



Child Enrollment

Information Packet



CHILD ENROLLMENT INFORMATION PACKET

CHILD'S NAME _____ DATE OF ENROLLMENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ BIRTH DATE _____

SEX M or F _____ PREFERRED NAME _____ EMAIL _____

PROGRAM _____ STARTING CLASSROOM _____ ELEMENTARY SCHOOL _____

☐ REFERRED BY _____

MOTHER _____

PLACE OF EMPLOYMENT _____ PHONE _____

BUSINESS ADDRESS _____

☐ HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____ WORK _____

FATHER _____

PLACE OF EMPLOYMENT _____ PHONE _____

BUSINESS ADDRESS _____

☐ HOME ADDRESS IF NOT SAME AS ABOVE _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____ WORK _____

GUARDIAN _____

PLACE OF EMPLOYMENT _____ PHONE _____

BUSINESS ADDRESS _____

☐ HOME ADDRESS IF NOT SAME AS ABOVE _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____ WORK _____

CHILD'S PHYSICIAN _____

MAY THE CENTER CALL ANOTHER PHYSICIAN IF UNABLE TO CONTACT THE ABOVE? _____

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

PERSONS PERMITTED TO REMOVE CHILD _____

NAME _____ ADDRESS _____ RELATIONSHIP _____

NAME _____ ADDRESS _____ RELATIONSHIP _____

Signature of Person Enrolling Child

(Please Print Name)

Date

CHILD RELEASE FORM

FOR: (Child's Name) _____

PLEASE NOTE THE FOLLOWING:

1. It is legal for either parent to pick up their child, unless we have a copy of the court order restricting visitation.

Persons permitted to pick up child:

Mother: ☐ Yes ☐ No

Father: ☐ Yes ☐ No

2. Is there any court order restricting visitation of your child? If so, please list person or persons restricted from picking your child up:

Name _____ Relationship _____

Name _____ Relationship _____

3. Think of a code word of 4 to 6 letters and list below to be kept on file at Lil' Rascals Academy. When you are unable to get your child, call the center to notify the director.

The director of the school will ask for this code word to verify your identity. Please keep this code word confidential. The authorized pick-up person will be asked to show a photo ID upon arrival at the center. The code word is utilized when you are calling Lil' Rascal's Academy to verify yourself with our office staff.

The Code Word to be used is: _____

If necessary, you can change the code word and we will update our files to reflect your decision.

4. List persons permitted to pick up your child. Please keep their phone numbers current.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Parent's Signatures

Date _____

X _____

X _____

Director's Signature

Date _____

X _____

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school.

By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____ Date: _____

FINANCIAL AGREEMENT

We, the parents of (Child's Name) _____

understand and agree to abide by the following financial terms and procedures:

- a) Tuition payment is due in advance on the **Monday** (and no later than **Tuesday**) for that week (after **Wednesday** the child will be disenrolled.)
- b) Any checks returned by the bank will have a **\$75.00 (Seventy Five dollars)** charge assessed and check writing privileges will be revoked.
- c) Tuition payments made after Tuesday are considered late and a late fee of \$30.00 (thirty dollars) will be assessed.
- d) Tuition may be paid in advance for more than one week.
- e) No tuition reimbursement or credit will be given for a child's absence, except for pre-approved vacations.
- f) Infants and toddlers are permitted to take one week vacation during the year. Each preschool child is permitted to take two weeks' vacation during the year, (two weeks together or one week separate from the other). The year runs from your start date of registration, not the calendar year. Vacations or sick time runs Monday – Friday in the same week.
- g) Two week written notice must be given to the office, or tuition will be charged until the child is properly withdrawn. Children that have been withdrawn from the program will be required to pay the **Registration Fee** at the point of reenrollment.
- h) Registration fees are non-refundable.
- i) All delinquent accounts or returned checks will be submitted to the **credit bureau and collection agency**.

Parent's Signatures: _____

Father's Social Security Number: _____ - _____ - _____

Mother's Social Security Number: _____ - _____ - _____

Director's Signature: _____

MEDICAL RELEASE FORM

I hereby grant permission for my child, (Name) _____
to use all the play equipment and participate in all activities of the center.

Parent/Guardian Signature: _____ Date: _____

In the event of an extreme medical emergency situation, as deemed by the Director or Acting Director, paramedics or medical personnel will be notified IMMEDIATELY to escalate medical attention for my child. All efforts will be made to notify me (or the guardian), immediately as well.

Due to insurance regulations, injured or ill children must be transported to a hospital, when necessary, by paramedics or ambulance. They cannot be transported by school bus or school personnel.

**Any expense for medical care or transportation
involved with a medical emergency, which is an inherent risk,
"WILL BE BORNE BY THE PARENT".**

The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Medical Authorization for (Name) _____

List All Allergies:

1. _____
2. _____
3. _____

List All Medical Conditions:

1. _____
2. _____
3. _____

Hospitalization Insurance:

Name of Company _____

Policy Number _____ Group Number _____

Hospital Preference _____

Upon immediate need for medical attention for your child, the undersigned hereby gives consent to any X-ray examinations, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act.

The undersigned further authorizes the above named school to have the above named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used ONLY in extreme EMERGENCY.

Parent/Guardian Signature: _____ Date: _____

MEDICAL EXPENSE AGREEMENT

Due to the nature of our business there is a degree of inherent risk of injury to the children. As in any other school environment or place of activity where children are involved these injuries do take place.

Due to Insurance Regulations and a lawyer driven litigious society this Release is an Agreement that **ALL EXPENSES** as the result of injuries, medical care, transportation, or legal fee involved with medical care or a medical emergency **"WILL BE THE RESPONSIBILITY AND BORNE BY THE PARENTS"**.

CHILDREN'S NAME _____ DATE _____

Signature of Parent or Legal Guardian

MEDICATION

To insure medication prescribed by your child's doctor is administered properly, Lil' Rascals Academy asks that you follow these guidelines:

Medication cannot be dispensed without a note from the child's physician. Verify the amount, any reaction & other information/instructions pertaining to the medication and tell your child's teacher. A medication must be kept out for us to administer, **MUST** have your child's name clearly written on it. **ALL** medication must be kept out of the reach of children. Never mix medications with food or drinks in your child's lunch.

Parent/Guardian Signature: _____ Date: _____

DISCIPLINARY POLICY

Lil' Rascals Academy uses a positive approach to discipline. We believe in protecting the rights and privileges of the children while fostering a nurturing and warm environment. We use techniques such as redirection and reinforcing of positive behaviors with encouragement. We do not endorse or permit any physical or verbal abuse of any kind, nor is food or playground time ever withheld from children.

Parent/Guardian Signature: _____ Date: _____

ALTERNATE LUNCH SCHEDULE

Dear Parent:

In accordance with Broward County Child Care Ordinance, parents and the child care facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility.

Please read the following carefully, sign, and return as soon as possible.

The facility agrees to provide a nutritious:
(Director checks those which apply)

- ☐ breakfast
- ☐ mid-morning snack
- ☐ mid-afternoon snack
- ☐ lunch

The parent agrees to provide a nutritious:
(Parent checks those which apply.)

- ☐ mid-morning snack
- ☐ lunch
- ☐ mid-afternoon snack

I have read the preceding and agree to meet the child's nutritional needs as defined above.

Director's Signature _____ Date _____

Parent's Signature _____ Date _____

PERMISSION FOR FOOD-RELATED ACTIVITIES AND SPECIAL OCCASION FOOD CONSUMPTION

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I, _____ (Parent/Legal Guardian)

give _____ or decline _____ permission for my child _____
to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

_____ My child DOES NOT have food allergies or dietary restrictions.

_____ My child DOES have food allergies or dietary restrictions. He or she may participate
but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction.
He or she may NOT participate in activities. (please list below)

I understand it is my responsibility to update this form in the event that my decision or permission changes.

Parent/Guardian Signature: _____ Date: _____

PHYSICAL ACTIVITY PARTICIPATION POLICY

All children who attend Lil' Rascals Academy will have a minimum of combined indoor and outdoor physical activity each day in care.

Preschool Children will have a minimum of 40 minutes physical activity each day for every 3½ hours in care.

After School Children will have a minimum of 40 minutes physical activity each day for every 3 hours in care.

Camp Children will have a minimum of 40 minutes physical activity each day for every 3½ hours in care.

Activities include but are not limited to access to playground equipment, ball games, music and movement activities, teacher led small group games, and teacher lead large group games. In the case of inclement weather, a rainy day activity schedule is posted on the classroom schedule. All teachers promote teamwork in sports. To participate in physical activities, children must be appropriately attired. Closed toes shoes are required at all times. No flip-flops, sandals, or Crocs are permitted.

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE

I hereby grant Lil' Rascals Academy permission to photograph/video in any and all of its publications and in any all other media, whether now known or hereafter existing, controlled by Lil' Rascals Academy, in perpetuity, and for other use by Lil' Rascals Academy. I will make no monetary or other claim against Lil' Rascals Academy for the use of photograph(s)/video.

Parent/Guardian Signature: _____ Date: _____

REPORTING ABUSE AND NEGLECT

In accordance with chapter 39 of the Florida Statutes, all child care personnel are mandated by law that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare shall report immediately such knowledge or suspicion to the Abuse Hotline of the Department of Children and Families.

Parent/Guardian Signature: _____ Date: _____

DISCRIMINATION AND CONFIDENTIALITY

Lil' Rascals Academy welcomes all children and is committed to providing developmentally appropriate early learning and development experiences that support the full access and participation of each and every child. We believe that each child is unique and work in partnership with families and other professionals involved with the child to provide the support every child needs to reach their full potential.

Our program provides childcare to children without regard to race, religion, color, creed, gender, cultural heritage, marital status, national orientation, sexual orientation. Any information regarding a child, a child's family, or other matters discussed with center management or staff will be held in the strictest confidence.

Parent/Guardian Signature: _____ Date: _____

TERMINATION OF SERVICES

Other reasons which may result in the termination of a specific care arrangement included:

- Non-Payment for preschool services and/or lack of adherence to our tuition payment policies.
- Lack of cooperation by the parents with the program's efforts to resolve differences and/or to meet the child's needs through parent/staff meetings or conferences.
- Abusive behavior and/or verbal threats by parents toward program staff will not be tolerated. This will result in immediate termination.

Parent/Guardian Signature: _____ Date: _____

ADMISSIONS AGREEMENT

I have read, understand, and agree to comply with all procedures, policies, and conditions set forth in the Handbook and Child Enrollment Packet presented by Lil' Rascals Academy.

Parent's Signature

X _____ Date _____

X _____ Date _____

Director's Signature

X _____

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.



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

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.

CF/PI 175-70, June 2009

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

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.



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

INFLUENZA VIRUS

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/>

This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).
 License Number: _____
 License Issued on ____/____/____
 License Expires on ____/____/____
 For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014
 This brochure was created by the
 Florida Department of Children and Families,
 Office of Child Care Regulation and Background Screening
 pursuant to s. 402.312(5)(f), F.S.



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.

More
information
and free
resources:

MyFLFamilies.com/ChildCare



General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- ☐ Valid license posted for parents to see.
- ☐ All staff appropriately screened.
- ☐ Maintain appropriate transportation vehicles (if transportation is provided).
- ☐ Provide parents with written disciplinary practices used by the facility.
- ☐ Provide access to the facility during normal hours of operation.
- ☐ Maintain minimum staff-to-child ratios:

Age of Child	Child:Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- ☐ Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and Infant/Child CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and documented monthly fire drills with children and staff.
- ☐ Medication and hazardous materials are inaccessible and out of children's reach.

Training Requirements

- ☐ 40-hour introductory child care training.
- ☐ 10-hour in-service training annually.
- ☐ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ☐ Director Credential for all facility directors.

Food and Nutrition

- ☐ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

- ☐ Maintain accurate records that include:
 - Children's health exam/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and administration of medications.

Physical Environment

- ☐ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ☐ Provide space that is clean and free of litter and other hazards.
- ☐ Maintain sufficient lighting and inside temperatures.
- ☐ Equipped with age and developmentally appropriate toys.
- ☐ Provide appropriate bathroom facilities and other furnishings.
- ☐ Provide isolation area for children who become ill.
- ☐ Practice proper hand washing, toileting, and diapering activities.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Activities

- ☐ Are children initiated and teacher facilitated.
- ☐ Include social interchanges with all children.
- ☐ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ☐ Include exercise and coordination development.
- ☐ Include free play and organized activities.
- ☐ Include opportunities for all children to read, be creative, explore, and problem-solve.

Quality Caregivers

- ☐ Are friendly and eager to care for children.
- ☐ Accept family cultural and ethnic differences.
- ☐ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ☐ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ☐ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ☐ Allow children to play alone or in small groups.
- ☐ Are attentive to and interact with the children.
- ☐ Provide stimulating, interesting, and educational activities.
- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.

Quality Environments

- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.



Parent/Guardian Signature: _____

Date: _____



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) _____

Information is for the use of the Broward County Swim Central program only.

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
 - ☐ Transportation problems
 - ☐ Swim lessons are not important
 - ☐ Lessons are too expensive
 - ☐ Schedule of lessons not convenient
 - ☐ Equipment such as swim suit, towel, goggles too expensive

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 <http://www.watersmartbroward.org/swim-instruction/> for details.
- ☐ No

FOR OFFICE USE ONLY:

Broward Ordinance 2004, Section 7-8 requires parents 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 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 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded:

<http://www.watersmartbroward.org/resources/brochures-handouts/>