

2024-2025 CAMPUS KIDCARE REGISTRATION APPLICATION

Alpha KidCare, Inc. - Early Childhood KidCare, Inc. - Smart Start Youth & Family Services, Inc.

I am registering my child for (✓ Check all that apply): Morning Care (If Available) Afternoon Care Full-Day Care (When and If Available)

CHILD'S LAST NAME	CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S GENDER: <i>Male/Female</i>	CHILD'S DATE OF BIRTH / /	CHILD'S SOCIAL SECURITY # - - - - -
NAME OF THE SCHOOL YOUR CHILD ATTENDS		CLASSROOM ROOM #	CHILD'S HOMEROOM TEACHER'S NAME		CHILD'S GRADE K-5
CHILD'S PHYSICAL HOME ADDRESS (HOUSE NUMBER AND STREET)		CITY	STATE	ZIP	HOME PHONE NUMBER # () -
FATHER / GUARDIAN / DOMESTIC PARTNER / SPOUSE'S - LAST NAME		FIRST NAME	MIDDLE NAME	DATE OF BIRTH - MM/DD/YYYY / /	FATHER'S HOME PHONE # () -
FATHER'S PHYSICAL HOME ADDRESS (HOUSE NUMBER AND STREET)		CITY	STATE	ZIP	FATHER'S CELL PHONE # () -
FATHER'S PLACE OF BUSINESS OR WORKPLACE NAME OF COMPANY		CITY	STATE	FATHER'S DRIVER'S LICENSE #	FATHER'S WORK PHONE # () -
MOTHER / GUARDIAN / DOMESTIC PARTNER / SPOUSE'S - LAST NAME		FIRST NAME	MIDDLE NAME	DATE OF BIRTH - MM/DD/YYYY / /	MOTHER'S HOME PHONE # () -
MOTHER'S PHYSICAL HOME ADDRESS (HOUSE NUMBER AND STREET)		CITY	STATE	ZIP	MOTHER'S CELL PHONE # () -
MOTHER'S PLACE OF BUSINESS OR WORKPLACE NAME OF COMPANY		CITY	STATE	MOTHER'S DRIVER'S LICENSE #	MOTHER'S WORK PHONE # () -
CHILD LIVES WITH - OR - PRIMARY GUARDIANSHIP - FULL NAME		EMAIL ADDRESS OF LEGAL GUARDIAN WE MAY USE FOR CONTACT PURPOSES <i>PLEASE PRINT CLEAR AND LEGIBLY</i> @		PRIMARY GUARDIAN'S — D.O.B. / /	ANY OTHER PHONE # () -
LIST ALLERGIES TO ANY FOODS	LIST ALLERGIES TO ANY FOODS	LIST ALLERGIES TO MEDICATIONS	LIST ALLERGIES TO ANY INSECTS	LIST ALL OTHER ALLERGIES	LIST ALL OTHER ALLERGIES

NOTE: When you are unavailable or not at your job location, you must always notify KidCare of how you or another authorized person can be reached in the event of an emergency.

PHOTOS AND MEDIA PUBLICATIONS: Our organization may occasionally take pictures and videos of the children playing or doing different activities, or video talent shows, plays, or parent/child special events. Some pictures are used to make special art projects or may occasionally be posted throughout the center and/or be posted in one of our newsletters, publications, or advertisements. *If you do not want your child to be photographed/videoed, please check the appropriate box below so your child's file can be flagged for NO PICTURES.* Otherwise, please check the appropriate box below that you have no objection to your child having his or her picture taken and used for such purposes.

✓ CHECK APPROPRIATE BOX I ALLOW PICTURES/VIDEOS TO BE TAKEN AND USED PLEASE DO NOT USE MY CHILD'S PICTURES/VIDEOS

TEXTING, SMS, KIDCARE NOTIFICATIONS: Our organization may occasionally have activities, parent/child special events, KidCare notifications that need to be sent to the parents. *If you do not wish to be notified via text or SMS or email messaging, please check the appropriate box below.* Otherwise, please check the appropriate box below that you have no objection to being notified via text or SMS or email messaging.

✓ CHECK APPROPRIATE BOX I WILL ALLOW TEXT AND MSM MESSAGE NOTIFICATIONS I DO NOT WANT TEXT OR MSM MESSAGE NOTIFICATIONS

I understand it is my responsibility to update my child's emergency contact information, pick-up list, and phone numbers as often as necessary to keep the list current. I understand that when I am unavailable or unable to be reached by my home or cell or job location numbers listed above, I must always notify KidCare of how I or another authorized person can be reached in the event of an emergency.

Signature of Parent or Legal Guardian _____

Date _____

SITE MANAGER USE ONLY	
Registration Date: ___/___/20___	Start Date: ___/___/20___
Enrolled By (Staff member's name): _____	Contracted Weekly Fee \$ _____
<input type="checkbox"/> Paid Registration Fee	<input type="checkbox"/> Paid Tuition Fee
Amount Paid: \$ _____	Check or Money Order # _____
For Week: ___/___/20___	
Is Child on a Funding Source? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of Funding Source? <input type="checkbox"/> ELC <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> School Board <input type="checkbox"/> Other
If ELC, list ELC Certificate Rates: Part Time Fee \$ _____	Daily Parent Fee \$ _____
Weekly Parent Fee \$ _____	Holiday/Full-Day Parent Fee \$ _____
Does this child have siblings at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list name/s: _____
Check that parent was given the following: <input type="checkbox"/> Know Your Child Care Brochure <input type="checkbox"/> Influenza Info <input type="checkbox"/> KidCare Handbook <input type="checkbox"/> Parent Information/Policies <input type="checkbox"/> Nutritional Guidelines	

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ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY - Please list ONLY the people we may discuss emergency issues with.				
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD

CHILD'S PHYSICIAN OR DENTIST TO BE CALLED BY MEDICAL PERSONNEL IN THE EVENT OF AN EMERGENCY		
PHYSICIAN'S NAME	PHYSICIAN'S TELEPHONE NUMBER# () -	MEDICAL INSURANCE COMPANY NAME AND POLICY #
PHYSICIAN'S ADDRESS - STREET ADDRESS, CITY, STATE, ZIP		
DENTIST'S NAME	DENTIST'S TELEPHONE NUMBER# () -	DENTAL INSURANCE COMPANY NAME AND POLICY #
DENTIST'S ADDRESS - STREET ADDRESS, CITY, STATE, ZIP		

OTHER THAN THE CUSTODIAL PARENT OR GUARDIANS - LIST OTHER PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY <small>(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION AND VERIFICATION FROM LEGAL PARENT/GUARDIAN OR REPRESENTATIVE. MUST BE OVER 16 YEARS OF AGE.)</small>				
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD

LIST ALL KNOWN ALLERGIES			
ALLERGY TO ANY MEDICATIONS	ALLERGY TO ANY FOOD	ALLERGY TO ANY PLANTS	ALLERGY TO ANY INSECTS
OTHER	OTHER	OTHER	OTHER
ADDITIONAL INFORMATION OR COMMENTS			

LIST ANY DAILY MEDICATIONS <small>(Example: Diabetes, Asthma, Seizure Medicine etc... This information is in the event of an emergency for the medical professionals.) Please notify the center if this information changes.</small>			
NAME OF MEDICATION	DOSAGE	REASON FOR TAKING MEDICATION	OTHER INFORMATION OR COMMENTS
NAME OF MEDICATION	DOSAGE	REASON FOR TAKING MEDICATION	OTHER INFORMATION OR COMMENTS

PLEASE LIST ANY COURT ORDERED, SPECIAL CIRCUMSTANCES, MEDICAL, OR OTHER INFORMATION WE NEED TO BE AWARE OF <small>(DOCUMENTATION MUST BE ATTACHED IN A CONFIDENTIAL ENVELOPE FOR ALL COURT ORDERED OR LEGAL CIRCUMSTANCES)</small>

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Initials

LIABILITY: Children are NOT allowed to have or use any personal electronic devices/cell phones/gaming/music devices/personal items while at KidCare. All personal items MUST be kept in or near the child's book bag/backpack/bag and removed from the property at the time of pickup. KidCare is not responsible for lost, stolen, or damaged personal items. KidCare is not liable for any child who attends other programs or clubs on or off campus. Once children check in at KidCare they must remain with KidCare until someone on their authorized sign in/out form has signed them out. If the child needs to return to KidCare they must be officially signed back in by an authorized adult and they must report directly to the Site Manager upon return.

Initials

WEEKLY TUITION: Weekly tuition fees are always due in advance on the first business day of each week. Any payment received after 6:00 p.m. on Tuesday will incur a mandatory \$5.00 late fee. Late fees will be charged for every week tuition has not been paid. Tuition is due each week regardless of attendance. Any payment not received by 6:00 p.m. on Wednesday will mean no further attendance until all fees, including late fees, are paid in full. Full tuition fee is due every week regardless of absences during the week. The current and accurate date payment is being made/received must be on each payment.

Initials

ABSENCES: Please notify KidCare in the event your child will be absent. This will help us account for all children at roll call so valuable time is not spent trying to locate a child that is absent. Your weekly tuition fees are always due in full and in advance each week, regardless of absence. Even if your child is out all week, you still pay your weekly tuition. You are securing your child's slot.

Initials

FUNDING: Parents on a funding source are responsible for keeping their child's funding certification current and paying for any days not covered by their funding source. This could be due to excessive absence or other. Please see your counselor to find out how many days of absence will be covered by the funding program you are on. Your account will be billed for any fees not covered by the funding source and these fees are from \$9.00 to \$25.00 per day, per child. Enrollment fees, late fees, full-day fees, or any other payment not covered by the funding source is the responsibility of the paying parent.

Initials

SIGN-IN AND OUT POLICY: I understand it is my responsibility as legal guardian/parent bringing my child to the center, or picking my child up from the center, to sign in and sign out on the sign in/sign out form. I also understand when someone is picking up my child that he or she must have proper identification, be at least 16 years of age, be on the pick-up list, and must sign my child in or out upon bringing or picking up my child to or from the center. I understand that full, legible signatures are required, no initials or nick names can be accepted. I understand if the signature of the person signing is not legible then that person must also print their name next to their signature. If my child is dropped off at school or picked up from school with no one signing them in or out as required, the authorities may be called.

Initials

LATE PICK-UP: I understand there is a \$1.00 per minute, per child, cost to all children who are not picked up by 6:00 p.m. daily and that excessive late pick-ups may result in my child being withdrawn from the center. I understand that late pick-up fees are due immediately or by the next day my child returns or my child may not return until all fees are paid in full. I also understand that this facility operates on a 10 hour maximum time schedule on full-days. I understand that if my child remains more than 10 hours between the hours of 6:30 a.m. and 6:00 p.m., there is an additional fee of \$2.00 per hour, per child charged and that I am responsible for paying these additional fees. I understand that only persons listed on my authorized pick-up list with proper identification may sign my child out and pick my child up from KidCare.

I understand it is my responsibility to update my child's emergency information, pick-up list, and phone numbers as often as necessary to keep the list current. By signing, I attest that I have read and fully understand the terms of this agreement and I will comply with all policies and procedures.

Signature of Parent or Legal Guardian

Date

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NOTE: In extreme circumstances, policy and procedures may merit special consideration and will be reviewed by the executive director on an individual basis for each occurrence.

FEE AGREEMENT STATEMENT

Please read the following carefully:

1. Children are enrolled for one week sessions. No credits or refunds will be given for absences regardless of the reason. There is a non-refundable \$25.00 registration fee per child.
 2. Your child's full tuition payment and registration fee must be paid in full before your child can start attending. Also, the LAST week of the school-year must be paid on that Monday in order to attend.
 3. Tuition payments are due in full and in advance, on Monday of each week or the first day of the week KidCare is open. A \$5.00 late fee will be added to any account not paid in full by Tuesday, 6:00 p.m. each week. Since all payments are due in advance, we DO NOT hold payments from immediate deposit. Please note that for the LAST week of school, all fees are due on Monday. There is no grace period during the last week of school. If fees are not paid by 6:00 p.m. Monday of the last week of school, your child may not attend until all fees are paid.
 4. Full weekly tuition fees are due, regardless of absences, even if your child is out all week. Full weekly tuition fees are due regardless of holidays or when KidCare is closed for storm days. There is an extra charge when KidCare is in session for full-day services. *For more information see the Holiday and Closed information on page 4 of this application.
 5. Fees are due in full each week for children who are on suspension regardless of the reason, this will hold their slot until they return. If suspended for more than one week the parent may wish to withdraw and re-register when space is available. If a child has been suspended from school for any reason that child can not attend KidCare during the suspension. The full weekly fee will be due regardless of the days attended. During full-day times when the school is closed and your child will attend, an additional non-refundable fee and advance payment will be required for those full days.
 6. If your account has not been paid in full, including late fees by Wednesday, 6:00 p.m. then your child will be withdrawn from the program and will not be able to return to KidCare until your account has been paid in full. Excessive late payments can result in your child being terminated from the program. Please note that there is no grace period for the last week of school.
 7. Parents on a funding source are required to keep their funding certificate current and for paying any and all fees not covered by their funding source.
 8. You must notify the KidCare site manager one week in advance and in writing if you chose to withdraw your child from the program or your account will be charged the full regular tuition fee.
 9. When paying by check or money order, please print your child's name and the dates for which you are paying on each payment. All checks must have your full name, complete local/current address & phone number with the local financial institution's name and address and/or phone number pre-printed on them. We do not accept starter checks.
 10. The actual date tuition is paid must be correct on each payment. If it is backdated or the wrong date is on your payment, you must put the correct date on the payment and initial the change.
 11. No child will be admitted to the program who has not been fully registered and all fees paid in advance for the week attending.
 12. A late pick-up charge of \$1.00 per minute, **per child** is assessed if your child/children are not picked-up daily by 6:00 p.m. Late fees are due the day you are late. Excessive late pick-ups will result in your child being dropped from the program. If you are unable to pick your child you from KidCare, ONLY persons on your authorized list may pick your child up if they have valid identification.
 13. In the event of a returned check, you will be charged a \$5.00 late fee and a \$25.00 return fee. Only money orders or a certified check are accepted as payment and must be paid in full, including tuition, returned fee, and late fee within 24 hours of being notified. If returned checks are left unpaid, your child care will be suspended until all fees are paid in full. Any late fees or returned check fees incurred will not be waived for any reason.
 14. Weekly tuition fees are still due if your child care is suspended for any reason; this will hold your child's spot until they return. You may choose to withdraw your child until account is paid in full. The return check fee will not be waived for any reason.
 15. After the second return check, the center will only accept money orders or cashiers check, in advance for tuition fees for the remainder of the school year or summer
 16. For the safety of our children and staff, only check or money order payments will be accepted at this school site. No cash will be accepted for tuition payments.
 17. We only accept checks drawn on a local bank account. No out of state, temporary, starter, counter or 2nd party checks will be accepted.
 18. Financial assistance may be available to qualifying individuals unable to afford program fees. See your director for more information.
 19. After one week of absence without notice your child will be automatically withdrawn from the program.
 20. Once your child has been withdrawn from KidCare for any reason, in order for your child/children to return to KidCare you must re-register your child with a new registration fee, all new enrollment forms and pay any unpaid fees from previous registration.
 21. It is your responsibility to keep up with your canceled checks and/or receipts for income tax purposes as KidCare does not do end of the year statements.
 22. It is your responsibility to remember to pay your child's tuition on time and in advance as KidCare does not send out billing. If you would like a receipt, you must get one at time of payment as we do not back log receipts.
 23. A one week vacation time is allowed each year without obligation for tuition payment during that week of absence as long as there is a two week in advance written vacation notice given.
 24. Make checks payable to KidCare. Payments must have correct payment date on them. We will not accept altered money orders or checks, this will include checks made out to the wrong party.
 25. It is your responsibility to check the parent information board and/or all posted signs regarding updates on center policies, KidCare holidays, closed and other parent information or reminders.
- By signing, I attest that I have read and fully understand the terms of this agreement and I agree to and will comply with all policies and procedures.

Signature of Parent or Legal Guardian

Date

PERMISSION TO VIEW AND HAVE ACCESS TO MY CHILD'S RECORDS

I, (Print Name of Parent or Legal Guardian) _____ give permission for this company, its staff, the Dept. of Children & Families, the Early Learning Coalition, and any other affiliates associated with this company to view and have access to my child's KidCare records.

Signature of Parent or Legal Guardian

Print Name of Child

Date

ACKNOWLEDGMENT OF, AND HOW TO PREVENT, SHAKEN BABY SYNDROME (SBS)

Abusive head trauma (AHT), commonly known as **Shaken Baby Syndrome (SBS)**, inflicted head injury, or whiplash shake syndrome — is a serious brain injury to a child's head caused by someone else forcefully shaking an infant or toddler 5 years old and younger. SBS is one of the leading causes of death in infants. Parents and caregivers should learn to cope and identify the reason for a baby's cry. If a baby is shaken it can cause permanent brain damage, paralysis, blindness, broken bones and death. The most important tool parents and caregivers have is education and awareness. Shaken baby syndrome is preventable. Help is available for parents who are at risk of harming a child. Parents and caregivers can also educate others about the dangers of shaken baby syndrome. Shaken baby syndrome symptoms and signs can include: Extreme fussiness or irritability, Difficulty staying awake, Breathing problems, Poor eating, Vomiting, Pale or bluish skin, Seizures, Paralysis, Coma. Babies may also become less interested in eating, have trouble sucking, and stop smiling and talking. Sometimes you can stop the crying by rubbing the baby's back, singing, using "white noise" from an app or the sound of running water, taking a walk, or using a pacifier. Sometimes nothing seems to work. That's when you especially need to manage your feelings. Shaken baby syndrome is 100% preventable. It starts with making sure all the baby's caregivers -- parents, grandparents, baby-sitters, nannies, preschools, etc. -- understand two things: 1. The dangers of shaking a baby, even for a few seconds. 2. That babies cry a lot at first. The National Center for shaken baby syndrome calls it **PURPLE** crying:

Peak pattern: At 2-3 months old, babies cry the most.

Unpredictable: Crying starts and stops without reason.

Resistant to soothing: Nothing stops the crying.

Pain-like look on face: When babies cry, they look like they're in pain, even if they're not.

Long bouts of crying: Babies can cry for hours at a time.

Evening crying: Some babies cry more in the afternoon and evening.

By signing, I affirm that I have read, understand, and acknowledge the above facts, signs and symptoms of Shaken Baby Syndrome (SBS).

Signature of Parent or Legal Guardian

Print Name of Child

Date

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DISCIPLINE/SUSPENSION/EXPULSION/TERMINATION POLICY

Consistent with requirement of the Department of Child and Families, as well as Florida Statute 1006.147, it is the policy of our company that all children enrolled as well as staff, have an educational environment that is safe, secure, and free from harassment and bullying of any kind. Bullying/harassment of any type will not be tolerated. By signing, you acknowledge that you understand the disciplinary guidelines that Alpha KidCare, Inc. and/or Early Childhood KidCare, Inc. and/or Smart Start Youth & Family Services, Inc. follow:

ACTIONS FOR DISCIPLINARY DETERMINATION:

Any child/children who is accused of misbehavior or a breach of conduct will be presented to the Site Manager by the staff member having knowledge of the misbehavior or breach of conduct and afforded an opportunity to explain what happened. When deciding what disciplinary action should be taken, the Site Manager shall consider the child's age, exceptionality, previous conduct, probability of a recurring violation, intent, attitude, and severity of the offense and, whenever possible, shall impose disciplinary action in a progressive manner. All corrective strategies used by all staff must be in compliance with this company's rules and policies. Inherent in these rules and policies is the philosophy of fairness and consideration for actions that are in the best interest of the children.

1. Age appropriate, constructive disciplinary practices are used for children in child care.
 - A. Discussion with the child about appropriate behavior.
 - B. Redirection of the child/children to another activity.
 - C. Disciplinary Form(s) signed by parent/legal guardian.
 - D. Consultation with parents to seek answers or understanding of the problem.
 - E. Suspension, Expulsion, or Termination from the program.
2. Children are not subjected to discipline which is severe, humiliating or frightening.
3. Discipline is not associated with food, rest or toileting.
4. Spanking, or any other form of physical punishment, is strictly prohibited.

At the discretion of the Site Supervisor/Executive Director, and after a reasonable effort on the part of the program staff to integrate a child into the program, a child's participation may be terminated if that child is deemed chronically disruptive to the functioning of the program.

HARASSMENT/DISCRIMINATION/BULLYING/MISCONDUCT

This company has a Zero Tolerance Policy on Harassment and/or Bullying, etc. This company, forbids and affirmatively commits to preventing discrimination, harassment, or bullying against ANY person, including children, parents, co-workers, directors, or any other staff member, on the basis of sex, race, national origin, language spoken, color, marital status, homelessness, or disability, or other basis prohibited by law. Any and all persons involved in any activity of this facility have the right to an environment free from discrimination, harassment, or bullying. This company will not tolerate harassment/discrimination/bullying by any of its employees, parents, children, non-employee, or volunteers who are associated with this company or its child care facilities. Discrimination, harassment, and bullying threaten the safety, security, and well-being of not only those against whom such actions are directed, but everyone who has an interest in our program. For these reasons, this company has adopted this policy as its commitment to requiring and ensuring that all activities will take place without harassment, discrimination, or bullying being directed against any person. Any substantiated violation of this policy will be deemed a serious violation and shall be addressed accordingly. All administrators, Site Managers, Directors, Group Leaders, Staff, and Supervisors of this company are expected and required to ensure that this policy is fully implemented and vigorously enforced.

LEVELS OF DISCIPLINE:

LEVEL 1 - Group Leader Intervention LEVEL 2 - Site Manager Intervention LEVEL 3 - Parental Assistance LEVEL 4 - Suspension LEVEL 5 - Expulsion/Termination from Program

LEVEL OF OFFENSE AND DISCIPLINARY ACTION TO BE TAKEN FOR NON-INJURY

FIRST OFFENSE WITH **NO** INJURY/PHYSICAL HARM AND *SEVERITY: Child and Parent/Legal Guardian Notification: Written Disciplinary Warning

SECOND OFFENSE WITH **NO** INJURY/PHYSICAL HARM AND *SEVERITY: Written Disciplinary Warning Form and One Day Suspension

THIRD OFFENSE WITH **NO** INJURY/PHYSICAL HARM AND *SEVERITY: Initial Conference and Three Day Suspension

FOURTH OFFENSE WITH **NO** INJURY/PHYSICAL HARM AND *SEVERITY: Conference and Expulsion/Termination From Program

LEVEL OF OFFENSE AND DISCIPLINARY ACTION TO BE TAKEN FOR INJURY

FIRST OFFENSE WITH INJURY OR PHYSICAL HARM AND *SEVERITY: Child and Parent/Legal Guardian Notification: Written Disciplinary Warning (Note: Depending upon the

*severity of the injury the child may be subject to up to 5 days suspension on first offense)

SECOND OFFENSE WITH INJURY OR PHYSICAL HARM AND *SEVERITY: Written Disciplinary Warning Form and Three Days (or up to 15 Days) Suspension (Note: Depending upon the *severity of the injury the child may be subject to up to 15 days suspension on second offense)

THIRD OFFENSE WITH INJURY OR PHYSICAL HARM AND *SEVERITY: Conference With Parent/Legal Guardian and Expulsion/Termination From Program (Note: Depending upon the *severity of the injury the child may be subject to expulsion for the remainder of the school year or permanently terminated from the program)

***SEVERITY: IF THE INJURY OR OFFENSE IS DETERMINED TOO SEVERE, THE CHILD MAY BE SUBJECT TO IMMEDIATE SUSPENSION, EXPULSION, OR TERMINATION, EVEN IF IT IS THE FIRST, SECOND, OR THIRD OFFENSE. THE SITE SUPERVISOR/EXECUTIVE DIRECTOR MUST GIVE DIRECT APPROVAL FOR SUSPENSION, EXPULSION, OR TERMINATION OF A CHILD.**

I have read and fully understand and agree with the above Discipline/Suspension/Expulsion/Termination Policy.

Signature of Parent or Legal Guardian

Date

IN CASE OF EMERGENCY EVACUATION

In the event of an emergency where the children at the school were to be evacuated, KidCare will follow the Emergency Evacuation Plan of each school. KidCare does not transport children, therefore, emergency and volunteer transportation would be used. Each Polk County School has its own evacuation location. The locations for emergency evacuation are as follows:

Bartow Academy — First Baptist Church of Bartow • 410 E. Church Street • Bartow • 33830	Chain of Lakes Elem. — Advent Health Fieldhouse • 210 Cypress Gardens Blvd • Winter Haven • 33880
Citrus Ridge Civics Academy — Ridge Community High School • 500 Orchid Drive • Haines City • 33844	Cleveland Court Elem. — Faith Lutheran Church • 210 Easton Drive • Lakeland • 33803
Garden Grove Elem. — First Baptist Church • 7410 Cypress Gardens Blvd. • Winter Haven • 33884	Highlands Grove Elem. — 4777 Lakeland Highlands Road • Lakeland • 33813
Highland City Elem. — First Baptist Church Highland City • 5410 Yarborough Lane • Lakeland • 33812	James W. Sikes Elem. — Mulberry High School • 4 4th Circle NE • Mulberry • 33860
Lake Alfred Elem. — First Baptist Church • 280 E. Pierce Street • Lake Alfred • 33850	Lena Vista Elem. — Auburndale Life Church • 581 Berkeley Road • Auburndale • 33823
R. Bruce Wagner Elem. — Sun N Fun • 4175 Medulla Road • Lakeland • 33811	Sleepy Hill Elem. — Victory Church • 1401 Griffin Road • Lakeland • 33810
Valleyview Elem. — George Jenkins High School • 6000 Lakeland Highlands Road • Lakeland • 33813	Willow Oaks Elem — Sikes Elementary • 2727 Shepherd Road • Lakeland • 33811

I have read and fully understand and acknowledge the Emergency Evacuation Plan of KidCare will be to follow the Emergency Evacuation Plan of each school. I understand that KidCare does not transport children and the emergency evacuation transportation would be provided by the Emergency System in place or by Volunteer transportation at the time of emergency.

Signature of Parent or Legal Guardian

Date

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Legal Guardian please initial here that you have read and agree to this policy: _____ **MEDICATION POLICY**

WE DO NOT ADMINISTER MEDICATION OF ANY KIND. If your child needs medication, you will have to make arrangements to administer the medication yourself as needed, as we DO NOT administer medication of any kind. We also DO NOT administer breathing treatments. 911 will be called for all emergencies.

Legal Guardian please initial here that you have read and agree to this policy: _____ **ACCIDENT INSURANCE POLICY**

Your registration fee pays for an excess coverage accident insurance policy in case your child gets injured while at KidCare. Our policy is an "excess coverage" policy which means that your primary insurance must pay first. This excess coverage insurance will pay for most charges not covered by your primary insurance company. However, the parent or guardian will be responsible for all medical or emergency treatment including any fees not covered by insurance.

Legal Guardian please initial here that you have read and agree to this policy: _____ **HOLIDAYS / CENTER CLOSED / FULL DAY INFORMATION**

KidCare will be closed on the following holidays which will include: New Year's Day, Martin Luther King Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving and the day after, Christmas Eve and Christmas Day. If the holiday falls on Saturday, then KidCare will be closed on the Friday before the holiday, and if the holiday falls on a Sunday, then KidCare will be closed on the Monday following the holiday. (Note: We are sometimes closed due to severe storm warnings and/or other unforeseen reasons. If the public schools are closed due to severe weather or any other unforeseen reason, then KidCare will also closed because our programs are located on the school grounds. You will normally get this information from your local news station or if time allows you will be notified on the parent information board or by your KidCare director.) When school is closed for fall, winter, spring break, staff development days, school site improvement days, or student holiday, selected KidCare sites will take a survey/sign up sheet with a deadline. We must have a minimum of 20 students signed up and paid in advance in order for your KidCare site to be open. If a minimum of 20 is not met by the deadline, the KidCare site will be closed. During all Full-Day times when the school is closed and you have signed your child up to attend, an additional non-refundable fee and advance payment will be required at the time of sign up, to secure a slot for your child. Parent/Guardian must sign their children up for these full-days in order to attend as we will not take drop-ins. Any child not signed up by the deadline will be unable to attend as we must have an accurate child count in advance to prepare staff scheduling to child ratio on these full-days. There are no deductions in your normal weekly tuition fees if KidCare is closed due to lack of parent/child participation or other reason. See your KidCare director or parent information next to the sign in and out sheets as these days approach. If KidCare is closed, a closed sign will be posted on the parent information board as well as other locations at KidCare 10 days or more prior to the date they will be closed and your advanced payment for those full-days will be refunded or credited.

PARENTS ARE RESPONSIBLE FOR OBTAINING ALTERNATE CARE FOR THEIR CHILDREN WHEN KIDCARE IS NOT IN SESSION.

Legal Guardian please initial here that you have read and agree to this policy: _____ **HOURS OF OPERATION / LATE PICK-UP POLICY**

KidCare is open Monday thru Friday from 6:30 a.m. until 6:00 p.m. on full days and from 6:30 a.m. until school starts and/or from 2:00 p.m. until 6:00 p.m. on regular school days. When possible you should notify KidCare if you may be late picking up your child. You should notify KidCare if your drop off or pick up time changes. We allow a (10) hour time frame for each child and there will be an extra charge of \$2.00 per hour, per child after the first 10 hours of care on full days. There is a late fee of \$1.00 per minute, per child, starting at 6:01 p.m. and excessive late pick ups will result in your child being dropped from the program. If a parent or guardian has not picked up their child/children by 6:20 p.m. and no one has called to say they will be late and/or the KidCare site manager is unable to locate someone on the child's pick-up list to pick up the child, the Department of Children and Families and local police or sheriff's department will be called to pick-up the child/children.

Legal Guardian please initial here that you have read and agree to this policy: _____ **ABSENCES**

Weekly tuition fees are due in full each week regardless of absence, holiday or even if your child is absent all week. If a parent is on a state grant, funding source or scholarship for child care fees, that child should be at KidCare everyday unless an emergency or illness occurs. Most funding sources will only cover from 1 to 3 days of absence per calendar month, depending on the funding source your child is on. If the child is absent more than the allowable days, for whatever the reason may be, the parent will be responsible for paying the regular tuition fees for all fees not covered by their funding source. In some extreme cases an absentee waiver can be signed and submitted for up to an additional 5 days of absence. Along with this waiver a hospital or doctors letterhead with an explanation must accompany this waiver to be considered. However, this does not guarantee payment from the funding source. They are reviewed case by case by the funding agency and only extreme emergencies will be covered. The parent will be required to pay the regular tuition if not paid by the funding source. These fees are from \$9.00 to \$25.00 per day, per child. Parents/Guardians are responsible for renewing and/or keeping their funding certificate valid at all times while in attendance at KidCare.

Legal Guardian please initial here that you have read and agree to this policy: _____ **INCOME TAX STATEMENTS**

KidCare does not issue end of the year income tax statements. It is the responsibility of the parent or guardian to keep your canceled check, money order or cash receipts for your end of the year balance. We will gladly give you a receipt at time of payment if you ask, no matter what form of payment you choose, however you must ask and get your receipt at the time of payment as we do not back log receipts.

Legal Guardian please initial here that you have read and agree to this policy: _____ **NUTRITION AGREEMENT STATEMENT**

Parent or guardian must supply each child with a meal which meets the nutritional needs for a child of his/her age group. This will be on the days when the school cafeteria is closed and/or on days your child attends KidCare during lunch time. KidCare has provided each applicant with a nutritional guide line and pertinent nutritional/dietary information for each child's age group. See the parent information sheet on nutritional guidelines.

ACKNOWLEDGEMENT

By signing this acknowledgement, I attest that I have read, fully understand, and agree to all the policies of this company which include the following: Medication Policy, Insurance Policy, Holiday / Center Closed / Full Day Information, Hours of Operation / Late Pick-ups, Absences, Income Tax Statement, and Nutrition Agreement Statement.

Signature of Parent or Legal Guardian

Print Name of Child

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.

*Parents
Please fill out
and sign below stating
that you have received
information about the
influenza (flu) virus.
Thank You!*



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**

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/>

Every enrolled child must have this brochure completed and signed by a Parent or Legal Guardian upon enrollment and within the months of APRIL and SEPTEMBER EVERY Year, and it must remain the Child's File.

REQUIRED DCF BROCHURES FOR INSPECTION — Parent Acknowledgment of DCF Brochures.

On (Today's Date) ____/____/____, I, (Print Name of Parent or Legal Guardian) _____ received and read the Know Your Child Care Brochure, Influenza (Flu) Virus Information, How To Prevent Shaken Baby Syndrome (SBS), and the Distracted Adult CF/PI 175-12 Brochures.

Signature of Parent or Legal Guardian

Print Name of Child

____ 20____
Date

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...



Signature verifies and acknowledges receipt of the Distracted Adult Information.

Parent/Guardian's Signature

PRINT PARENT/GUARDIAN'S FULL NAME

PRINT CHILD'S FULL NAME

April ____ , 20 ____

Parent/Guardian's Signature

September ____ , 20 ____

Parent/Guardian's Signature

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



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.



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.



Developed by:
The Office of Child Care Regulation

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

2024-2025 EMERGENCY MEDICAL AUTHORIZATION FORM AND FIELD TRIP PERMISSION FORM

A **completed and notarized** Emergency Medical Authorization and Field Trip Permission Form is required for **each** child participating in the Campus KidCare school-year or summer program. **Please print in ink or type only. Fill in all sections.** This form as well as all child information forms may be copied for use on the facility bus or van in the event that it is needed.

- Must Be Completed by Custodial Parent/s or Legal Authorized Representative. Notify Facility Immediately if any Information Changes. -

Release for Participation in the Alpha KidCare, Inc. and/or Early Childhood KidCare, Inc. and/or Smart Start Youth & Family Services, Inc. - Campus KidCare Program

Child's Full Legal Name: _____ Date of Birth: ____/____/____ Age: _____ Gender: _____

I do hereby solemnly swear that I(we) _____ have legal custody of the aforementioned minor child.

I(we), the undersigned, individually and/or as parent/s and/or legal guardian/s of the aforementioned minor child, ask that he/she be admitted to participate in the Alpha KidCare, Inc. and/or Early Childhood KidCare, Inc. and/or Smart Start Youth & Family Services, Inc. — Campus KidCare school-year or summer program and field trip events. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless this KidCare company, its officers, agents, and employees, of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at and/or with this company and KidCare program. Non-conformance to this company's policies and procedures as told to my child by the directors and/or staff may result in dismissal from the program and/or field trip events. My aforementioned minor child has my permission to participate in any of the field trips and center activities. This includes any field trip out of the county that we may take. I have read the parent handbook, parent field trip rules & information and understand completely.

- I understand that all field trip information is posted on the parent information board each week and I must sign my child up for each field trip event I wish my child to participate in.
- I understand that there may be a separate charge for each field trip and that all field trip monies must be paid in cash, by the due date and paid separate from tuition.
- I give my permission for any staff member to apply sun screen to my child as needed during any outside activity whether the center or I have provided the sun screen.
- I understand that my child must be at the child care facility at least 45 minutes prior to all field trip departure times or may not attend the field trip.
- I may only pick-up and/or drop-off my child at the child care facility to participate in a field trip or event and that my child must ride the facility bus or van to each field trip event.
- I understand that there are no refunds unless the trip is canceled for bad weather or other unforeseen reason.
- I must notify the director in writing if I do not want my child to participate in a field trip event or center activity that I have signed up for, at least 24 hours prior to the trip or activity.
- I understand that a copy of this information will be kept at the facility as well as on the facility bus or van in the event that it is needed.

INSURANCE / ACCIDENT POLICY

I understand that my child's registration fee pays for an 'Excess Coverage Accident Insurance Policy' in the event my child is injured while in the care of this KidCare company and its employees. I also understand that the policy is an Excess Coverage Policy which means that my primary insurance must pay first and the excess coverage insurance will pay for most charges not covered by my primary insurance company. I understand that I will be responsible for paying any cost or fees not covered by insurance.

EMERGENCY MEDICAL AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I grant my authorization and consent for this KidCare company, its officers, agents, staff, or employees (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

In all emergencies, I understand that 911 will be called. In the event that reasonable attempts to contact me, the undersigned, have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by any licensed physician, surgeon, dentist, hospital, or other medical professional or institution; and the transfer of my child to the preferred hospital or, any hospital reasonably accessible. I understand that the consent and authorization herein granted do not include major surgical procedures unless the medical opinions of two licensed physicians, surgeons, or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery and are valid only during the time my child is in the care of and in attendance with this company and KidCare program. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

CERTIFICATE OF ACKNOWLEDGMENT OF CUSTODIAL PARENT OR LEGAL GUARDIAN

By signing this form, I attest that I have read, fully understand and agree to comply with the terms and conditions in this agreement, as well as the policies and procedures of this company.

This authorization is effective commencing on the _____ day of _____, 20____ and expiring when the child has been withdrawn or terminated.

Signed this _____ day of _____, 20____.

Custodial Parent or Legal Guardian #1's Signature

Custodial Parent or Legal Guardian #2's Signature *if Applicable*

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

In the State of _____, in the County of _____. This document was acknowledged before me this _____ day of _____, 20____.

Before me, _____ (person/s signing) signed this document, who was identified by use of _____ (ID used) or is personally known to me.

(Signature of Notary Officer)
Notary Public for the State of Florida

My Commission Expires:
(Notary Seal or Stamp)