

Welcome to The Children's Garden Academy

We are so excited that you and your child are here with us at
The Children's Garden Academy! Thank you for trusting us with your child.

What your child will need at school:

- Fitted crib sheet and blanket
- Closed toed shoes
- 2 Changes of clothes in a gallon zip lock bag
- Diapers or pull-ups with wipes (if applicable)



Documents to bring:

- Student Application
- Current Immunization Form
- Current, within 1 year of last exam, Health Certificate
- Pick-Up Permission & Emergency Contact Form Completed

Parents please keep in mind that closed toed shoes are to be worn at school to help avoid possible injuries during outside playtime. If you would like your child to eat breakfast with us, please make sure they arrive between 7:00 am to 7:30 am. We ask that parents keep toys, if brought, safe inside the car. Toys can become a distraction or can be easily lost throughout the day.

To ensure that your child will a great start to the day and join us during circle time, we ask that you drop your child off by 9:00 am.

We are excited to be a part of your child's early education!

The Children's Garden Academy



The Children's Garden Academy

Child Care Agreement

This Child Care ("Agreement") is made this _____ day of _____, 20____ by and between the undersigned ("Undersigned") and THE CHILDREN'S GARDEN ACADEMY.

1. TERM OF AGREEMENT

This Agreement shall be effective upon the date hereof and shall continue in effect until termination pursuant and subject to the terms and conditions hereof. Subject to the terms and conditions hereof, upon the happening of any of the following events, this Agreement is terminated:

- a. If THE CHILDREN'S GARDEN ACADEMY elects, upon default by the Undersigned of any payments to THE CHILDREN'S GARDEN ACADEMY;
- b. Upon THE CHILDREN'S GARDEN ACADEMY's written notice to the Undersigned, with or without cause, at any time; or
- c. Upon the Undersigned's option and after at least two (2) weeks' written notice given on a Monday by 6:00 p.m. to THE CHILDREN'S GARDEN ACADEMY, with or without cause; or
- d. Upon mutual written agreement between the parties to terminate the Agreement. Under any circumstances, the obligations of the Undersigned under paragraph 11, "Default," shall survive the termination of this Agreement.

****If a two (2) weeks' notice is NOT received by Monday at 6:00 p.m. that the Undersigned will be terminating child care services and the Agreement, then the Undersigned will be responsible for another week tuition.****

2. CHILD CARE SERVICES

THE CHILDREN'S GARDEN ACADEMY agrees to provide a space at THE CHILDREN'S GARDEN ACADEMY for each child listed at the end of this Agreement under the designation, 'children,' and to provide certain services as described below:

- a. Give care to the children when THE CHILDREN'S GARDEN ACADEMY is open for business.
- b. Provide morning snack and one snack in the afternoon to the children each day.
- c. Provide necessary instructional supplies to children while at THE CHILDREN'S GARDEN ACADEMY.

3. WEEKLY TUITION

The Undersigned agrees to pay THE CHILDREN'S GARDEN ACADEMY, in advance, a weekly tuition of \$_____ during the entire term of this agreement. The Undersigned understand and agree that THE CHILDREN'S GARDEN ACADEMY has the right, immediately, upon written notice to Undersign and for any reason whatsoever to change the weekly tuition payable to the Undersigned. The Undersigned further understand and agree that the weekly tuition, including any other accrued fees and charges, is owed by them in full whether or not the children attend active learning for whatever reason, including but not limited to illness, vacation, holiday's, or bad weather. Tuition is based on a weekly rate and will not be prorated for any reason.

4. LATE CHARGES

The undersigned understand and agree that if the weekly tuition including any other accrued fees and charges, is not paid to THE CHILDREN'S GARDEN ACADEMY on or before the end of business on Tuesday of the week for which the space is reserved for the child, the Undersigned shall pay, in addition to the weekly tuition and other accrued fees and charges a late payment convenience fee of \$25.00 for each week that the weekly tuition, including any other accrued fees and charges, is unpaid and past due. An additional \$5.00 maintenance and collection fee will be added each day the account is not paid in full.

5. RETURNED CHECK CHARGE

The Undersigned understand and agree that if any check tendered to THE CHILDREN'S GARDEN ACADEMY is returned unpaid by the bank for whatever reason, the Undersigned shall pay returned check charge fee of \$35.00. After two (2) returned checks, payment will be accepted by cashier's check or money order.

6. REGISTRATION FEE

The Undersigned understand and agree that they shall pay in advance to THE CHILDREN'S GARDEN ACADEMY a nonrefundable registration fee of \$80.00 per child and each June thereafter.

7. TRANSPORTATION

The undersigned understand and agree that THE CHILDREN'S GARDEN ACADEMY has no responsibility or obligation for transportation of the children to or from THE CHILDREN'S GARDEN ACADEMY and that THE CHILDREN'S GARDEN ACADEMY has no responsibility or obligation to provide or arrange "car pool" services. Transportation will be provided for school-age to and from school and for field-trips.

8. ARRIVAL/DISMISSAL AND LATE PICK UP FEE

The undersigned understand and agree that:

- a. Children are not permitted at THE CHILDREN'S GARDEN ACADEMY before open time.
- b. Children must be accompanied into THE CHILDREN'S GARDEN ACADEMY facility by an adult.
- c. THE CHILDREN'S GARDEN ACADEMY shall release children only to people listed on the Pick-Up Permission form.
- d. The Undersigned shall pay to THE CHILDREN'S GARDEN ACADEMY a late pick-up fee of **\$1.00 for each minute after their assigned pick up time.** that any of the children are still remaining at the facility with no exceptions.

9. LIMITATION OF LIABILITY

The Undersigned understand and agree that THE CHILDREN'S GARDEN ACADEMY shall not be liable under any circumstances for any damage, including any incidental or consequential damages or commercial loss or lost profits, for failure to perform any of its obligations under this Agreement and further, THE CHILDREN'S GARDEN ACADEMY shall not be obligated to perform under this Agreement nor be responsible for failure to perform if prevented from doing so because of strikes, fire, water, acts of nature, storms, governmental actions, or other similar or dissimilar causes beyond THE CHILDREN'S GARDEN ACADEMY's reasonable control.

10. DEFAULT

The Undersigned understand and agree that they are in default of this agreement if they fail to make any payments to THE CHILDREN'S GARDEN ACADEMY as required under this Agreement or if they fail to perform under or comply with the provisions of this Agreement of the Parent Handbook, a copy of which has been given to the Undersigned and is incorporated herein by reference.

- a. If the Undersigned default under this Agreement, the Undersigned shall immediately pay to THE CHILDREN'S GARDEN ACADEMY all amounts that are wither owed or due

to THE CHILDREN'S GARDEN ACADEMY under the remainder of this Agreement, including but not limited to a two-week termination fee, and any collection costs and attorney fees incurred by THE CHILDREN'S GARDEN ACADEMY to collect said amounts.

- b. If THE CHILDREN'S GARDEN ACADEMY elects, it may immediately terminate all services provided by it under this Agreement, including but not limited to the immediate dismissal of the children from its facility.

This agreement constitutes the entire agreement between the parties relating to the subject matter hereof, and supersedes all previous agreements and contracts between the parties hereto, both oral and written, and this Agreement may not be modified except in writing executed by both parties.

- 11. The invalidity or unenforceability of any provision of this Agreement shall not affect the remaining provisions of this Agreement that are valid under the laws of this State.
12. The laws of this State shall govern the interpretation, construction, and enforcement of this Agreement. The courts located in this County, this State shall have exclusive jurisdiction over all matters concerning this Agreement and will be the proper forums for adjudication of these matters.
13. The Undersigned acknowledge that they have received a copy of The Children's Garden Academy Parents Handbook and agree to abide by its policies and provisions. The undersigned also acknowledge that they have received a copy of the DHS licensing regulations.
14. The undersigned acknowledge that THE CHILDREN'S GARDEN ACADEMY has the right to withhold the release of any child(ren) to anyone whose behavior could place the child(ren) in immediate risk. The undersigned also acknowledge that this clause is a requirement set forth by the Department of Human Services in order for child care centers to receive and maintain a child care license.

I hereby acknowledge that my child and I have made a pre-enrollment visit or were unable to do so with the permission of the director or THE CHILDREN'S GARDEN ACADEMY.

The undersigned shall further understand that the fees may increase between the date this Agreement is signed and the agreed upon guaranteed start date. In the event this happens, the undersigned agrees to pay the new rates or forfeit the deposit and the child's guaranteed spot in the center.

Children:

Two horizontal lines for children's names.

Undersigned

Date: _____ Signature _____

The Children's Garden Academy

The Children's Garden Representative: _____ Date: _____

The Children's Garden Academy
Illness Policy

The Children's Garden Academy takes constant precautions to help prevent the spread of illnesses. It is inevitable that children will get sick, no matter where they are.

If your child displays any of the following symptoms listed below, you will be contacted and asked to pick up your child immediately. Please help us in protecting your child's health and those that attend our facility by responding within **1 hour** to pick up your child.

Your child must be **symptom free** for **24 hours** before returning to school in the event of **fever, vomiting, diarrhea, lice, or any of the symptoms** list below that your child exhibits.

Symptoms Include:

- Fever of 100 degrees or higher
- Pink/Red eye, redness of eyelid lining, followed by swelling and discharge
- Unusual spots and rashes or yellowish skin or eyes
- Sore throat or trouble swallowing
- Infected skin patches
- Ringworm
- Vomiting (twice)
- Diarrhea (twice)
- Severe itching of body or scalp
- Any type of rash on skin
- Or any childhood illness according to pediatric guidelines

If any of the above symptoms are present or a child appears less active than usual, or seems generally unwell at home, we ask that you look for any of the above symptoms or inform your child's teacher so that the child can be watched for carefully for the development of symptoms.

It is our responsibility to notify families that there are children in our facility where their families have chosen not to vaccinate their children.

A doctor's note or current antibiotic will be required for the following:

- Green runny discharge from the nose
- Rash, not from the diaper
- Sore throat in conjunction with secondary symptom

***We can only administer current antibiotics.
Not over the counter medications or ointments.***

I, _____, received a copy of the Infection Control Policy. I will make sure that my child will come to The Children's Garden Academy when he or she is well and not exhibiting the signs noted above. I also understand to help limit the spread of infections to pick up my child within 1 hour of being contacted if my child becomes unwell during the day.

Child's Name(s): _____

Parents Signature: _____ Date: _____

Discipline

At The Children's Garden Academy, we strive to encourage appropriate behavior through positive reinforcement, praise, and modeling. Inappropriate behavior is minimized by structuring the environment with thorough planning and activities that are geared to meet the children's needs and levels of development. Some undesirable behavior can be handled with just a gentle reminder, or by redirecting the child. More repetitive or hurtful offenses will be discussed with the child on why the behavior is inappropriate or hurtful, and what is acceptable, and expected at school. Children will not be subjected to discipline which is severe, humiliating or frightening. Withholding food, rest, or toileting will not be used as a

Discipline method, and spanking or timeout or any other form of physical punishment is strictly prohibited.

Parents will be notified of a child's excessive need for disciplinary corrections, and will be asked to meet with the director to review additional avenues for positive corrective action. Every effort will be made to resolve issues that may occur, however, we reserve the right to suspend a student, or as a last resort to discontinue enrollment.

Acknowledgement of Receipt

I _____ have received and read a copy of the parent handbook and disciplinary policy. I agree to terms and conditions of these policy at The Children's Garden Academy.

(Parents signature)

(Date)

(Student's name)

(Date)

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: _____

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH 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: (_____) _____

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

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): Weekly Bi-Weekly Twice a Month Monthly 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?)

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 I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Street Address, City, State, Zip Code _____
 Daytime phone #: (_____) _____

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

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. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Total Household Size: _____ Total Household Income: \$ _____
 Eligibility Determination: Free Reduced-Price Non-needy How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12
 Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____



Friendly Reminders

Dear parents,

Please keep in mind **only sneakers** are to be worn at school. Sandals are not permitted due to the possibility of injuries during outside playtime. Also, please remember that breakfast is from 7:00 - 7:30 every morning. If you would like your child to eat breakfast with us, please make sure they are here before 7:30 am. After 7:30 am there is to be no **toys, food, drinks, or sippy cups** in the classrooms or playgrounds. Please make sure they are taken with you or left in the car at drop off. There will be plenty of opportunities for drinks and food provided by the center to the children throughout the day. These tend to cause distractions and confusion with the other children or can become lost or broken. Our interest is for the children to have the best day, every day, at The Children's Garden Academy with minimal distractions. Please make sure your child is here by 9:00 each day prepared to start lessons and circle time. This will insure that they will have a great day! When children arrive unprepared, they are distracting to the rest of the students.

Thank you for your cooperation and continuing support,

The Children's Garden Academy



FOR ALL STUDENTS
THE CHILDREN'S GARDEN ACADEMY
CHILD INFORMATION



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

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

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

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

Mother's Name: _____ Social Security Number: _____

Address: _____ City: _____ Zip Code: _____

Employer: _____ City: _____ Zip Code: _____

Home Phone #: () _____ Work Phone #: () _____

Cell Phone #: () _____ Email: _____

Father's Name: _____ Social Security Number: _____

Address: _____ City: _____ Zip Code: _____

Employer: _____ City: _____ Zip Code: _____

Home Phone #: () _____ Work Phone #: () _____

Cell Phone #: () _____ Email: _____

Person to Contact in Case of Emergency: _____

Relationship to Child: _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: () _____ Cell Phone #: () _____

Person to Contact in Case of Emergency: _____

Relationship to Child: _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: () _____ Cell Phone #: () _____

ATTENTION: Please make sure the emergency contact individuals are listed on the pick-up permission slip form.

The Children's Garden Academy
Child Profile

Personality Profile:

Is the child adopted? Yes No

At what age? _____ has she/he been told about the adoption Yes No

How would you describe your child's normal disposition? _____

Does he or she have any specific fears or phobias? If so please describe them. _____

What means of discipline do you find most effective? _____

Describe the experiences your child has playing with other children. _____

What language is spoken at home? _____

By nature, is your child friendly? _____ Shy? _____ Aggressive? _____ Other? _____

What frustrates or makes your child angry? _____

What is the best way to communicate with your child? _____

Who does most of the disciplining in your household? _____

How do you comfort your child? _____

Has your child has a frightening experience with animals? _____ Loud noises? _____ The dark? _____

Is there anything out-of-the-ordinary that might help us in understanding and working with your child more effectively? (i.e. new baby, divorce, death, new step parent) _____

Has your child ever attended a childcare center before? Yes No How long? _____

What areas or specific attention would you like us to focus on this year with your child? _____

The Children's Garden Academy
Child Profile

Health/Physical Profile

Known allergies: _____

Regular or necessary medication: _____

Physical disabilities or limitations: _____

Any other health problems or concerns the center should be aware of? _____

Developmental Profile

Is your child potty trained? Yes No if no, does he or she use? diapers pull-ups

Toilet habits: _____

Can we depend on your child tell us when they need to go to the bathroom? _____

Any special words your child may use? _____

Sleeping Habits

Special naptime instructions? _____

Normal bedtime: _____ Awaken: _____ Nap: Yes No Length: _____

Special sleeping routine (song, story, etc.) _____

The Children's Garden Academy
Helpful Information About Your Child

Helpful information about your child: _____

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or Section 65C-20.010(6)(c), F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the **above items** and that the information on this enrollment is complete.

Signature of Parent/Guardian

Date

FOR ALL STUDENTS

The Children's Garden Academy
Allergy/Food Exemption Medical Statement

Child's Name: _____ Date: _____

Length of time for food exemption: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Foods to Avoid

Substitute Foods

Printed Parents Name: _____

Signature of Parent: _____

Date: _____

Doctors Signature: _____ Date: _____

FOR ALL STUDENTS

The Children's Garden Academy
Helpful Information About Your Child

Helpful information about your child: _____

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
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- Section 65C-22.006(3)(c)2, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or Section 65C-20.010(6)(c), F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the **above items** and that the information on this enrollment is complete.

Signature of Parent/Guardian

Date

FOR ALL STUDENTS

**The Children's Garden Academy
Allergy/Food Exemption Medical Statement**

Child's Name: _____ Date: _____

Length of time for food exemption: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Foods to Avoid

Substitute Foods

Printed Parents Name: _____

Signature of Parent: _____

Date: _____

Doctors Signature: _____ Date: _____

**Child Care Food Program
Sample Medical Statement for Meal Modifications**

Child care facility staff must complete the following information:

Child's Name: _____ Date: _____

Name of Child Care Facility: The Children's Garden Academy #2

Facility Address: 275D SW Port St Lucie Blvd Phone Number: 772-353-5070

Child Care Facility Director Name: _____

Dear Parent/Guardian and Recognized Medical Authority:

Reasonable modifications *must* be made for children with disabilities that restrict their diet. A person with a disability means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such a disability, or is regarded as having such a disability. Major life activities are broadly defined and include, but are not limited to, eating, digestion, and feeding skills. A physical or mental impairment does not need to be life threatening to constitute a disability. Examples of a disability may include diabetes, food allergy or intolerance, developmental delay, or autism.

When substitutions are made and the meal pattern is not met, a medical statement is required and must be signed by a physician, physician's assistant (PA), or nurse practitioner (ARNP).

Please return this completed form to the child care center. If you have any questions, you may contact the facility.

A recognized medical authority must complete the following information:

Describe the physical or mental impairment that restricts the child's diet:

Foods to be Omitted:

Foods to be Substituted:

Describe any textural modification, adaptive equipment, or other modifications required:

Signature of Physician or Recognized Medical Authority
(For a disability – a Physician, PA, or ARNP must sign)

Date

Printed Name

Phone Number

A parent or guardian must complete the following information:

Check box if request is regarding a religious or dietary *preference only* (medical authority signature not required)

I certify that this facility has not requested or required me to provide special food(s) for my child. I understand that my child care facility *is required* to provide special food(s) for children with disabilities. Requests for modifications due solely to preference are encouraged but not required.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____ Parent Phone Number: _____

FOR ALL STUDENTS

**The Children's Garden Academy
Emergency Medical/Dental Consent Form**

I, _____ (Mother, father, or Guardian) of _____, age _____, do hereby give my permission and such emergency medical or dental care and/or treatment as my above-named child might require while under THE CHILDREN'S GARDEN ACADEMY'S supervision. Center team members may take steps including any of the following if they believe an emergency exists:

1. Call an ambulance and have the child taken to the emergency unit of a hospital.
2. Call the child's physician or dentist.
3. Call another physician or dentist.

In the case of an emergency, every effort will be made to notify parents and to contact the child's physician or dentist immediately. If it is necessary to transport or to have the child transported to a hospital, we will take the child to the nearest hospital or to the child's physician or parent. I agree to pay all the costs and fees for any emergency medical care or treatment for my child as secured or authorized under this consent.

The following will be called in case of an emergency:

Child's Physician: _____

Address: _____ Phone: _____

Child's Dentist: _____

Address: _____ Phone: _____

Child's Hospital: _____

Address: _____ Phone: _____

Medical Insurance Carrier: _____

Allergies, medication, or other conditions pertinent to emergency care: _____

Other medical conditions: _____

Mother/Guardian's Name: _____ Phone: _____

Father/Guardian's Name: _____ Phone: _____

Relatives or friends who may be contacted for assistance or information in case of emergency.

(Should also be listed on the pick-up permission form)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Signature of Parent: _____ Date: _____

**The Children's Garden Academy
Pick-Up Permission & Emergency Contact Form**

Name of Child: _____

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any change.

The child's parents and emergency contact person listed on the child information page need to be listed below

Date	Name	Relationship to child	Cell/Home Phone	Work Phone

If there is a separation or divorce custody problem of which The Children's Garden Academy should be aware of, please explain. (Attach custody documentation if necessary)

Names of persons who may NOT pick up the child:

I also give my permission for my child to leave the above-named facility for trips in a center owned vehicle such as field trips or on walks.

Date: _____ **Parent or Guardian Signature** _____

FOR ALL STUDENTS

**The Children's Garden Academy
Photo Release Form**

I understand that THE CHILDREN'S GARDEN ACADEMY offers school pictures two times a year, in the spring and fall. I further understand that I am under no obligation to purchase the photos that are taken of my child or pictures that my child may be in.

I also understand that THE CHILDREN'S GARDEN ACACDEMY may take pictures of the children playing from time to time for use on their cubbies, social media, as well as for the use of a project. I understand that pictures are sometimes used to help show parents what their child is doing during the day. I realize that photos may be displayed in the room from time to time and could possibly include my child. I also realize that my child might be in the background or play area with another child when a picture is taken and that it is possible that that particular picture might be sent home with the other child to show their parent what they are doing.

I agree to give permission for THE CHILDREN'S GARDEN ACADEMY to take photographs or video images of my child. I agree to allow these photographs to be displayed within my child's room, within the center, or to be used as mentioned above. I further agree to allow the center to use these photographs or video images in limited promotional or training applications.

Child's Name: _____
Child's Name: _____
Child's Name: _____
Child's Name: _____

Parent's Name

Parent's Signature

Date

FOR ALL STUDENTS

The Children's Garden Academy
Credit Card Authorization Form

Please print out and complete this authorization and return to the office.

ALL information will remain confidential.

Student Name: _____

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of card): _____

Amount to Charge: \$ _____ (USD) _____ weekly _____ bi-weekly _____ monthly

Please read then initial each bullet point below stating that you have read and agreed to the following:

- I authorize The Children's Garden Academy to charge the agreed amount listed above to my credit card provided herein. _____
- If, for any reason this card should be declined, a fee of \$35.00 will be added to my child's tuition. _____
- A notice of seven (7) days is to be given to change and/or stop any automatic billing procedures. _____

Cardholder - Print Name, Sign and Date Below:

Signed: _____

Printed Name: _____

Dated: _____

General Requirements

Any licensed child care facility must meet minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 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

Other 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.

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.



What is the influenza (flu) virus?

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



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

How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

CF/PI 175-70, June 2009

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

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

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?

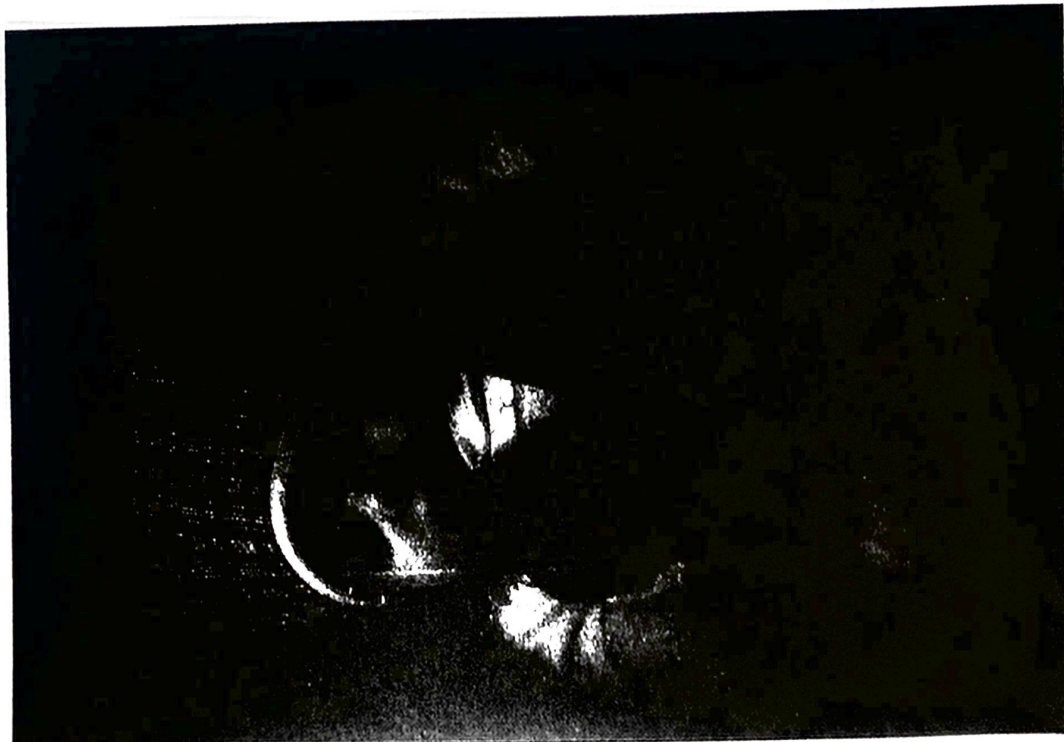
A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest 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/>

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...



When life happens... Don't be a

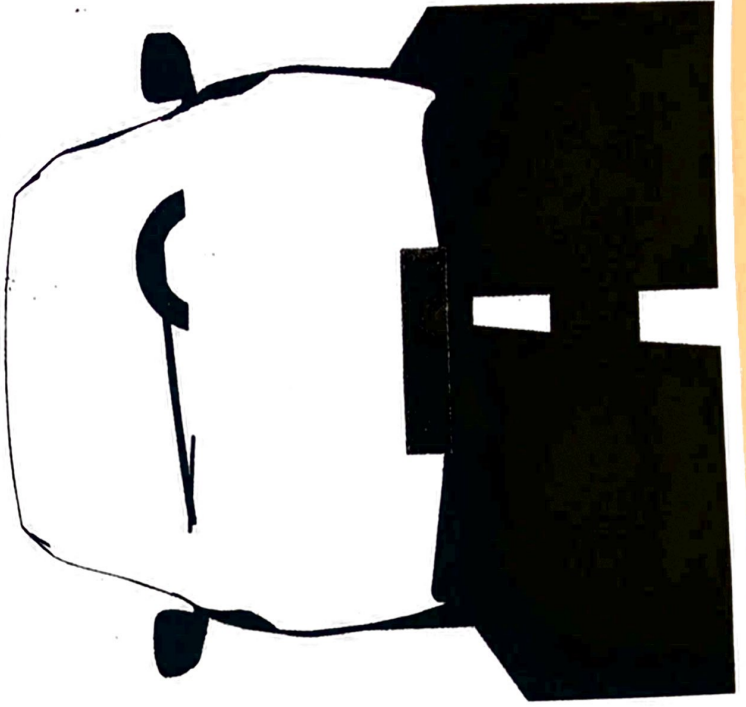
DISTRACTED ADULT



Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018





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.



⚠️ 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.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian: _____

Child's Name: _____

Date: _____

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