



License #: C10HI0044

Student Information: Name: _____

(Last) (First) (Nickname)
Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Child's Physical Address: _____

Family Information: Custody is with: Mother _____ Father _____ Both _____ Other _____

****IF THE CHILD DOES NOT LIVE WITH BOTH PARENTS, ENROLLING PARENT UNDERSTANDS THAT WE CAN NOT REFUSE OTHER BIOLOGICAL PARENT ACCESS WITHOUT COURT DOCUMENTATION**** The child will be released to listed parents as well as those listed under contacts.

Mother's Name: _____ Father's Name: _____

Mother's DOB: _____ Father's DOB: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Number: _____ Work Number: _____

Cell Number: _____ Cell Number: _____

Cell Carrier: _____ Cell Carrier: _____

Primary email: _____

Primary Custody: Mother _____ Father _____ Both _____ Other _____

**** In the event Primary Custody is not documented with court papers, we determine the primary custodial parent as the parent the child primarily lives with. ****

Medical Information: I hereby grant my permission for the staff of Family Tree Learning Center, Inc. to seek medical attention for my child. I understand that Family Tree Learning Center, Inc. does not provide transportation. All transportation will be provided by the EMS of Highlands County. I further understand that any cost incurred for any medical treatment and measures will be at my expense.

Primary Care Doctor: _____
(Name) (Phone)

Please list any Allergies or current medical conditions: _____

Medical Insurance Information: Insurance Company: _____

Policy Holder: _____ DOB of Policy Holder: _____

Plan Number: _____ Group Number: _____

Contacts: I hereby give Family Tree Learning Center, Inc. Staff permission to release my child to the following people on any day at any given time for any given reason (the facility has the right to deny any person listed below at any time for any reason):

NAME	Home #	Work #	Cell #
NAME	Home #	Work #	Cell #
NAME	Home #	Work #	Cell #
NAME	Home #	Work #	Cell #

Helpful Information Regarding My Child:

* Section 64C-22.006(8a), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) be on file within 30 days of enrollment. In the event these form are not proved, my child will not be able to attend, yet, I will be responsible for tuition to secure the space.

* Section 402.3125(5), F.S., requires that parents receive a copy of the "Know Your Child-Care Facility" (CF/PI 175-24)

* Section 65C-22.006(3)(c), F.A.C., requires that parents are notified in the writing of the disciplinary practices of the child care facility

* Section 65C-22.006(9) requires that a facility provide access to the custodial parent or legal guardian in person & by phone to the facility during normal hours of operation (Open Door Policy)

* Chapter 386 F.S. requires the facility premises to be smoke-free. This includes the parking lot. Anyone smoking on the property can receive a fine from the local enforcement agencies.

* The Influenza Brochure was provided to me at enrollment and every August/September thereafter.

Your signature below indicates that that information on this form is complete and accurate. I agree to follow the all the policies and procedures which have been provided to me in the parent handbook and/or explained to me. I further understand that in the event of a custody change, the facility has the right to require both biological parents to agree on any changes made to this form. I also understand that it is my responsibility to update this form in the event of a change.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Enrollment Contract

I have made the decision to enroll my child(ren) into Family Tree Learning Center, Inc. I acknowledge I have been received a copy of the **Family Tree Learning Center, Inc. Parent Handbook**. I have read and had the opportunity to ask questions regarding the policies and procedures. I agree to abide by all policies and procedures as stated in the handbook. I further understand that it is my responsibility to educate everyone on my pick up list of the policies and procedures. I understand that if these policies and procedures are not followed by myself nor anyone on my pick-up list, it is grounds for immediate termination of care for my child(ren).

I/We understand that our child/children are enrolled for a 4 week trail basis, During that time staff will make observations and evaluations pertaining to the child's/children's ability to adapt to the surroundings and parents ability to get your account current and up to date. After the 4 week period, unless otherwise notified, the child/children will be accepted and permanently enrolled.

I/We agree to provide an up to date physical and shot record or verification of a scheduled appointment (within 30 days) at the time of enrollment AND to maintain current records at all times. I further understand my child can not attend with out dated records and I will have to continue to pay for my childs(ren) spot regardless of attendance.

I/We understand that tuition is due regardless of attendance. I/We understand that tuition for the following week is due by the close of business on Friday . If tuition is not paid in full by the due date, a late fee of \$30.00 will be added to my account. I understand that my child may not attend if the week has not been paid for.

I/We understand that there is a \$10.00 per month technology fee. The fee will be billed the 15th of each month for the following month.

I /We understand registration is a yearly process.

I/We understand that children must arrive by 9:30am. If my child(ren) will be arriving after 9:30am, I must notify the facility prior to 9:30am and I must provide a doctor's note with the same date to show the child had a doctor's appointment. Children must arrive by 11:00am even with a doctor's note.

I/We acknowledge there is a late pick up fee of \$1.00 per minute per child after 6:00pm. I further understand all late fees must be paid prior to my child returning.

I/We understand there is a late payment fee of \$30.00 and a return check of \$35.00

I/We have received the Discipline Policy, Open Door Policy, Termination of Care Policy, the Reunification Policy, Food and Nutrition Policies, Know Your Child Care Facility Policy, Influenza Brochure, Biting Policy and the Distracted Adult brochure..

I/We understand I must provide a 1 week notice in the event of withdraw or pay for the week even if the child doesn't attend.

Signature:

Date:

Permissions Page

Child(rens) Name (s): _____

First Aide: By signing below, I am authorizing the staff of FTLC to administer basic First Aid to my child(ren). In the event my child requires more than basic First Aid and EMS is called, I give permission for Highlands County EMS to administer aid to my child and to take my child to a local hospital. My preferred hospital is: _____

Diaper Rash Cream: By signing below, I am authorizing Family Tree Learning Center staff to put over the counter diaper rash cream and/or Vaseline on my child.

Gatorade: By signing below, I am authorizing the staff of FTLC to give my child(ren) Gatorade.

Eye Wash: By signing below, I am authorizing the staff at Family Tree Learning Center, Inc to use saline solution to wash out my child's eye(s) when necessary.

Popsicles: By signing below, I am authorizing the staff at Family Tree Learning Center, Inc. to give a Popsicle to my child when need for possible over heating, high fever, and/or injuries to the mouth and/or lips.

Permission for Video and Photos: By signing below, I am authorizing Family Tree Learning Center, Inc. staff permission to take videos and/or pictures with a school owned cell phone, school owned laptops and school owned tablets/Ipads.

Records: By signing below, I am authorizing Family Tree Learning Center staff permission to access the information in your child(ren) file.

Procure App Permissions: By signing below, I am giving FTLC staff permission to communicate with me via a childcare app, by text and email. I am authorizing staff to take pictures and/or videos of your child(ren) to be shared with me and other families through the Procure App.

Food Experiences and Class Parties: By signing below, I am giving my child(ren) permission to participate in class birthday parties and have treats. For birthday parties, parents are allowed to provide store bought vanilla cupcakes with vanilla icing and apple juice.

Infants Outside: By signing below, I am giving permission (if your child is an infant) for your child to receive outside time by going in the front of the building in an evacuation crib or by being carried by a staff or volunteer.

Signature: _____ Date: _____

Parent Code of Conduct

Family Tree Learning Center prides itself of working as a TEAM with parents and children as a family. We strive to communicate and work together to provide the best possible environment and program for our students. On very few occasions, despite our best efforts, our program may not be the best fit for your family. We ask that you provide us with the opportunity to work together in situations of dissatisfaction by providing immediate communication with our office staff. It is our goal to resolve unpleasant or unsatisfactory situations as they arise (within our means and ability). We implement our Parent Code of Conduct to protect our FTLC family and provide our expectations upfront to avoid negative impact on our program, families and children. If we are unable to resolve a situation, meet your needs or we determine that a parent/guardian or pick up person is in violation of this policy, we will regrettably proceed with termination of enrollment immediately.

By signing below, you are acknowledging your agreement and understanding of the policy on behalf of yourself and any person contacting or interacting with our staff on your child's behalf:

1. Photographs/videos of children within our facility are not authorized to be taken and/or placed on Facebook or other social media platforms by non-custodial parents/relatives and volunteers. This is a violation of their privacy.
2. Cell phones or other devices should not be used during the drop off or pick up process.
3. Children may not be left in an unattended vehicle on our premises.
4. Non-service animals are not permitted within our facility.
5. Smoking is not permitted on our premises.
6. I understand that my child will not be released to an adult that is perceived to be under the influence of drugs and or alcohol that may pose a safety risk.
7. I understand that weapon of any kind are not permitted on the premises.
8. I understand that electronics and toys from home are not permitted.
9. I understand that all items brought and worn to school should be labeled with my child's first and last name.
10. FTLC is NOT responsible for lost or stolen items.
11. Posting on social media or public forums and communication that is negative in nature regarding FTLC will result in termination of enrollment. We expect our families to respect our program and allow us to work together to resolve situations. Negative posts will be understood as a dissatisfaction to the extent of the request to disenroll and will result in termination of enrollment immediately.
12. Yelling, profanity and disrespectful communication to our students, staff or fellow parents is not permitted.
13. Parent/teacher communication within the classroom must allow for staff to maintain adequate supervision of all children. Parents are welcome to request coverage for a staff member to be released from their classroom to

better communicate, while maintaining supervision. Please inquire at the front desk.

14. Visitors that will remain in the classroom in excess of 10 minutes will need to sign in at the front desk to adhere to licensing requirements. Drop off and pick up should be short and sweet.
15. Attire worn at drop off and pick up must not contain profanity, expose private areas and must include shoes.
16. Children must ride in an approved, age-appropriate car seat that is properly secured when the car is in motion. FTLC staff is not permitted to fasten safety belts and car seats.
17. I understand that FTLC staff is not permitted to provide babysitting services for our families without having a waiver of liability on file for both the staff and family. (Forms available at the front desk) FTLC does not endorse or ensure any childcare that is provided by our staff outside of our facility.
18. If my child is sick (see sickness policy) and/or causing potential harm to other children or staff, I understand that I or an authorized person will be required to pick up my child immediately.
19. In order to keep our premises clean, parents are expected to help keep the parking lot clean by not throwing trash out of their vehicles and picking up any trash dropped by the family. Parents are also required to pick up any trash that may fall out of their car
20. The dumpster is paid for by FTLC for trash collected by the center during the day. The dumpster is not to be used by parents or the public.

By signing, I agree that I have received, reviewed, understand, and agree to the Family Tree Learning Center Parent Code of Conduct. I am signing this agreement on behalf of all persons listed as emergency contacts and or pick up persons. If at any time, a parent or guardian is in violation of this parent code of conduct, their child's enrollment will be terminated immediately.

Signature

Date

Child Care Food Program Infant Feeding Form

Child Care Facility Name: Family Tree Learning Center, Inc

Formula(s) offered: Gentle (purple can) and Soy Based

Infant Name: _____ Date of Birth: _____

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to all enrolled infants. Solid foods are offered only when authorized by parents and when each infant is developmentally ready, in accordance with the CCFP Meal Pattern.

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

Parents, please complete the following:

Breastmilk - Please check if you plan to do one or both:

- ☐ Provide pumped breastmilk
- ☐ Visit facility to nurse

Infant Formula:

- ☐ I accept the formula(s) offered by the facility
- ☐ I prefer to supply my own formula: _____

Record changes and updates below, as needed (i.e. infant switches from breastmilk to a center-provided infant formula).

Notes	Date	Parent Initials

Please attach additional pages as needed.

- ☐ This facility has not requested or required me to provide infant formula or food.
- ☐ If desired, I understand I may supply only one component per meal.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

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

Child's Name: _____ Center Name & Address: Family Tree Learning Center

Primary Hours of Care: From: 6:00am To: 4:00pm Days of the Week in Care: M T W T F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (863) 344-6033

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income — sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.	
Children's Income – Total: \$	How often received? (check only one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. **For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually).** For an adult that does not receive income from any source, write “none” or “0.” If you enter “none” or “0” or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none." _____

STEP 5 Contact information and adult signature _____

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____
Daytime phone #: (____) ____-_____

Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

[illegible]

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-need ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually
 How Often Income is Received (Frequency): ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually
 Annual Income Conversion: Weekly, v. 53 Biweekly, v. 26 Twice a Month, v. 12 Monthly, v. 12 Annually, v. 12
 Total Household Income: _____ Total Household Income: _____
 Category: ☐ 1741 Foreign ☐ 1742 Probation ☐ 1743 Other ☐ 1744 Probation ☐ 1745 Other ☐ 1746 Probation ☐ 1747 Other ☐ 1748 Probation ☐ 1749 Other ☐ 1750 Probation ☐ 1751 Other ☐ 1752 Probation ☐ 1753 Other ☐ 1754 Probation ☐ 1755 Other ☐ 1756 Probation ☐ 1757 Other ☐ 1758 Probation ☐ 1759 Other ☐ 1760 Probation ☐ 1761 Other ☐ 1762 Probation ☐ 1763 Other ☐ 1764 Probation ☐ 1765 Other ☐ 1766 Probation ☐ 1767 Other ☐ 1768 Probation ☐ 1769 Other ☐ 1770 Probation ☐ 1771 Other ☐ 1772 Probation ☐ 1773 Other ☐ 1774 Probation ☐ 1775 Other ☐ 1776 Probation ☐ 1777 Other ☐ 1778 Probation ☐ 1779 Other ☐ 1780 Probation ☐ 1781 Other ☐ 1782 Probation ☐ 1783 Other ☐ 1784 Probation ☐ 1785 Other ☐ 1786 Probation ☐ 1787 Other ☐ 1788 Probation ☐ 1789 Other ☐ 1790 Probation ☐ 1791 Other ☐ 1792 Probation ☐ 1793 Other ☐ 1794 Probation ☐ 1795 Other ☐ 1796 Probation ☐ 1797 Other ☐ 1798 Probation ☐ 1799 Other ☐ 1800 Probation ☐ 1801 Other ☐ 1802 Probation ☐ 1803 Other ☐ 1804 Probation ☐ 1805 Other ☐ 1806 Probation ☐ 1807 Other ☐ 1808 Probation ☐ 1809 Other ☐ 1810 Probation ☐ 1811 Other ☐ 1812 Probation ☐ 1813 Other ☐ 1814 Probation ☐ 1815 Other ☐ 1816 Probation ☐ 1817 Other ☐ 1818 Probation ☐ 1819 Other ☐ 1820 Probation ☐ 1821 Other ☐ 1822 Probation ☐ 1823 Other ☐ 1824 Probation ☐ 1825 Other ☐ 1826 Probation ☐ 1827 Other ☐ 1828 Probation ☐ 1829 Other ☐ 1830 Probation ☐ 1831 Other ☐ 1832 Probation ☐ 1833 Other ☐ 1834 Probation ☐ 1835 Other ☐ 1836 Probation ☐ 1837 Other ☐ 1838 Probation ☐ 1839 Other ☐ 1840 Probation ☐ 1841 Other ☐ 1842 Probation ☐ 1843 Other ☐ 1844 Probation ☐ 1845 Other ☐ 1846 Probation ☐ 1847 Other ☐ 1848 Probation ☐ 1849 Other ☐ 1850 Probation ☐ 1851 Other ☐ 1852 Probation ☐ 1853 Other ☐ 1854 Probation ☐ 1855 Other ☐ 1856 Probation ☐ 1857 Other ☐ 1858 Probation ☐ 1859 Other ☐ 1860 Probation ☐ 1861 Other ☐ 1862 Probation ☐ 1863 Other ☐ 1864 Probation ☐ 1865 Other ☐ 1866 Probation ☐ 1867 Other ☐ 1868 Probation ☐ 1869 Other ☐ 1870 Probation ☐ 1871 Other ☐ 1872 Probation ☐ 1873 Other ☐ 1874 Probation ☐ 1875 Other ☐ 1876 Probation ☐ 1877 Other ☐ 1878 Probation ☐ 1879 Other ☐ 1880 Probation ☐ 1881 Other ☐ 1882 Probation ☐ 1883 Other ☐ 1884 Probation ☐ 1885 Other ☐ 1886 Probation ☐ 1887 Other ☐ 1888 Probation ☐ 1889 Other ☐ 1890 Probation ☐ 1891 Other ☐ 1892 Probation ☐ 1893 Other ☐ 1894 Probation ☐ 1895 Other ☐ 1896 Probation ☐ 1897 Other ☐ 1898 Probation ☐ 1899 Other ☐ 1900 Probation ☐ 1901 Other ☐ 1902 Probation ☐ 1903 Other ☐ 1904 Probation ☐ 1905 Other ☐ 1906 Probation ☐ 1907 Other ☐ 1908 Probation ☐ 1909 Other ☐ 1910 Probation ☐ 1911 Other ☐ 1912 Probation ☐ 1913 Other ☐ 1914 Probation ☐ 1915 Other ☐ 1916 Probation ☐ 1917 Other ☐ 1918 Probation ☐ 1919 Other ☐ 1920 Probation ☐ 1921 Other ☐ 1922 Probation ☐ 1923 Other ☐ 1924 Probation ☐ 1925 Other ☐ 1926 Probation ☐ 1927 Other ☐ 1928 Probation ☐ 1929 Other ☐ 1930 Probation ☐ 1931 Other ☐ 1932 Probation ☐ 1933 Other ☐ 1934 Probation ☐ 1935 Other ☐ 1936 Probation ☐ 1937 Other ☐ 1938 Probation ☐ 1939 Other ☐ 1940 Probation ☐ 1941 Other ☐ 1942 Probation ☐ 1943 Other ☐ 1944 Probation ☐ 1945 Other ☐ 1946 Probation ☐ 1947 Other ☐ 1948 Probation ☐ 1949 Other ☐ 1950 Probation ☐ 1951 Other ☐ 1952 Probation ☐ 1953 Other ☐ 1954 Probation ☐ 1955 Other ☐ 1956 Probation ☐ 1957 Other ☐ 1958 Probation ☐ 1959 Other ☐ 1960 Probation ☐ 1961 Other ☐ 1962 Probation ☐ 1963 Other ☐ 1964 Probation ☐ 1965 Other ☐ 1966 Probation ☐ 1967 Other ☐ 1968 Probation ☐ 1969 Other ☐ 1970 Probation ☐ 1971 Other ☐ 1972 Probation ☐ 1973 Other ☐ 1974 Probation ☐ 1975 Other ☐ 1976 Probation ☐ 1977 Other ☐ 1978 Probation ☐ 1979 Other ☐ 1980 Probation ☐ 1981 Other ☐ 1982 Probation ☐ 1983 Other ☐ 1984 Probation ☐ 1985 Other ☐ 1986 Probation ☐ 1987 Other ☐ 1988 Probation ☐ 1989 Other ☐ 1990 Probation ☐ 1991 Other ☐ 1992 Probation ☐ 1993 Other ☐ 1994 Probation ☐ 1995 Other ☐ 1996 Probation ☐ 1997 Other ☐ 1998 Probation ☐ 1999 Other ☐ 2000 Probation ☐ 2001 Other ☐ 2002 Probation ☐ 2003 Other ☐ 2004 Probation ☐ 2005 Other ☐ 2006 Probation ☐ 2007 Other ☐ 2008 Probation ☐ 2009 Other ☐ 2010 Probation ☐ 2011 Other ☐ 2012 Probation ☐ 2013 Other ☐ 2014 Probation ☐ 2015 Other ☐ 2016 Probation ☐ 2017 Other ☐ 2018 Probation ☐ 2019 Other ☐ 2020 Probation ☐ 2021 Other ☐ 2022 Probation ☐ 2023 Other ☐ 2024 Probation ☐ 2025 Other ☐ 2026 Probation ☐ 2027 Other ☐ 2028 Probation ☐ 2029 Other ☐ 2030 Probation ☐ 2031 Other ☐ 2032 Probation ☐ 2033 Other ☐ 2034 Probation ☐ 2035 Other ☐ 2036 Probation ☐ 2037 Other ☐ 2038 Probation ☐ 2039 Other ☐ 2040 Probation ☐ 2041 Other ☐ 2042 Probation ☐ 2043 Other ☐ 2044 Probation ☐ 2045 Other ☐ 2046 Probation ☐ 2047 Other ☐ 2048 Probation ☐ 2049 Other ☐ 2050 Probation ☐ 2051 Other ☐ 2052 Probation ☐ 2053

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ Date: _____
 Revised 6/2019 Page 1 of 2
 Second Party Check Signature: _____ Date: _____
 U-009-08

School Readiness Funded Children Acknowledgement

Family Tree Learning Center, Inc. is contracted with the Early Learning Coalition of Florida's Heartland to provide childcare for School Readiness funded children.

1. ELCFH allow a child to miss UP TO 3 days per calendar month without any documentation. If the child is absent more that 3 days in a calendar month, the parent must sign a Documentation of Absence form to explain the reason for the excessive absences. Under no circumstance does the ELC reimburse for more than 13 absence days in a month. In the event a parent fails to complete and sign the form and/or the ELCFH denies the request for reimbursement, the balance due from the excessive absences become the financial responsibility of the parent/guardian. **Any days not reimbursed to FTLC by ELCFH become the financial responsibility of the parent or caregiver.**

2. If your child is enrolled under a "Riyla Wilson" referral, for any day your child is absent you MUST call the facility prior to 9:30am. DCF requires us to notify Heartland for Children in the event any child on a "Riyla Wilson" referral is absent without notification form the caregiver or parent

3. It is the responsibility of the person ELCFH issued the SR certificate to to keep all information up to date and accurate with ELCFH staff. Due to confidentiality laws, ELCFH is not allowed to discuss any aspects of your referral with us.

4. ELCFH does not pay for additional fees such as parent engagement apps, field trips, late fees or supply fees or transportation fees.

5. Weekly tuition is determined by taking our full-time rate minus the amount ELCFH will be reimbursing, based on your certificate, us per week.

6. All monies paid are applied to any fees not covered by ELCFH first (such as differential fees, technology fees, registration fees, transportation fees etc.) and then the parent fees.

7. ELCFH does require us to notify them if your account is 10 days past due.

By signing below, I agree that I have read and understand the School Readiness Acknowledgement form.

Signature

Date

Photo and Social Media Release

I, _____, give permission for my child(ren), _____, to have their pictures taken and used on the internet for Family Tree Learning Center, Inc. websites and social media.

Signature

Date

Photo and Social Media Release

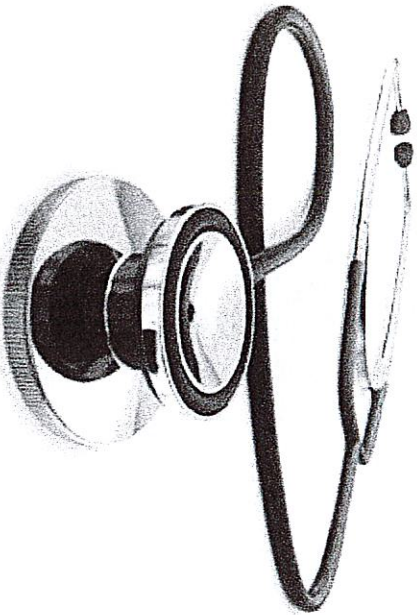
I, _____, give permission for my child(ren), _____, to have their pictures taken and used on the internet for Family Tree Learning Center, Inc. websites and social media.

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.



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.



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

CF/PI 175-70, June 2009

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

"The Flu"
A Guide
for Parents

INFLUENZA VIRUS

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.

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/>

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 your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

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, you should consider the facility's quality indicators related to activities, caregivers, and environment.

Quality Activities

- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

Quality Environments

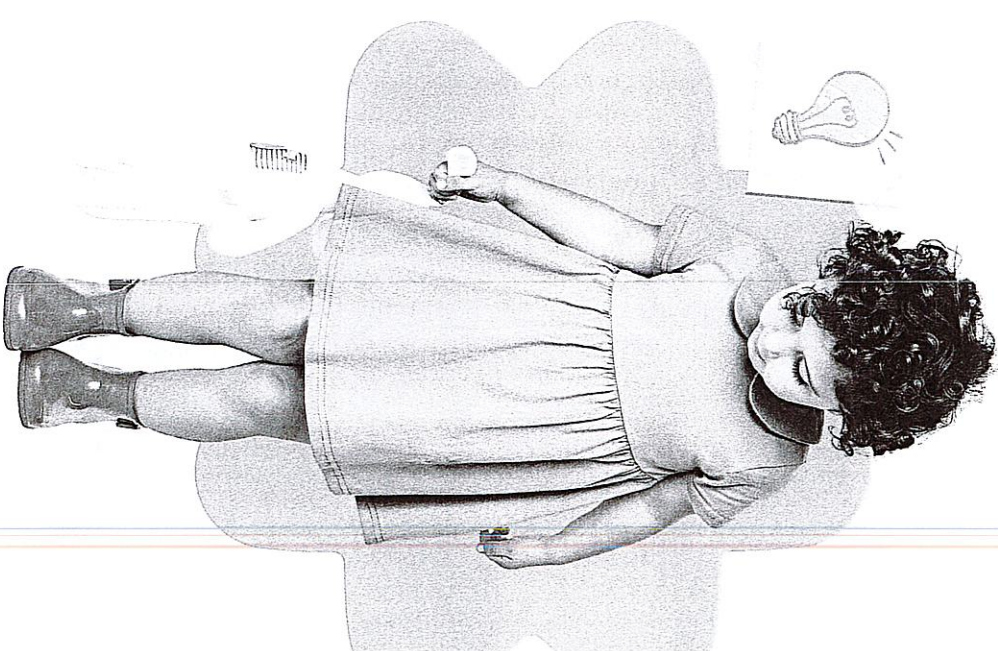
- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.

www.myflfamilies.com/childcare



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

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



KNOW YOUR CHILD CARE FACILITY

Know Your Child Care Facility - 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 practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

Health Related Requirements

Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (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.

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

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).

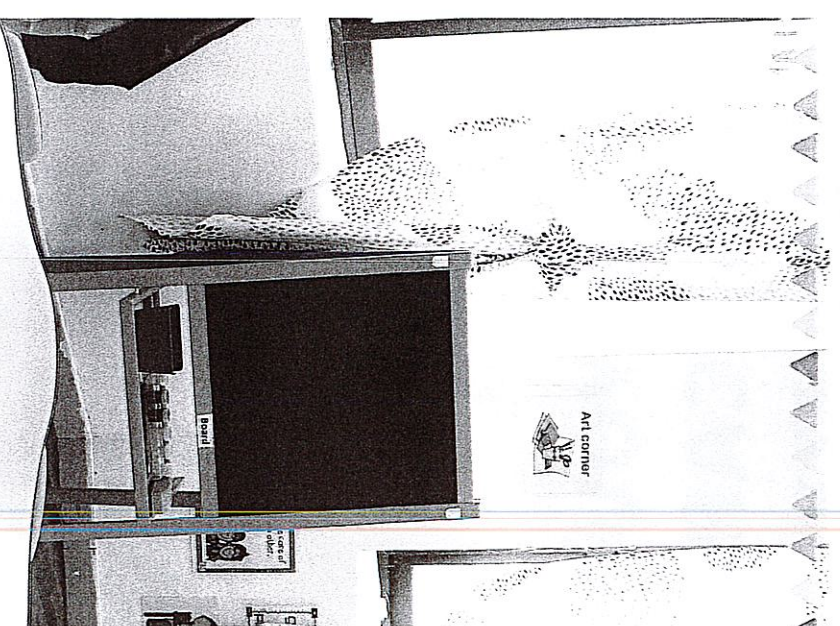
Record Keeping

Maintain accurate records that include:

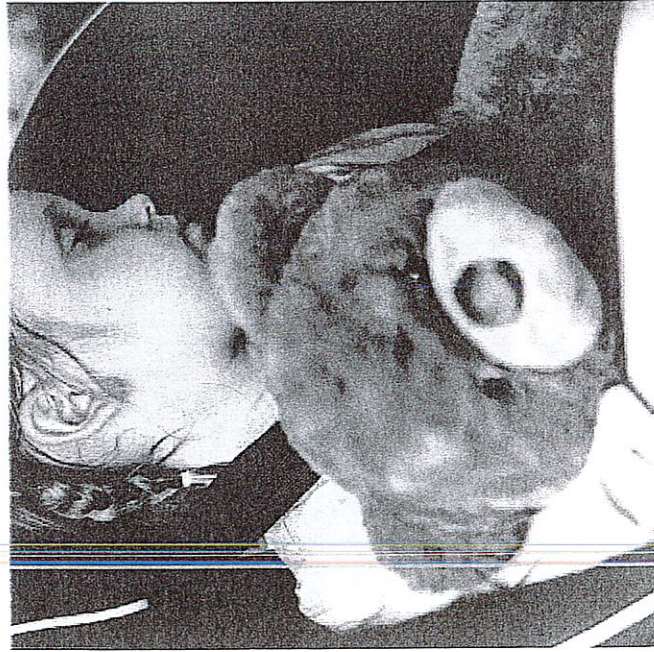
- Children's health exam/immunization record.
- Medication records.
- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and administration of medications.

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.
- Provide sufficient outdoor play area.
- 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.



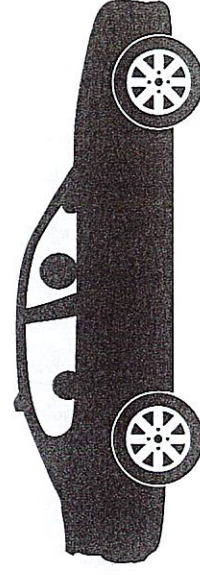
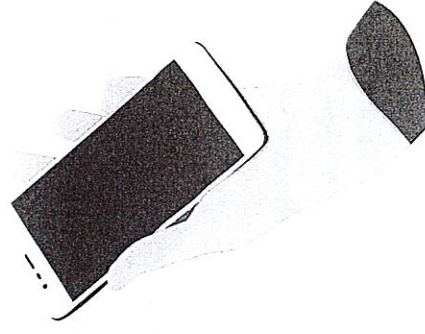
A change in daily routine,
lack of sleep, stress,
fatigue, cell phone use, and
simple distractions are some
things parents experience and
can be contributing factors as
to why children have been left
unknowingly in vehicles...

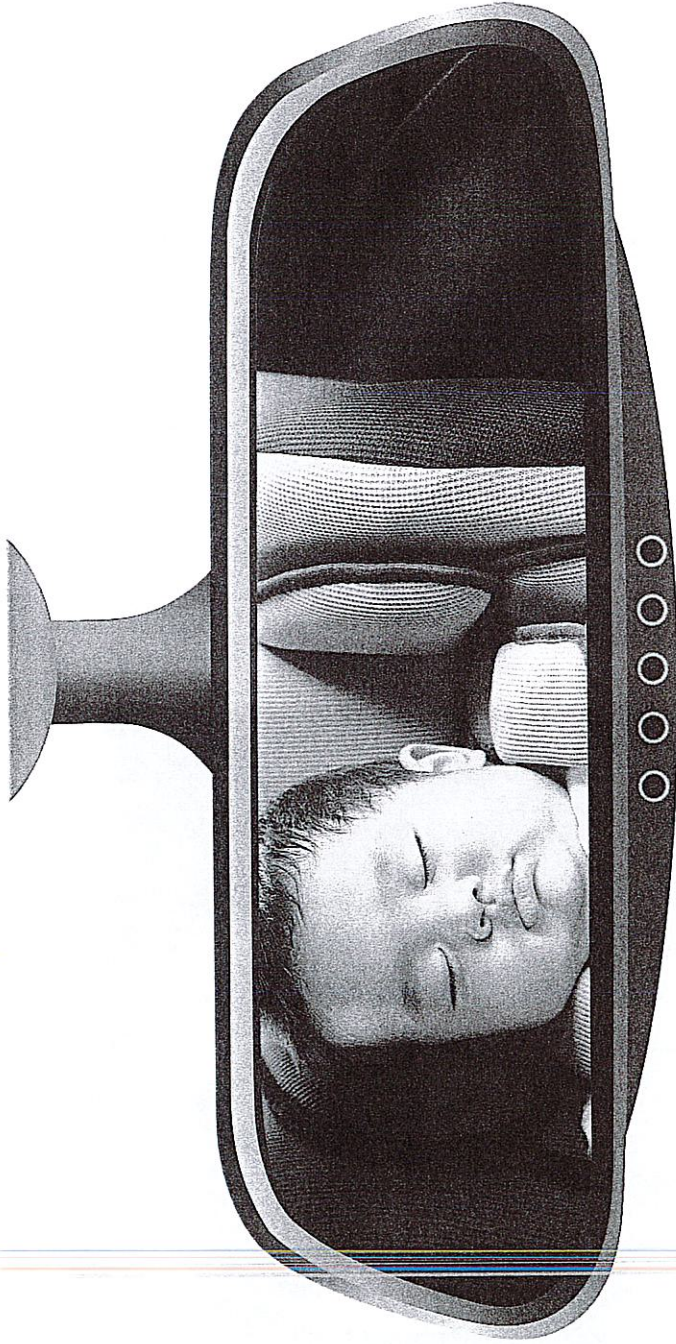


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WHEN LIFE HAPPENS... DON'T BE A DISTRACTED ADULT

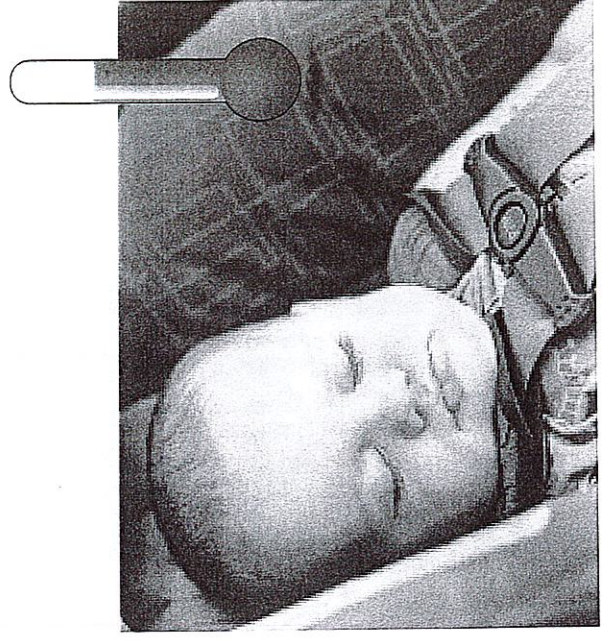




Facts About Heatstroke:



- ⚠ It only takes a car **10 minutes** to heat up 20 degrees and become deadly.
- ⚠ Even with a window cracked, the **temperature inside a vehicle** can cause heatstroke.
- ⚠ The body temperature of a child increases **3 to 5 times faster** than an adult's body.



Distraction Prevention Tips:

- **Never** leave your child alone in a car and **call 911** if you see any child locked in a car!
- **Make a habit** of checking the front and back seat of the car before you walk away.
- **Be especially mindful** during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- **Create reminders** by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- **Keep a stuffed animal** in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- **Set a calendar reminder** on your electronic device to make sure you dropped your child off at child care.
- **Make it a routine** to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.