

CHILD ENROLLMENT INFORMATION PACKET

CHILD'S NAME			Date of e	NROLLMENT	
ADDRESS					
CITY					
SEX M or F PREFERRE	D NAME		EMAIL		
PROGRAM	STARTING CLASS	ROOM	ELEMENTA	RY SCHOOL	
REFERRED BY					
MOTHER					
PLACE OF EMPLOYMENT				PHONE	
BUSINESS ADDRESS					
HOME ADDRESS					
					ZIP
HOME PHONE		CELL		WORK	
FATHER					
PLACE OF EMPLOYMENT				PHONE	
BUSINESS ADDRESS					
☐ HOME ADDRESS IF NOT					
					ZIP
HOME PHONE					
GUARDIAN					
PLACE OF EMPLOYMENT				PHONE	
BUSINESS ADDRESS					
	CITY		STATE		ZIP
HOME PHONE		CELL		WORK	
CHILD'S PHYSICIAN					
MAY THE CENTER CALL AND	OTHER PHYSICIAN IF UNAI	BLE TO CONTACT THE A	BOVE?		
OTHER PERSONS TO BE NOT	TIFIED IN CASE OF ILLNES	S OR ACCIDENT			
NAME		ADDRE	SS		PHONE
NAME					PHONE
PERSONS PERMITTED TO RE					
NIANAE		ADDRESS _			RELATIONSHIP
					RELATIONSHIP

CHILD RELEASE FORM

FOR	: (Child's Name)	
PLE	ASE NOTE THE FOLLOWING:	
1.	It is legal for either parent to pic restricting visitation.	ck up their child, unless we have a copy of the court order
	Persons permitted to pick Mother: ☐ Yes ☐ No	up child: Father: • Yes • No
2.	Is there any court order restriction restricted from picking your chi	ng visitation of your child? If so, please list person or persons ld up:
	Name	Relationship
	Name	Relationship
3.		letters and list below to be kept on file at u are unable to get your child, call the center to notify the director.
	word confidential. The authorize	sk for this code word to verify your identity. Please keep this code ed pick-up person will be asked to show a photo ID upon arrival at lized when you are calling Lil' Rascal's Academy to verify yourself
	The Code Word to be used is:	
	If necessary, you can change th	e code word and we will update our files to reflect your decision.
4.	List persons permitted to pick unumbers current.	up your child. Please keep their phone
	Name	Phone
	Name	Phone
	Name	Phone
Pare	nt's Signatures	Date
X		
X		
	ctor's Signature	Date
X		

TUITION AGREEMENT

Child's Name:	Date:
Please initial acknowledging your understan	ding of the following financial terms and procedures:
Registration Policy:	
Annual Fall Enrollment Fees School Year Program. Summer Activity Fees will b For instances of agency rein applicable contract.	rior to enrollment and are non-refundable is must be paid no later than the Friday prior to the new e paid no later than the Friday prior to the Summer Camp Program. Inbursement, the Registration Fee is to be paid according to the hdrawn from the program will be required to pay the Registration Fee.
Tuition Policy:	
Tuition Payments received a Delinquent or unpaid accou No tuition reimbursement o vacations.	Pre-Paid, Prior to the Week's Attendance. After Monday, will result in a \$30.00 Late Fee. Ints will be subject to Disenrollment and Reported to Credit Bureaus. Introduction of the control of the con
Vacation Policy:	
(2) Weeks per year for stude Vacation Weeks run from M	nts 6 weeks (Infants) — One-year-olds (Toddlers) ents Two-year-olds — Five-year-olds Ionday — Friday in the same week. Int date of registration, not the calendar year.
Late Pick-Up Fee - After 6:00 pm:	
\$2.00 per minute/per stude Late Pick-Up Fees are to be	
Additional Fees – VPK & School Age Progr	rams:
Camp Weeks offered according to Students enrolled in the Weeks offered according to Students enrolled in the LRA	LRA VPK Extended Program, may attend No School Days and ding to the Broward County School Calendar for a Drop-In Rate. LRA After Care Program, may attend No School Days and Camp the Broward County School Calendar for a Drop-In Rate. A After Care Program, may attend No School, Early Release Days, ecording to the Broward County School Calendar for additional fees.
As the enrolling parent/guardian, my signat comply with the policies outlined in the afor	cure and initials certify that I have read, understand, and agree to rementioned LRA Tuition Agreement.
Enrolling Parent/Guardian's Name	Address
Enrolling Parent/Guardian's Signature	Phone Number
Relationship to the Student	Email
Social Security No.	Driver's License No.

MEDICAL RELEASE FORM

to use all the play equipment and participate in all activities of the center. Parent/Guardian Signature: Date:	
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 classification of the guardian, immediately as well.	nild.
Due to insurance regulations, injured or ill children must be transported to a hospital, when necessar paramedics or ambulance. They cannot be transported by school bus or school personnel.	y, by
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 a time of enrollment.	t the
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 Medical Practice Act.	
The undersigned further authorizes the above named school to have the above named minor released the custody of its representative, should hospital care no longer be required.	into
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: IMMUNIZATION RECORDS In order to protect the health of all children and to comply with Florida Department of Health, an updated immunization record and physical or documentation of a religious exemption is required prior to enrollment. The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical or religious exemptions from routine childhood immunizations must provide documentation of a scheduled appointment or arrangement to receive immunizations. An important note for parents/guardians; children attending our center may not have current immunizations. It is the responsibility of the parent/guardian to provide current medical records documentation to the center. Parent/Guardian Signature: _____ Date: _____

MEALTIME & NUTRITION

In conjunction with the Child Care Food Program (CCFP), Lil' Rascals Academy provides nutritious foods that contribute to the wellness, healthy growth, and development of young children. Each meal that is served to our students contains, at a minimum, each of the food components in the amounts indicated for the appropriate age group as stated in the CCFP Meal Pattern for Children. Menus are posted for parents to review.

	Parent Agrees to the Following: Additional food sent with child will adhere to nutritional and safety
✓ Lunch	guidelines
	☐ Understand that Lil' Rascals Academy is a "Peanut-Free" School
	neet the child's nutritional needs as defined above.
Director's Signature	
Parent's Signature	Date
DEDIVISORON FOR FOOD DEL	
PERMISSION FOR FOOD-RELA AND SPECIAL OCCASION FOO	
	licensed child care must obtain written permission from parents/
	ion in food related activities. These activities include such things ng, school wide celebrations, and birthdays.
	(Parent/Legal Guardian)
,	(" " " " " " " " " " " " " " " " "
give or decline p	ermission for my childand special occasions wherein food is consumed.
to participate in food related activities a	and special occasions wherein food is consumed.
Please provide the following information	on:
My child DOES NOT have food	d allergies or dietary restrictions.
My child DOES have food aller	gies or dietary restrictions. He or she may participate
	llowing items (please list below)
0.00 1.1.00 0.00 0.1 1.00.00 0.10 1.0	the many traine (produce and content)
My shild DOES have a food all	argy or diatory restriction
My child DOES have a food allowed He or she may NOT participate	•
The of site may 1001 participate	in detivities. (piedse list below)
T 1 / 151	
I understand it is my responsibility to up changes.	pdate this form in the event that my decision or permission
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.

ties, teacher led small group games, and teacher lead large weather, a rainy day activity schedule is posted on the classports. To participate in physical activities, children must be at all times. No flip-flops, sandals, or Crocs are permitted.	e group games. In the case of inclement ssroom schedule. All teachers promote teamwork in be appropriately attired. Closed toes shoes are required
Parent/Guardian Signature:	Date:
PHOTO RELEASE I hereby grant Lil' Rascals Academy permission to pland in any all other media, whether now known or he Academy, in perpetuity, and for other use by Lil' Rascalemy.	ereafter existing, controlled by Lil' Rascals
claim against Lil' Rascals Academy for the use of photograph(s)/vio Parent/Guardian Signature:	
Parent/Guardian Signature:	Date:
REPORTING ABUSE AND NEC	GLECT
In accordance with chapter 39 of the Florida Statute that any person who knows, or has reasonable cause neglected by a parent, legal custodian, caregiver, or shall report immediately such knowledge or suspici Children and Families.	to suspect, that a child is abused, abandoned, or other person responsible for the child's welfare
Parent/Guardian Signature:	Date:

ASSESSMENTS AND SCREENINGS

I give permission for my child to participate in early learning assessments and screenings administered by Lil' Rascals Academy. The results of these assessments will be used to measure my child's progress and may be used to evaluate and update Lil' Rascals Academy's programs. I understand that I will have access to all results of these assessments.

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:
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TERMINATION OF SERVICES

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

- Non-Payment for 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:
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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. Lil' Rascals Academy staff members are authorized to have full access to my child's records.

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.



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.

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:	

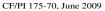
Signature:

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.





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



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

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.

The Flu"

A Guide

for Parents

- 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.



NFLUENZA VIRUS

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.immunizeflorida.org/

This child care facility is licensed accordingto 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. 402.3125(5), 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
- ☐ Medication and hazardous materials are inaccessible and out of children's reach

- □ 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).

- □ Maintain accurate records that include:
 - Children's health exam/immunization
 - 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
- ☐ 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
- Include exercise and coordination development
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve

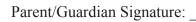
Quality Caregivers

- $\hfill \square$ 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 fregently 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.







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: Date Date		
Parent	Name:	Parent Signature	Date	
Email	(optional)			
Information is for the use of the Broward County Swim Central program only.				
1. Hov		swimming ability? comfortable in deep water ded period of time in deep water		
2. Has	☐ Swim lessons are not in☐ Schedule of lessons no	pelow that apply: and information about swim lessons apportant	☐ Transportation problems☐ Lessons are too expensive	
3. Do y	you or a family member kno ☐ Yes ☐ No	ow how to perform CPR with rescue b	reaths?	
4. Has	your child's doctor talked t □ Yes □ No	o you about drowning prevention and	d water safety?	
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				
Broward Care Fa	cilities to mail or fax a cop	·	VIM Central questionnaire and for Child s a copy of this form to be placed each	
Facility Name:		Facilit	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 th Place		
		Lauderhill, FL 33311		
		parent distribution can be download	ded:	
http://w	<u>ww.watersmartbroward.or</u>	g/resources/brochures-handouts/		