



# Enrollment Application

Date of enrollment: \_\_\_\_\_

Please fill in application completely

I. D. CODE \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Sex: F: \_\_\_\_\_ M: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check one: Full day Program: \_\_\_\_\_ Half day program: \_\_\_\_\_

Enrolling for: Infants: \_\_\_\_\_ Ones: \_\_\_\_\_ Two: \_\_\_\_\_ Two 1/2: \_\_\_\_\_ Threes: \_\_\_\_\_ Fours: \_\_\_\_\_ VPK: \_\_\_\_\_

After school: \_\_\_\_\_ Name of elementary school: \_\_\_\_\_ Adventure Camp: \_\_\_\_\_

Days of the week in Care: M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ TH: \_\_\_\_\_ F: \_\_\_\_\_

\*\*\*\*\*

**FAMILY INFORMATION:** Child lives with: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_ Guardian: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_

Mother's D.L. # \_\_\_\_\_ Father's D.L.# \_\_\_\_\_

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

Home#: \_\_\_\_\_ Cell: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Other: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

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## **MEDICAL INFORMATION:**

I hereby grant permission for the staff of Nob Hill Academy to contact the following medical personnel to obtain emergency medical care if warranted:

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Does your child have any allergies: Yes: \_\_\_\_\_ No: \_\_\_\_\_ List allergies: \_\_\_\_\_

Does your child take any medication: Yes: \_\_\_\_\_ No: \_\_\_\_\_ List Medication: \_\_\_\_\_

Please list, special medical or dietary needs, or other areas of concern:

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

Emergency contact other than a parent: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

## **CONTACT:**

My child may be released only to the custodial parents or legal guardian and the persons listed below. The following people can also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Nob Hill Academy  
12213 Pembroke Rd  
Pembroke Pines, FL 33025  
954-437-3949 / 954-443-0220 fax

**Consent for Childcare Personnel to have Access to child's file**

I, \_\_\_\_\_, understand and agree that the childcare personnel and administration employed by Nob Hill Academy have full access to my child's enrollment forms, evaluations and all information pertinent to the wellbeing, growth and safety of my child \_\_\_\_\_.

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Signature of Administrator

**Distracted Adult Flyer Statement**

**(HB 1079 amended s. 402.305(9), F.S.)**

I, \_\_\_\_\_, received a copy of the Distracted Adult flyer.

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Administrator



CHILD'S NAME: \_\_\_\_\_

## **EXPULSION POLICY**

Occasionally, there are situations that result in the expulsion of a child from our program either on a short term or permanent basis. These situations are always unfortunate. We want you to know we will do everything possible to work with you, the parents/guardian, in order to prevent this policy from being enforced. The following are reasons why we may have to expel or suspend a child from our center:

### **IMMEDIATE CAUSES FOR EXPULSION**

- The child is at risk of causing serious injury to other children or himself/herself
- A parent threatens physical or intimidating action toward staff members
- A parent engages in verbal abuse toward staff in front of enrolled children

### **PARENTAL ACTIONS FOR CHILD'S EXPULSION**

- Failure to pay and/or habitual lateness in tuition payments
- Failure to complete required forms including the child's updated immunization records
- Verbal abuse to staff
- A parent or family member corrects another child other than their own.

### **CHILD'S ACTIONS FOR EXPULSION**

- Hurting others: not limited to excessive biting, hitting, kicking, scratching, threatening, or throwing objects at another to willfully hurt another.
- Uncontrollable tantrums/angry outbursts, destroying property/ running out of classrooms
- Ongoing physical or verbal abuse to staff or other children

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



CHILD'S NAME: \_\_\_\_\_

## CHILD BEHAVIOR POLICY

1. Child is identified as having behavior concerns (as defined by teachers or staff) Incidents of concern are documented.
2. Teacher/staff will notify and discuss behavior concerns with Parent/Guardian for joint support and plans of action. Developmental screenings and assessments are ongoing and used to determine individual needs.
3. Child's behavior become unmanageable in the environment, a written incident report is given to Parent / Guardian by Administrative staff.
4. Open communication is continued with Administrative support, ongoing between teachers, staff and parent/guardian, in hopes of addressing and trying to alleviate the concerns. Resource and referral information is given to Parent/Guardian along with recommendations.
5. Teacher/Staff document and track child's behavior and share with Parent/Guardian.
6. Plans of action are discussed and implemented between all concerned parties informally or in a scheduled meeting.
7. If child is demonstrating extreme health and safety actions, a parent /guardian will be required to come to the center and pick up the child. The following day a meeting must take place before return. This meeting will help to determine best possible solutions for the ongoing behavior.

It is always our goal to avoid expulsion and use all resources available to achieve the best outcome for the child. Sometimes, that may result in the child being placed in another program. In the event that a child is placed in another program more suited to benefit their child's needs, Nob Hill Academy will make every effort to make the transition smooth and supportive for both parents and child.

Failure of Parent/Guardian to respond to and follow plans of action can result in their child being suspended or expelled from the program

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



State of Florida & Broward County  
Bureau of Children's Services  
Child Care Licensing and Enforcement Section  
**ALTERNATE NUTRITION PLAN**

Date: \_\_\_\_\_

Dear Parents:

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

Please read the following carefully, sign, and return as soon as possible to Nob Hill Academy.

The Facility agrees to provide a nutritious:

(Operator/Director checks those which apply)

- Breakfast  
\_\_\_\_\_ Mid-morning snack  
 Lunch  
\_\_\_\_\_ Mid-afternoon snack

The parent agrees to provide a nutritious:

(Parent checks those which apply)

- \_\_\_\_\_ Breakfast  
\_\_\_\_\_ Mid-morning snack  
\_\_\_\_\_ Lunch  
\_\_\_\_\_ Mid-afternoon snack

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

\_\_\_\_\_  
Director

\_\_\_\_\_  
Parent Signature

-----  
Meals provided by parents shall consist of the following:

- |    |                          |   |
|----|--------------------------|---|
| A. | Meat/Poultry fish        | 2 ounces  |
|    | or cheese                | 2 ounces  |
|    | or eggs                  | 1 egg   |
|    | or dried beans or peas   | $\frac{1}{2}$ cup   |
| B. | Fruits (2 or more)       | $\frac{1}{2}$ half cup  |
|    | or vegetables            | $\frac{1}{2}$ cup   |
|    | or fruits and vegetables | $\frac{3}{4}$ cup total amount and vegetables mush= $\frac{3}{4}$ cup |
| C. | Bread                    | 1 Slice   |
| D. | Butter                   | 1 teaspoon  |
| E. | Milk                     | 1 cup (8 oz.)   |



# Website Picture Release Form

We would like to display picture(s) of your child, along with other children in the school during school activities, on our website. In order for your child's photo to appear on the website, we ask your permission as follows:

Name of photo participant: \_\_\_\_\_

I am the parent or legal guardian of the student named above. I hereby give permission for my child, the participant named above to be photographed (with or without classmates in a particular picture) for the purpose of posting the photograph(s) on the Nob Hill Academy website for the informational purposes and as a parent portal for parents to view pictures of special activities.

I understand and give permission for my child's photograph to be posted on the school's website.

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

No, I do not give permission for my child's picture to appear on the Nob Hill Academy website.



# Preschool Discipline Policy

At Nob Hill Academy we firmly believe that all young children need love, guidance, and support while they are in the formative years. It is essential therefore, that caretakers understand clearly the principles of child growth and development. Appropriate behavior will be highly praised. Behavior such as biting, hitting, scratching, kicking, pinching, spitting and profanity is considered to be inappropriate. This behavior is often seen in young children unable to communicate efficiently, especially between children ages 12-36 months. Please be assured that all appropriate discipline techniques, as well screenings and referrals, will be used and evaluated when deciding the best environment for the children.

Nob Hill Academy will use the following ways to manage your child's behavior:

DISTRACTION AND REDIRECTION  
DIRECT PRAISE  
INDIRECT PRAISE  
TEACHING BY EXAMPLE  
LOGICAL CONSEQUENCES  
RESOLVING CONFLICTS  
ARRANGE CONTINGENCIES

If inappropriate behavior continues, a conference will be scheduled with the director and the parent to discuss the inappropriate behavior and provide the best possible resolution. If the child's behavior continues after every effort has been made, and for the safety and welfare of all children, Nob Hill Academy reserves the right to suspend and/or withdraw the child from the school.

## OUR VALUES

- \*we will always do what is best for each child
- \*we will always value parental involvement
- \*we will always value those who serve and care for children
- \*we will always value diversity

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Parent's signature

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Date

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Child's name



# Preschool Permission Form

1. I hereby give permission for my child \_\_\_\_\_ to use all of the play equipment and participate in all of the activities of the school.
  
2. I hereby give permission for my child to leave the school campus under the supervision of the teachers for neighborhood walks or for field trips in an authorized school vehicle. (such events will be posted and parents will be notified in advance)
  
3. I hereby give permission for my child to be included in evaluations and pictures connected with the school program
  
4. I hereby give permission for the teacher/director/staff to take whatever steps necessary to obtain emergency medical care if such care is warranted. These steps may include, but not be limited to the following:
  - a. Attempt to contact parent of guardian;
  - b. Attempt to contact the child's physician;If we cannot contact you or your child's physician, we will do the following:
  - Call another physician;
  - Call an ambulance/paramedic;
  - Have the child taken to the hospital in the company of a staff/director
  
5. Any expenses incurred in item #4 will be the sole responsibility of the parent/guardian.
  
6. The school will not be held responsible for anything that may happen as a result of false information given at the time of enrollment by parents/guardian.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

CHILD CARE FACILITY BROCHURE STATEMENT  
(CHAPTER 402.325, FS.)

ON, \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, RECEIVED A COPY OF THE CHILD CARE FACILITY BROCHURE.

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

\_\_\_\_\_  
NAME OF CHILD



## **POLICIES AND PROCEDURES**

**HOURS OF OPERATION:** NOB HILL ACADEMY is open Monday through Friday from 7:00 a.m. until 7:00 p.m. If you are late, a staff member will be required to stay late and care for your child. A fee of \$1.00 per minute past 7:00 p.m. will be charged. If the school is not contacted by 7:30 p.m., we are required by law to contact the local police department and Child Licensing and Enforcement.

**REGISTRATION AND TUITION:** A non-refundable registration fee is due upon enrollment and every school year thereafter. Tuition must be paid in advance on FRIDAY for the upcoming week. If tuition is not received by the close of Friday, a \$25.00 fee will be added to your account. Your child may not return to school the following week unless tuition plus late fees have been paid. Payments are accepted in the form of cash, credit card or money order and a receipt will be issued upon request. There will be NO credits applied for school scheduled holidays.

**TUITION IS DUE REGARDLESS OF ABSENCE. TUITION WILL NOT BE PRORATED. REGISTRATION FEES AND TUITION PAYMENTS ARE NOT REFUNDABLE.**

**VACATIONS:** With 2 weeks advance notice, NOB HILL ACADEMY will approve two vacation weeks per year. Only for children whom have been enrolled for one consecutive year (based on enrollment date). If adequate notice is given, tuition will be waived for the requested vacation weeks.

**ADMISSION PROCEDURE:** When you tour our school, you will see our state-of-the-art facility, view the curriculum, and meet our excellent, highly qualified staff. At this time we will give you information on tuition and fees, as well as more detailed information about the school. Enrollment applications are accepted on an on-going basis. Admission priority is given to families with siblings already enrolled.

**HOLIDAYS:** We will observe the following holidays:

- |                                       |   |
|---------------------------------------|---|
| 1. Martin Luther King                 | 8. Christmas Day  |
| 2. President's Day                    | 9. New Year's Eve (close at 12:30)  |
| 3. Memorial Day                       | 10. New Year's Day  |
| 4. Independence Day                   | 11. Teacher planning Day (NHA will be closed the Friday preceding the start of the school year) |
| 5. Labor Day                          | If the Holiday falls on Saturday - Nob Hill Academy will be closed Friday                       |
| 6. Thanksgiving Day and the day after | If the Holiday falls on Sunday - Nob Hill Academy will be closed Monday                         |
| 7. Christmas Eve (close at 12:30)     |   |

**NUTRITION PLAN:** Nob Hill Academy provides a nutritional breakfast for your child between 8:00 a.m. and 8:45 a.m., an afternoon snack and a hot lunch. A weekly menu is posted in the entrance area of the school. Upon enrollment, please notify the Director and the teacher of any food allergies or restrictions your child may have. If your child has allergies to any food, you are responsible to bring an alternative meal for your child. In addition, an allergy form must be filled out if your child will not be receiving meals. Nob Hill Academy cannot heat up any meals brought from home for children over the age of 2 years. In order to avoid disruption during class time, we ask that you do not bring your child in with any food after 8:30 am. Please do not allow your child to bring soups, gum, candy, soda, or any "junk food" to school.

**HEALTH FORMS:** Current immunization records (form 680), as well as physical examination (form RH 3040) must be provided before enrollment. Even though the school will remind you about any expired form that needs to be updated, it is the parents' responsibility to keep their child's file current. Children with expired forms will not be allowed to attend the school until a new form is provided.

**MEDICATION:** Nob Hill Academy will NOT administer prescription medication to a child unless the medication is in its original bottle and must be labeled with the Child's name and dosage. The medication permission form #5 must be fully completed and signed in the office prior to the medication being dispensed. Medications will be administered only by the office staff at 11:00 a.m. & 3:00 pm. (no exceptions will be made). If your child needs medication at times other than 11:00 a.m. & 3:00 p.m., please make other arrangements. All medication must be given to administration in its original container to be stored in the medicine cabinet located in the office. Medication is never kept in the classroom, please do not send medication in your child's bag or lunch containers.

**ILLNESS POLICY:** Children with upper respiratory infections, rashes, diarrhea, inflamed eye, impetigo, fever, ectoparasites (head lice, etc.), gastro-intestinal symptoms and any illnesses that can be spread to others by close contact, will not be permitted into the center. In order for your child to return to the center, a written statement from an examining physician indicating that the condition is not contagious must be provided. Should a child become ill after arrival, the parent will be required to remove the child as soon as possible. You are responsible to notify the center at once if your child has a communicable disease.

A parent will be called to make arrangements for the child to be taken home if:

- |  |  |
|--|--|
| a) The child develops a fever over 100 degrees | d) The child develops an eye irritation                  |
| b) Has diarrhea and/or vomiting                | e) Has symptoms of possible communicable disease         |
| c) The child has a sudden onset of a rash      | f) Has any discharge from the nose (green), eyes or ears |

**IF YOUR CHILD IS ABSENT FROM SCHOOL DUE TO ILLNESS FOR THE ENTIRE WEEK, YOU ARE RESPONSIBLE TO PAY HALF OF THE WEEKLY TUITION. A DOCTOR'S NOTE MUST BE PRESENTED TO THE OFFICE IN ORDER TO RECEIVE CREDIT FOR HALF TUITION.**

**DROP OFF/ PICK UP PROCEDURES:** The safety and security of your child is our primary concern. No child will be released to any person(s) other than the authorized parent, guardian, and listed individuals on the registration form. Any person(s) authorized to take the child from school must present a picture ID and will be required to take a photograph with our computerized system. That photograph will be saved in your child's file. It is very important that your child is clocked in/out on a daily basis and escorted to their classroom. The child care facility shall immediately notify HRS and the local police department or the Broward County Sheriff's Office in the event a child is not picked up by an authorized person within one (1) hour after the scheduled closure time of the center.

**PERSONAL BELONGINGS:** Nob Hill Academy does not allow children to bring personal belongings from home such as jewelry, toys, etc. Nob Hill Academy is not responsible for items brought to our center, which are lost or damaged.

**DRESS CODE:** Children should wear comfortable clothing that are loose fitting, especially children who are potty training, making it easy for them to get in and out of their clothes during this learning experience. In the interest of safety, sandals, flip-flops, jellies, or boots may not be worn to school. Each child must have an extra set of clothes (shirt pants or shorts and a pair of socks) at school at all times. Your child will need the following items:

**INFANTS**

- Bottles, sippy cup & Bibs
- Diapers and wipes
- Two complete changes of clothes
- Blanket and fitted crib sheet

**TODDLER-TWO'S**

- Diapers and wipes
- Two complete changes of clothes
- Blanket and fitted crib sheet
- Sippy cup (toddlers only)

**PRE-K3, PRE-K4 & VPK**

- complete changes of clothes
- Blanket and fitted crib sheet
- Please refer to VPK supply list

**\*\* PARENTS: PLEASE LABEL ALL PERSONAL ITEMS \*\***

**TERMINATION:** Parents are responsible to notify the center in writing two weeks in advance if there is any change in their child's tuition, including but not limited to termination of enrollment. If you fail to comply with this policy, you will be charged two weeks termination fee.

**I have read, understand and agree to comply with the policies set forth by Nob Hill Academy, The State of Florida and Child Care Licensing.**

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Signature of Parent(s) or Guardian

---

Date



# NOB HILL ACADEMY POLICIES AND PROCEDURES

- \_\_\_ 1. HOURS OF OPERATION
- \_\_\_ 2. REGISTRATION AND TUITION
- \_\_\_ 3. TUITION IS DUE REGARDLESS OF ABSENCE.
- \_\_\_ 4. VACATIONS
- \_\_\_ 5. ADMISSIONS PROCEDURE
- \_\_\_ 6. NUTRITION PLAN
- \_\_\_ 7. HEALTH FORMS
- \_\_\_ 8. MEDICATION
- \_\_\_ 9. ILLNESS POLICY.
- \_\_\_ 10. DROP OFF PROCEDURES
- \_\_\_ 11. PICK UP PROCEDURES
- \_\_\_ 12. PERSONAL BELONINGS
- \_\_\_ 13. DRESS CODE
- \_\_\_ 14. TERMINATION

## SUBSIDIZED CHILD CARE

\_\_\_ FAMILY CENTRAL

\_\_\_ ELC OF MIAMI-DADE

I, \_\_\_\_\_, agree to pay NHA, the parent fees set forth by Family Central Inc., or ELC of Miami-Dade. In addition, I agree to pay NHA, the difference between the subsidized reimbursement rate and NHA tuition rates.

*I have read, understand and agree to comply with the policies set forth by Nob Hill Academy, The State of Florida and Child Care Licensing. Requirements of Florida Statue, 39.201 requires that professional persons, who include all school personnel, including in performance of their duties those personnel under contract, report any suspected child abuse to the Department of children and Families. Florida Statue 30.201 requires that any person who knows or has reasonable cause to suspect that a child is an abused or neglected child, shall report such knowledge or suspicion to the department the manner prescribed in subsection (b). Each report of known or suspected child abuse or neglect pursuant to this section is made immediately to the department abuse registry on the single statewide tollfree telephone (1-800-962-2873) or directly to the local office of the department responsible for the investigation of reports made pursuant to this section.*

\_\_\_\_\_  
Signature of Parent(s) or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Admin. Name

\_\_\_\_\_  
Child's Name



# Physical Activity Participation

In compliance with the updated 2015 Child Care Ordinance, the requirements listed below will be met within the daily playground/classroom routine of all children 1yr old thru school aged.

- Planned indoor and outdoor physical activity requirements for preschool children ages one(1) year and up to enrollment in Kindergarten shall include a minimum of forty (40) minutes of combined indoor and outdoor physical activity for every 3.5 hours in care.
- Forty minutes of outdoor physical activity for every 3.5 hours in care is required for elementary school aged children.
- Children will not be prohibited from participating, or required to participate in, any physical activity as a method of punishment.
- Physical activities include but are not limited to: tricycle riding/jump roping/organized ball games/playground equipment usage/freeplay/triple toss basketball/stationary playground activity center.

Appropriate dress is required for children at all times. Children should be dressed in weather appropriate play clothes. Please remember that sneakers or rubber soled shoes provide both comfort and safety. Open toe sandals, shoes or "Crocs" are unacceptable.

By your signature you acknowledge and understand the ordinance change and agree to adhere to the dress code policy.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent' Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Medical Authorization

In the event of any extreme medical situation, as deemed by the Owner and /or Director, paramedics or medical personnel will be notified **immediately** to escalate medical attention for the child. All efforts will be made to notify the parents or guardian.

List all allergies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List all Medical conditions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Hospitalization Insurance:

Name of Insurance carrier: \_\_\_\_\_

Group No. \_\_\_\_\_

Hospital of preference: \_\_\_\_\_

1. Upon immediate need for medical attention for your child, the undersigned, gives consent to any x-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to \_\_\_\_\_ (child's name) upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act.
2. The school will not be held responsible for any medical expenses due to an emergency.
3. The undersigned further authorizes Nob Hill Academy to have \_\_\_\_\_ (Child's Name) released into the custody of its representative, should hospital care no longer be required.
4. The undersigned further authorizes Nob Hill Academy staff and/or Director to perform CPR/First Aid on \_\_\_\_\_ (Child's Name) in the event of an emergency.

Medical Authorization for \_\_\_\_\_ (Child's Name)

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

### THIS FORM IS TO BE USED ONLY IN THE EVENT OF AN EMERGENCY

\*\*\*\*\*

State of Florida  
County of Broward

Subscribed and sworn on before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Notary Public:

My Commission expires on:

**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](http://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**

CF/PI 175-70, June 2009

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

**During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.**

**My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:**

**Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



**What should I do if my child gets sick?**

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

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

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



**How can I protect my child from the flu?**

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

**What can I do to prevent the spread of germs?**

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



**When should my child stay home from child care?**

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

**For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>**

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



# Know Your Child Care Facility

[MyFLFamilies.com/ChildCare](http://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](http://MyFLFamilies.com/ChildCare)



OFFICE OF CHILD CARE REGULATION AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

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. 402.313(5), F.S.

## General Requirements

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

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

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

### Health Related Requirements

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

### Training Requirements

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

### Food and Nutrition

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

### Record Keeping

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

### Physical Environment

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

## Quality Child Care

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

### Quality Activities

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

### Quality Caregivers

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

### Quality Environments

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



Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### SWIM Central Water Safety Education Questionnaire

**Parents:** *Do you know that drowning is the leading cause of death among children?  
Complete this form to receive information to protect your child from drowning.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Email (optional) \_\_\_\_\_

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

1. How would you rate your own swimming ability?
  - Unable to swim
  - Can swim a little, but NOT comfortable in deep water
  - Able to swim for an extended period of time in deep water
  
2. Has your child ever received formal swimming lessons?
  - Yes
  - No, check all the reasons below that apply:
    - Do not know how to find information about swim lessons
    - Transportation problems
    - Swim lessons are not important
    - Lessons are too expensive
    - Schedule of lessons not convenient
    - Equipment such as swim suit, towel, goggles too expensive
  
3. Do you or a family member know how to perform CPR with rescue breaths?
  - Yes
  - No
  
4. Has your child's doctor talked to you about drowning prevention and water safety?
  - Yes
  - No
  
5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?
  - Yes, visit <http://www.watersmartbroward.org/swim-instruction/> for details.
  - No

**FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed each child's file to be monitored by the staff of the local licensing agency.

Facility Name: \_\_\_\_\_ Facility License #: \_\_\_\_\_

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: \_\_\_\_\_ or, date mailed: \_\_\_\_\_

Fax: 954.357.8077  
SWIM Central  
3700 NW 11<sup>th</sup> Place  
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded:

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



At the time of enrollment, there will be children attending our center that are either exempt or not current with immunizations.

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Parent Signature

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Date



# Cooking Activities Permission

Due to new regulations, it is now required to have a parent/guardian signature for any activity that includes cooking or store bought food.

These activities may include but are not limited to birthday parties, holiday parties or curriculum activities requiring the use of food. Items served or used for these activities may include: juice, milk, cupcakes, cake, cookies, ice cream, toppings (sprinkles, whipped cream, chocolate, strawberry or caramel syrup), chips, crackers, cheese, popcorn, ham, turkey, doughnuts, bagels, croissants, cheese pizza, fruits (apples, bananas, grapes, watermelon, cantaloupe, strawberries, mango, oranges, blueberries, pineapple and raspberries), vegetables (broccoli, cauliflower, carrots, cucumbers, peppers, celery) and dressing.

In accordance with these rules and regulations, your signature is required below in order for your child to participate in any of these types of activities.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

No, I do not want my child to participate.