedure will be used when a child is unwilling to correct his/her behavior. It is not necessary or appropriate in most cases to make the child face the corner or the wall. A child is not to be punished but rather get him or her to understand that his/her conduct was unacceptable and needs correction. Simply being removed from the action and group to a separate but visible place alone will encourage the child to think about his/her conduct and what is necessary to return to the group. Length of Time Out will be decided by the child as well as the teacher. Briefness is a must for a positive effect due to the child's short attention span. The child will benefit through the decision-making on his/her part and eventually establish good behavior standards.

All children will be treated with dignity, respect and love during any disciplinary action. All teachers will advise the parents of any behavior problems during the day, disciplinary action taken, and a record of the incident placed in the child's file.

All parents are expected to teach their children good conduct at home. If a child cannot be taught to show the same respect and love toward others, then the child will be dismissed from the school.

We prohibit children from being subjected to discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all child care personnel.

Little people can be taught to be angels.

---

Parent Signature

---

Date



## FIELD TRIP CONSENT FORM

I, \_\_\_\_\_, GIVE MY CHILD(REN), \_\_\_\_\_, BLANKET PERMISSION TO GO WITH KIDZ KLUBHOUSE ON ALL SCHEDULED FIELD TRIPS. I WILL REMIND MY CHILD(REN) OF THE IMPORTANCE OF LISTENING AND COOPERATING WITH THE STAFF AND OTHER CHILDREN. I UNDERSTAND THAT I WILL BE NOTIFIED OF EACH AND EVERY FIELD TRIP THAT MY CHILD IS SCHEDULED TO ATTEND IN ADVANCE WITH THE TIME, PLACE, AND ANY FEES.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

## PERMISSION TO CONSUME FOOD FROM OUTSIDE SOURCES

I, \_\_\_\_\_, GIVE MY CHILD(REN), \_\_\_\_\_, BLANKET PERMISSION TO PARTICIPATE IN CLASSROOM PARTIES. I UNDERSTAND THAT FOOD WILL BE BROUGHT IN FROM OUTSIDE SOURCES (OTHER HOMES, GROCERY STORES, ETC.) AND GIVE MY CHILD PERMISSION TO CONSUME THESE FOODS. I HAVE NOTATED ANY ALLERGIES MY CHILD HAS BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

# KIDZ KLUBHOUSE

**REGISTRATION POLICY:** The registration forms must be completed in order to validate your child's enrollment. The enrollment application and the food form must be completed, signed and dated annually.

**PAYMENTS:** Payments are due on the first day of attendance each week. A \$25.00 late fee will be applied to all past due accounts after Wednesday of each week.

**RETURNED CHECK FEE:** There will be a \$30.00 service charge applied to all checks returned to us by the bank. After two checks are returned NSF, we will ask that you pay by credit/debit or cash.

**HOURS OF OPERATION:** Our school is open from 6:30 a.m. to 6:30 p.m. Monday through Friday. Our program runs twelve months per year.

**HOLIDAYS:** Our program observes the following holidays: New Years Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving, the Friday after Thanksgiving, Christmas Eve, Christmas Day and New Years Eve. If a holiday falls on a weekend, we will close that Friday or Monday, for example if the holiday falls on a Saturday, we will close on Friday. If the holiday falls on a Sunday, we will close on Monday.

**ARRIVAL & DEPARTURE:** A designated person responsible for the delivery of the child must accompany the child into the facility and be acknowledged by a supervising staff member. We will not release any child to a person whose behavior or health appears to endanger the health or safety of the child.

**PHYSICAL & SHOT RECORDS:** State regulations require that each child have a health form and an up-to-date shot record kept on file at the daycare.

**REASONS FOR DISMISSAL:** The following are reasons that our school would be inclined to dismiss your child from our center: frequent delinquent or non-payments, ongoing behavior problems that become disruptive to our program, failure to pick up your sick child within one hour of being notified, frequent LATE pick-ups. We reserve the right to refuse/terminate service at any time for any reason.

**LATE PICK-UPS:** Our center closes at 6:30 p.m. We feel it is unfair to keep our teachers beyond this time. If you pick up your child after 6:30, there will be a \$1.00 late charge per minute or any fraction thereof. This fee is due and payable immediately to the closing staff member. **Frequent late pick-ups may result in termination of enrollment.**

**ATTENDANCE:** Your child's attendance is expected and the staffing requirements have been met for the safety of each child. If you anticipate any change in your schedule, please notify us as soon as possible. We will do our best to accommodate your changes. We will be as flexible as our enrollment allows us to be.

**DISMISSAL FORMS:** Parents who designate people other than themselves to pick up their child must complete the appropriate forms. These people should not be offended when asked to show identification. Also, parents should inform the teachers as to who will be picking the child up. Please keep these forms as up to date as possible.

**BIRTHDAY & SPECIAL PARTIES:** Our school shares your desire to make your child's day special; however, birthday celebrations can be over-stimulating; therefore, we ask that some limitations be observed. Parents may provide a special snack and participate in the celebration.



**PARENT & STAFF CONFERENCES:** We welcome parents and relatives to visit and participate in our activities. Parents are encouraged to attend conferences and meetings arranged by the Director and teachers. Please take time to read the "Parent Information" bulletin boards located in each classroom.

**MEDICATIONS:** If a child needs to have medicine administered during school hours, we must have a written authorization from the parent requesting us to do so. Medication must be clearly labeled with the child's full name. It must be kept away from all children and returned to the parent at the end of the day. Parents must complete an "Authorization for Dispensing Medicine" form which is kept in the office. A teacher will initial the form in the appropriate area after administering the medication. According to Health Department Regulations, we are no longer allowed to dispense Tylenol unless it is brought in by the parent and a medication form is completed prior to the child getting the medication. If your child is under the age of two, we are not allowed to dispense the medication unless it is prescribed by your child's physician. All medication must be age appropriate. If you have any questions, please feel free to speak with the office staff.

**GENERAL HEALTH POLICY:** If a child is sent home with a communicable disease, he/she can only return with a medical excuse from a physician stating that the child is no longer contagious and may safely be involved in group activities. If a child displays any of the symptoms listed below, he/she will be isolated from the other children and the parent will be contacted. If the parents cannot be reached, we will call one of the emergency telephone numbers listed on the Enrollment Form. Arrangements must be made to have the child picked up within one hour. Symptoms of special concern are:

Diarrhea (more than three loose stools)

Severe coughing

Difficult or irregular breathing

Yellowish skin or eyes

Pink eye (eye does not necessarily have to be pink but may be discharging mucus)

Sore throat

Unusual spots or rash

Vomiting

Severe itching of body or scalp

Fever or 101 degrees F or more

Extreme or unusual behavior

A child identified as having head lice shall not be permitted to return to school until the following day and only provided that treatment has occurred and has been verified. Verification of treatment may include a product box or empty product bottle, as well as a signed statement from the parent that the treatment has been done.

**EXPULSION POLICY** Kidz Klubhouse reserves the right to refuse service to any one, at any time, for any reason.

**SMOKING** Smoking is prohibited on Kidz Klubhouse premises.