

Parent Updates:	_____	_____
	(Initial)	(date)
Parent Updates:	_____	_____
	(Initial)	(date)
Parent Updates:	_____	_____
	(Initial)	(date)



School Code: _____
Date of Registration: _____
Date of Termination Status: _____

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

E-mail Address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed

Primary Residence: Mother Father Both Guardian

List the family members your child lives with (include names and ages of siblings): _____

Circle Days to Attend: AM MON TUES WED THUR FRI Arrival Time: _____ Departure Time: _____

AM MON TUES WED THUR FRI Arrival Time: _____ Departure Time: _____

Meals While in Care: Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____

SCHOOL-AGE INFORMATION

Does your child attend school? Yes No Elementary School Name: _____ Grade: _____

School Address: _____ School Phone: _____

School Start Time: _____ School End Time: _____

Transportation provided by: Elementary School Parent/Guardian The Village Other: _____

Circle Days to Attend: AM MON TUES WED THUR FRI Arrival Time: _____ Departure Time: _____

AM MON TUES WED THUR FRI Arrival Time _____ Departure Time: _____

Meals While in Care: Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ E-mail: _____

Driver's Lic # /State: _____

Employer: _____ Employer's Address: _____

Work Phone: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ E-mail: _____

Driver's Lic # /State: _____

Employer: _____ Employer's Address: _____

Work Phone: _____ Work Hours: _____

Name of Child: _____

Date: _____

Parent/Guardian Initial: _____

ENROLLMENT REGISTRATION INFORMATION

EMERGENCY CONTACT AND RELEASE PERSONS

Please notify the school if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name#1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Home E-mail Address: _____
Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Name#2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Home E-mail Address: _____
Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Name#3: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Home E-mail Address: _____
Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release form required by individual state child-care licensing regulations.

- School staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information to verify your identity.
- For all children's safety, it is critical to use your secured access to enter the building and sign in your child in and out according to state child care licensing regulations. To ensure the safety of our school's staff and children. Please do not share your secured access with anyone else.
- Please notify emergency contacts that they must bring government-issued identification when they pick up your child.
- If you must pick up your child after closing time, you will be charged a late fee per every 15 minute or portion of 15 minute period, per child, until the child is picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please contact your Director for additional information.

Name of Child: _____

Date: _____

Parent/Guardian Initial: _____

ENROLLMENT REGISTRATION INFORMATION

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of an emergency requiring a physician's care, would you like us to call your family physician?

Yes: _____ No: _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and do hereby state that I am (we are) parent(s) legal guardian(s) of _____ a minor child age _____, born on _____, who resides with me (us) at _____. I {we}, _____ authorize, for emergency purposes only, a school designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of _____.

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs, foods or other: _____

Please list any special medications or pertinent information: _____

Parent/Guardian Signature: _____

Appeared before me and produced: _____ as identification. Date: _____

Director Signature: _____ Print name: _____

AUTHORIZATION FOR TRANSPORTATION, FIELD TRIP OR EMERGENCY

We may plan special field trips for the children away from the school. These trips are carefully arranged and shall be supervised by an adequate number of adults. This includes children taking walks and Infants strolling in their buggy. You will always receive advanced notice of ALL field trips. I also give permission for my child to play on the empty field on the north side of the school with proper supervision. We have your permission to take your child, _____, on these field trips.

For emergency purposes. We have permission to evacuate the premises. Our emergency evacuation site is posted in each school.

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY:

We have permission to pick up your child, _____, on a daily basis from _____ school and take him/her on field trips.

Transportation off-school grounds is only provided for children at least 4 years old and 40 pounds or more. By signing this, you are certifying that your child is at least 4 years old and 40 pounds or more.

Parent Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

Name of Child: _____

Date: _____

Parent/Guardian Initial: _____

ENROLLMENT REGISTRATION INFORMATION

MEDICAL INFORMATION

MEDICAL HISTORY

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at the school: _____

2. Special Dietary Needs:

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No Explain: _____

5. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses as necessary _____

Allergies (please check and list all that apply)

Medications Reaction: _____

Food Reaction: _____

Other: _____ Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

MEDICAL CARE PROVIDER/FACULTY

I here by give consent for the facility to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child and seek medical attention.

Parent Guardian Initials: _____ Date: _____

Primary Care Physician Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Preferred Hospital Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Per state regulations, a written statement is required for waiver of immunization requirements.

Name of Child: _____

Date: _____

Parent/Guardian Initial: _____

ENROLLMENT REGISTRATION INFORMATION

CHILD PROFILE

Child's Name: _____ Age: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____

5. Who also cares for your child(ren)?

6. What language is spoken in your home? _____

7. Does your child have any medical or physical needs? Explain:

8. Does your child have any allergies? Explain:

9. What are the foods your child likes best? _____
Least? _____

10. What are your child's mealtime routines at home? _____

11. How many hours of sleep does your child receive at night? _____

12. Does your child need to be awakened in the morning to attend the school? _____

13. What are your child's sleeping arrangements? Check appropriate answer.

Own room Shares room with _____ Sleeps in crib Sleeps in bed

14. What are your child's bedtime rituals? _____

Name of Child: _____

Date: _____

Parent/Guardian Initial: _____

ENROLLMENT REGISTRATION INFORMATION

15. Does your child take naps? Yes No How long? _____

16. Does your child need a favorite item (such as a blanket) for a nap? Yes No

If so, does your child have a special name for it? _____

17. What words are spoken in your house for toileting? _____

18. How does your child express anger or react to frustration? _____

19. Does your child have any particular fears? _____

20. How does your child react to change (such as being left by parents)? _____

21. How does your child comfort himself/herself? _____

22. What are your child's play interests (preference for creative, dramatic or construction play)? _____

23. How do you discipline your child? _____

24. When did your child begin to use language? _____

25. How would you describe your child (personality characteristics)? _____

26. What do you enjoy the most about your child? _____

27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs? _____

28. Has your child had previous preschool experiences? _____

29. Are you available to help us with field trips or other special events? _____

30. Do you have a special interest or hobby you would like to share with the children? _____

Parent/Guardian Signature: _____ Date: _____

Name of Child: _____

Date: _____

Parent/Guardian Initial: _____

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT CHECKLIST

Please review the entire student enrollment packet and Family Policy and Enrollment Agreements with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM FAMILY

- Standard Enrollment Packet
- Permission form for after school pick-up, field trips & emergency care (including verification of age and weight)
- Authorization for Students Pickup
- Child Information Card
- Family Handbook
- Tutor Time Enrollment Agreement
- Other State or Federal required forms: _____

REVIEW WITH FAMILY

- | | |
|--|---|
| <input type="checkbox"/> The child's first day | <input type="checkbox"/> Annual registration fee |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy) | <input type="checkbox"/> Late fees |
| <input type="checkbox"/> Tuition payment schedule | <input type="checkbox"/> Vacation policy |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Special needs |
| <input type="checkbox"/> Process and Procedures of Security Access | <input type="checkbox"/> Absenteeism policy |
| <input type="checkbox"/> Authorized pickup, late pickup policy and emergency controls | <input type="checkbox"/> Sick policy |
| <input type="checkbox"/> Child Custody Documents (if applicable) | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Clothing and other items to bring (labeled) | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Any pickup restrictions | <input type="checkbox"/> Security Deposit (if applicable) |
| <input type="checkbox"/> Any photo restrictions | <input type="checkbox"/> Medication policy |
| <input type="checkbox"/> Immunizations/Health information | <input type="checkbox"/> Relevant curriculum features for child's age group |
| | <input type="checkbox"/> Infant/Toddler Needs Service Plan (if applicable) |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of The Village Early Learning Center's policies.

Name of Parent/Guardian: _____ Signature: _____

Relationship: _____ Signature: _____

Name of Director: _____ Signature: _____

Date: _____

Name of Child: _____

Date: _____

Parent/Guardian Initial: _____



EARLY LEARNING CENTER

Discipline Statement

The Village Early Learning Center staff use positive methods of discipline, which encourage self-control, self-direction and self-esteem.

Staff is prohibited from using the following as a means of punishment:

- Hitting, shaking, biting, pinching or inflicting any form of corporal punishment.
- Restricting a child's movement by binding or tying him/her.
- Mental or emotional cruelty such as humiliating, shaming, threatening or frightening a child.
- Depriving a child of meals, snacks, water, rest or necessary toilet use.
- Confining a child in an enclosed area such as a closet, locker room, box or similar cubical.

I parent of: _____ understand the discipline policy as set forth in this statement.

(Parent Signature) (Date)

(Print Name)



3741 Canoga Park Drive, Brandon FL 33511 Phone (813)651-0779 Fax (813) 643-5926

ENROLLMENT AGREEMENT

Child's Full Legal Name: _____

Parent/Legal Guardian Name(s): _____

Please initial each section listed below, then sign and date the last page.

TUITION and MODIFICATIONS CONDITIONS:

I have enrolled my child in the following program(s):

From _____ AM/PM to _____ AM/PM

Days: (check all that apply) Mon Tue Wed Thu Fri

The current tuition rate for the program I have chosen is \$_____ per week. I understand that rates are subject to change with reasonable notice, as conditions require. The center follows state specific required time frames on tuition and modifications notices.

AGENCY REIMBURSEMENT:

I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment to the Village ELC of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

PAYMENT OF TUITION:

I understand that ***payment is due before care is received***, and I can choose the schedule of my tuition payments. I can choose weekly, monthly, or semi-monthly. Weekly tuition is due on the Thursday before the upcoming week. Monthly tuition is due on the 1st of each month, and semi-monthly tuition is due on the 1st and 15th of each month. If payment in full is not received when due, I agree to pay a **late payment fee of \$20** per week or part of each week that tuition is not received. All late fees are subject to change without notice. I understand that if my account is delinquent for two weeks, I will be asked to withdraw my child until my account is made current. The Village ELC cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

PAYMENT BY CREDIT CARD:

I understand that if I choose to pay my tuition by credit card, I am able to make a phone call to give Credit Card Authorization. This will allow The Village Early Learning Center to charge my credit card for the purpose of tuition payment. I understand that I do not need to be present when the transaction is processed.

RETURNED CHECKS:

I understand that a **processing fee of \$30** will be charged to my account for all checks which are returned for any reason, and that this fee is in addition to any charges that my bank or financial institution may charge me. If more than 2 checks are returned within a calendar year, I will be required to pay by money order or credit card.

REGISTRATION FEE:

I understand that an **annual, non-refundable Family Registration Fee of \$85** shall be paid in advance to enroll my child. Once enrolled, I understand that I am responsible for paying this fee.

SUMMER REGISTRATION AND ACTIVITY FEE:

School age camp will be open during the summer months, spring break, and winter holiday weeks according to the local public school calendar. Students that are already enrolled in Before and/or After Care, have attended during the weeks preceding Summer Camp, **and have kept their tuition payments current** will be exempt from paying a separate Registration Fee.

DISCOUNTS:

A ten percent (10%) sibling discount is offered for each additional child from an immediate family. Corporate discounts are given to teachers, military personnel, police officers, and fire fighters. Discounts are not applicable to Registration Fees, Curriculum/Program Fees, Agency Co-Pays, special program promotions, or for any other fees or services, and cannot be combined with any other discount or promotion.

CHARGES AND PROCEDURE FOR LATE PICK-UP:

The Village ELC is open from 6:30am to 6:30pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child(ren) by the pick up time I have selected in this contract, I will be charged a late fee of \$5 per every 15 minutes or portion of fifteen minute period, per child, until the child(ren) is picked up. This charge is to be paid at the time of pick up. I further understand that if I fail to pick up my child(ren) for more than 30 minutes past The Village ELC closing time, police or local authorities may be contacted.

INCLEMENT WEATHER OR OTHER DISASTERS:

I understand that it is the intention of The Village Early Learning Center to be open and provide child care service every weekday of the year (excluding holidays), but that inclement weather, natural or national disaster, or major building issue may disrupt service from time to time. I agree to contact the Village ELC to ensure that it is open during inclement weather or natural disaster. I agree that in the event that The Village ELC is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three days.

HOLIDAYS:

I understand that The Village ELC is closed on the following holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day. **I agree that I will not receive a refund, credit, or any other allowance for holidays.** If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

ABSENCES/VACATIONS:

I agree to inform The Village ELC immediately if my child(ren) will be absent on any day. **I understand that no**

allowances, credits, refunds or make up days shall be made for occasional absences. My regularly contracted tuition is due for all weeks when my child attends any part of the week. If my child will be absent for an entire week, I may choose to use a **Vacation Credit**. The terms of a Vacation Credit are as follows: After six (6) continuous months of enrollment, I may elect to use one week of Vacation Credit when my child is not in attendance for an entire week (five consecutive days). During the Vacation Credit week, my regular tuition charge will be **reduced by 50%**.

WITHDRAWAL FROM PROGRAM:

I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, my child will only be eligible for re-admission based upon space availability and all other re-enrollment criteria. If my child is selected for re-enrollment, I will be required to pay a new non-refundable Registration Fee. I will be required to bring my account current prior to withdrawal.

DAILY SIGN-IN AND SIGN OUT:

I agree to sign my child(ren) in and out every day on The Village Early Learning Center computer accounting system. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter The Village ELC to drop off and pick up my child(ren) and that I must escort my child(ren) to and from the designated classroom each day.

RELEASE OF CHILD(REN):

I understand that my child will only be released to me, a parent or legal guardian (except where prohibited by state child care law or court order) and to those persons whose names I have listed on the **Authorization for Student Pick-up** form. I understand that The Village Early Learning Center may require, at any time and without notice, satisfactory proof of identification and a valid driver license from any person, including myself, who proposes to pick up and transport my child(ren). I understand that, for the safety and security of my child(ren) if an emergency were to arise where an unauthorized person must pick up or drop off my child(ren), I will be required to provide a password or other verification, as directed by The Village ELC. I will be required to follow the instructions for **Student Release to an Unauthorized Person** policy, which requires a photo ID from the person picking up my child and the completion of a release form, which I must sign upon my next arrival at The Village ELC. I understand that The Village Early Learning Center has the right to refuse to release a child to any person, including myself, who fails or refuses to follow The Village Early Learning Center Sign-In, Sign-out, and Child Release policies, or to any person who appears, in the sole discretion of The Village Early Learning Center staff, unable to safely transport my child(ren). I understand that no person under the age of 18, including family members but excluding emancipated minor parents may pick up a child from the center.

MODEL RELEASE:

The Village Early Learning Center and its agents _____ MAY _____ MAY NOT use photographs, reproductions, images or sound recordings of my child for advertising, publicity, or any other lawful purpose. The most common use of photos at the school is our business Facebook page (www.Facebook.com/IHeartTheVillage) and photos placed on classroom walls.

CONTACT INFORMATION:

I understand that it is my sole responsibility to inform The Village Early Learning Center of any changes in my personal information or my child's personal information including, but not limited to, address, home phone number, work phone

number, cellular phone number, days and hours of work, days and hours of school, transportation arrangements, child's medical conditions and any changes that may affect my child's enrollment. I understand that The Village ELC will not be responsible for errors or claims resulting from my failure to provide current contact information.

EMERGENCY CONTACTS:

I understand that I am required to provide and maintain at all times a minimum of two (2) additional emergency contacts other than myself, including full names, home and work phone numbers, cellular phone numbers, addresses, driver license numbers or state identification numbers, and relationship to my child(ren). I understand that in the event of any emergency for which I cannot be reached and the emergency contacts cannot be reached, that the Director may contact police or other local authorities for assistance.

SAFETY:

I understand that The Village Early Learning Center has an open door policy for parents and legal guardians and that I have unlimited access to The Village ELC, while my child is in attendance. I understand that access to The Village ELC may be restricted to custodial parents pursuant to state childcare regulations, or may be further restricted by court order. I further understand that, for any reason it deems appropriate for the preservation of the safety, security, health or general well-being of the students and staff, The Village ELC may temporarily or permanently exclude any person from The Village ELC, including a parent, whom The Village ELC finds at its sole discretion, poses or is likely to pose a risk to the students, families, or staff of The Village ELC or who fails or refuses to conduct him or herself in a manner befitting a child care environment. Prohibitions include, but are not limited to: profanity, yelling, threatening, aggressive or violent behavior, intoxication, or failure to follow the policies and procedures of The Village Early Learning Center.

INTERVIEWING CHILDREN AND INSPECTING RECORDS:

I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the care of The Village ELC, to make provisions for the independent medical examination of any child by a licensed physician, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by The Village ELC.

ILLNESS AND RE-ADMISSION:

I understand that I will be notified should my child become ill during the day, and ***that I will pick up my child within one hour upon such notification.*** If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to The Village Early Learning Center Re-admission Criteria in the ***Policy Agreement.***

MEDICATION:

When possible, all medications should be administered at home. I understand that The Village ELC is not required to administer any medication, and that medication can be provided at school as a service. If medication must be administered during the day, I agree to fill out the ***Non-Prescription Medical Treatment Instruction, Consent and Waiver*** form or the ***Authorization for Administering Prescription Medical Treatment Waiver and Consent*** form and give
The Village Early Learning Center

the medications and completed forms to the appropriate management person in charge. I understand that I must strictly follow all The Village ELC policies related to the administration of medication, and that the Village ELC may refuse to administer any medication at any time, without notice when, at the sole discretion of The Village ELC, such action is in the best interest of my child.

PERSONAL ITEMS:

I understand that The Village ELC is not responsible for lost or damaged personal items. I will ensure that my child(ren)'s clothing, backpacks, and other personal items are clearly labeled with the child(ren)'s first and last name.

THE VILLAGE EARLY LEARNING CENTER POLICIES & STATE REGULATION:

I understand that the above policies are not an all-inclusive list, and that my child(ren), my family members, authorized agents and I are bound by state child care regulations, the *Enrollment Agreement*, and all other The Village ELC policies, which may be modified at any time, without notice. I also understand that the childcare regulations of the state of Florida in which my child attends may prevail over any Village ELC policies. I further understand that my continued enrollment at The Village Early Learning Center constitutes my acknowledgement of, and agreement to abide by, all The Village Early learning Center Policies and state regulations.

PARENT POLICY AGREEMENT:

I have received a copy of *The Village Family Handbook*. I have read and understand its contents and policies and agree to be bound by it. I understand that The Village ELC has an Open Door Policy and will discuss any of my concerns with me with or without an appointment at a time that is mutually convenient.

These policies have been reviewed with me by the Director or an Administrator. I understand and will comply with the policies included in The Village Early Learning Center's *Enrollment Agreement and Policy Agreement*.

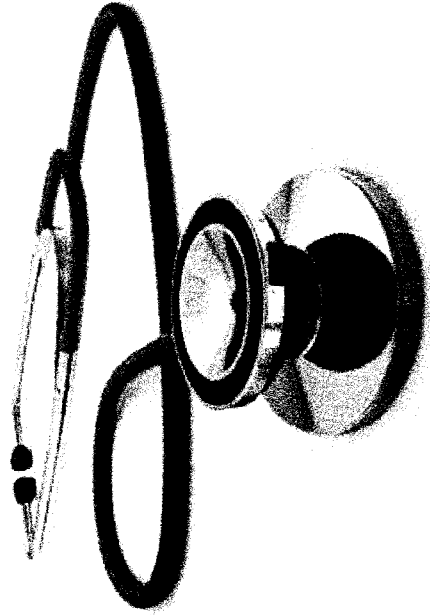
Parent or Legal Guardian: _____
(Signature) (Date)

(Printed Name)

Director: _____
(Signature) (Date)

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



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.

"The Flu" A Guide for Parents



INFLUENZA VIRUS

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.

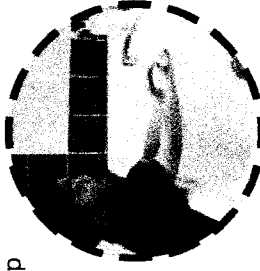
CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- 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

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.

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.



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/>

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 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, and 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.

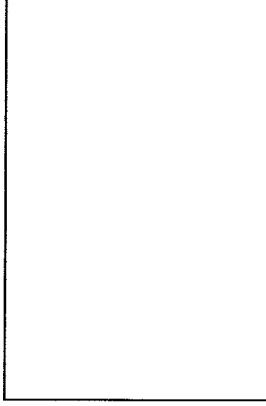
Quality Activities

- ✓ 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.



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

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



Know Your Child Care Facility



Florida Department of Children & Families

CF/PI 175-24, 10/2007

This brochure was created by the Department of Children and Families, Child Care Program Office pursuant to s. 402.3125(5), F.S.

Licensing Standards

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: www.myflorida.com/childcare.

- ✓ Provide parents with written disciplinary practices used by the facility.
- ✓ Provide access to the facility during normal hours of operation.

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.
- ✓ Equip 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.

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.

General Requirements

- ✓ Valid license posted for parents to see.
- ✓ All staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:

Under 1 yr. old	1:4
1 yr. old	1:6
2 yrs. old	1:11
3 yrs. old	1:15
4 yrs. old	1:20
5 yrs. old & older	1:25
- ✓ Maintain appropriate transportation vehicles (*if transportation is provided*).

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.

Food and Nutrition

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

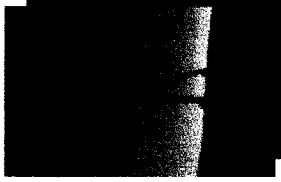
Record Keeping

- ✓ 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.

Parent's Role

The parent's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:

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



To report non-compliance with state licensing standards, please contact your local licensing office.