



CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: Male Female Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: M T W Th F Sa Su

Family Information:

Child's Lives With: _____

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Custody: Mother Father Both Other (specify): _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____

Phone Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

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



Emergency Care Plan Instructions (if applicable):

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

Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

Helpful Information About Child:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date

Rate Agreement and Contract

Child's name Birth date

Hours of Operation

Regular operating hours are Monday to Friday from 7:00am to 6:00pm except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures. The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on News 13, Fox 35, Telemundo, Univision, radio station Z 88.3. If it becomes necessary to close early, we will contact you or someone listed in the Emergency Contact and Release, and it will be your responsibility to arrange for your child's early pick up.

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows: Table with columns: Day of week, Start time, AM/PM, End time, AM/PM, Comments

I would prefer to make tuition payments on a weekly bi-weekly monthly basis.

Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

- Starting on a fee of \$ is due weekly bi-weekly monthly. Initial
- Tuition is due and payable by 12:00pm Every Tuesday the 1st and 15th of the month or next business day first business day of the month.
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or absence other than hospitalization, or absence at the request of a doctor (a written doctor's note is required to receive credit).
- I agree to pay the full tuition in advance of services rendered.
- I agree to pay the full tuition fee even if my child is absent for one or more days.
- A late fee of \$20.00 is due if tuition is not received on time.
- A non-refundable registration fee of \$25.00 is due yearly.
- A late pick up fee of \$2.00 per minute per child (not to exceed \$50.00 per child) is due if my child is not picked up before closing.
- Accounts two weeks in arrears may result in immediate termination of service.
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.
- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$10.00. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.
- A 1-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in forfeiture of deposit.
- A receipt for income tax purposes will will not be provided.

Other Agreements

Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement. Initial

Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. Initial

Parent initial Staff initial Date

Other Agreements (continued)

Child's name	Birth date
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Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center. Initial _____

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. Initial _____

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. _____

Information contained in the Family Handbook may be subject to change. _____

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

Primary Parent/Guardian/Sponsor Signature	Date	Center Staff Signature	Date
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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



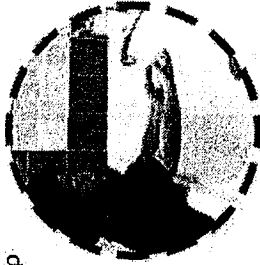
How can I protect my child from the flu?

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/>



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 fall 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.



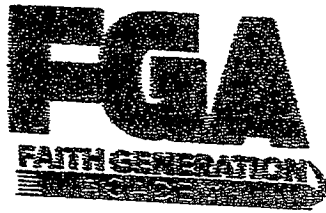
My signature below verifies receipt of the Distracted Adult brochure

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.



Addendum (Rules and Regulations)

- **Enrollment Policy:** Immunization and Physical Records must be submitted and updated accordingly. Unfortunately, we will not be able to provide service to children who have expired immunization records.
- **Hours of Operation:** We are open from 7:00am to 6:00pm. We will not be able to accept children after 9:30am unless there is special circumstance. There is a \$2.00 a minute late fee after 6:00pm.
- **Sign In/Out:** All parents must sign their children in/out every day. Complete signature is required.
- **Pick-up and Drop-off Procedure:** Under no circumstances shall people park on the street and leave engines running. For security, please park on the grassy area.
- **Absentee Policy:** Parents agree to pay 1/2 of week tuition during vacation or extended leave due to illness etc., up to two weeks per year. A full time child attending for one or more days during a work week are charged a full week.
- **Health and Illness Policy:** No child will be given or apply any medication, prescription or over the counter including sun screen, unless the parent give written permission.
- **Payment Policy:** There is a \$20.00 per week if payment not received by Tuesday 6:00pm.
- **Uniform Policy:** FGA students should start using their uniform starting August 5, 2016. Children in potty training have different uniform requirements.
- **Food/ Toys:** No outside food is allowed at the school. For example; cups, drinks and snacks. Please leave all toys at home. When children bring in toys from home, they become distracted. The toys may get misplaced or broken.
- **Forms:** There shall be signed statements from the custodial parents or legal guardian that the child care facility has provided them with the following information: "Know Your Child's Daycare" and the influenza brochure guide to parents.

Child's Name _____

Parent Signature _____

Date _____

Photo Release
Authorization Form

From time to time, photos will be taken of students, student activities, etc. The school reserves the right to use these photos for news releases, the school's website, the year book, school-related video and slide presentations, marketing purposes, etc.

The school will allow members of the media to take pictures of students, athletic events, and other school activities for publication. At times, AT THE DISCRETION OF THE SCHOOL, photographers will take photos for resale and make them available to students and parents.

The school feels that these are legitimate opportunities for students to be in the "lime light" and also promote the school.

STUDENT _____	GRADE _____
STUDENT _____	GRADE _____
STUDENT _____	GRADE _____

- Yes, I grant permission for (school) to use my child(ren)'s photo for the publications listed above.
- No, Please do not use my child(ren)'s photo.

Parent Signature _____ Date _____



Uniform Policy

Polo shirts:

Navy Blue Polo
Burgundy only

Bottoms:

Pants, Shorts, Skirts, Capris, or Jumpers- Navy Blue or Khaki

- No jeans or jean styles (Jeans allowed ONLY on Fridays)
- No Fleece (sweat pants)
- No "hip huggers"
- Fitted and neat and not worn below undergarment line
- Short pants must be worn underneath for girls with skirts
- No spandex pants
- Children in potty training are required to wear elastic pants or skirts.

Shoes, Socks & Misc.:

- Closed toes with closed heels ONLY
- No Healy's or Crocs
- Socks- white, black or blue
- NO belts for children in potty training

_____, understand that my child is to report to school each day dressed in uniform.

Parent Signature

Date



Parents understand that tuition is due by Monday morning prior to childcare service being provided. Faith Generation Academy can extend a grace period up until Tuesday at 6:00pm.

There will be a \$20 late fee charge on Wednesday. If payment is not made within 3 days at drop-off, your child will not be accepted into care until payment, including late fees is made.

Child:

Parent Signature:

Date:



Addendum

Drop off and Pick Up School Policy

Under no circumstances shall people do the following while dropping off or picking up their child:

- Park on the street
- Leave engines running

We would like parents to park on the grassy area and avoid parking close to the entrance of the academy.

To avoid any accidents, children must hold parents hand from the time they step out of the car until entering the facility. Same applies when exiting the school child must hold parents hand until securely inside the car.

Parents dropping off and picking up children must accompany them into the classroom. They must also sign in and sign out daily. Please make sure a teacher acknowledges that you are dropping off or picking up your child. In order to receive the full benefits of our program, as well as to help your child adjust accordingly, we ask that your child maintain a regular school schedule. Please try to have your child arrive no later than 9:00 a.m.

Our academy closes at 6:00pm. After 6:00 pm parents will be charged \$2.00 per minute paid in cash. The fee is due at the time of pick up, in cash, to the remaining staff members at the academy. It will be greatly appreciated, if parents call to notify us if they will be late and give an approximate arrival time so that we can better comfort your child. If a child is at the academy a half of an hour after closing time, without contact from the parents and emergency contacts cannot be reached, local authorities will be contacted to assist in locating the parents.

Child's Name _____

Parent Signature _____

Date _____

Biting Policy

Faith Generation Academy recognized that it is not out of the ordinary for young children between the ages of 10 and 30 months of age to go through a period of biting. Biting occurs for a variety of reasons. Some of the most common reasons young children bite are due to: teething, a lack of ability to communicate, frustration, being overly tired or overly hungry, and/or a need for more attention. It is highly likely that all children between these age ranges will either bite or be bitten at some point (often more than once) while in the preschool setting.

Our teachers and administration work closely and quickly to extinguish this undesirable behavior by the following these guidelines for children who have been identified as having a biting habit:

- If a child bites two (2) times within a four (4) hour time frame, the parents will be called and required to remove the child from the center for a day.
- If a child has been required to leave the facility for the aforementioned reason twice within a five (5) day period, a parent/ teacher/ director conference will be held. During this conference, a formal plan of action will be developed.
- After the parent/ teacher/ director conference, if improvement is not seen, the parent will be required to temporarily withdraw the child from the center.
- After a temporarily withdrawn child returns, if improvement is not seen, the child will be required to be taken out of our center permanently.

Parent Signature _____



"No Toys In School" Notice

Please leave all toys at home, including stuffed animals. When children bring toys from home, they become distracted and the other children do as well. Some toys get misplaced or broken, and then little ones get sad.

I have explained to the children that we have more than enough amazing things to use in school and that they should save their toys for home.

Thank you for supporting this rule at home. We appreciate your help.

A handwritten signature in black ink, appearing to read "Rivett". The signature is written in a cursive style and is located above the printed name of the Director.

Director

Faith Generation Academy

Faith Generation Academy COVID-19 Plan of Action

The centers for Disease Control and Prevention recommend we all make plans now. We do not know how hard COVID-19 will hit our community; we know it is better to have a plan. This plan is essential to slow down the spread of any virus.

1. We ask all parents and authorized pick up adults to advise us if they will be traveling in the next three months, we ask that you share with the Director.

- a. When you will be going?
- b. Where will you be going?
- c. How long will you be gone?

d. We will compare destinations to the CDC Covid-19 hotspots and inform you if there are any known requirements upon your anticipated return. We ask that you be prepared to follow the recommendations of the CDC.

2. Everyone must stay home when sick, this includes

- a. Children
- b. Parents
- c. Staff

d. Tuition will not be suspended if a child is absent. Tuition is based on enrollment not attendance and your child's spot is for them. Just as your employer is doing everything they can for you during this time, we are also doing everything we can for your child's teacher and the viability of the center so that when this unprecedented situation is contained you will have access to our services and care for your child.

3. All toys and touch surfaces will continue to be disinfected two times per day.

4. Floors will continue to be disinfected two times per day.

5. Handwashing practices will continue to apply for children and staff

- a. After toileting
- b. After eating
- c. Before eating
- d. After playing outside
- e. After blowing nose
- f. After coughing or sneezing
- g. Upon entering the facility

6. Faces will be covered when we cough or sneeze; tissues will never be reused; they are immediately thrown in a covered trash bin.

7. Non Essential individuals will not be allowed past the lobby area.

8. Extra Program Enhancement programs will be temporarily suspended.

9. As we are entering spring, there will be plenty of coughing and sneezing due to normal allergies, however because of the severity of this outbreak we will treat every situation as if there is a possibility of a virus and the individual will be sent home and may return only with authorization from a medical professional.

We have always had many of these rules; we're digging in hard on them now - no exceptions and we appreciate you doing your part to keep everyone healthy and strong.

Acknowledgement

I have read the Faith Generation Academy Parent Handbook. I understand its contents and I agree to comply with the center's policies and procedures.

Parent/Guardian Signature

Date

Child's Name

Parents Signature

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

Faith Generation Academy
1840 N. Goldenrod Rd
Orlando, FL 32807

Child's Name: _____ Center Name & Address: _____
 Primary Hours of Care: From _____ To _____ Days of the Week in Care: MS SU 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
		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" or leave any income fields blank. You are certifying that there is no income to report.

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

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

STEP 5: Contact information and adult signature
 By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

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

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

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): Not Hispanic or Latino Hispanic or Latino Native Hawaiian or Other Pacific Islander White

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 Non-needy Foster Child
 Eligibility Determination: Free Reduced-Price Non-needy
 Total Household Income: \$ _____
 How Often Income is Received (Frequency): Weekly Bi-weekly 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, Bi-weekly 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: _____