LIGHT YEARS AHEAD CHILD CARE CENTER
DOCUMENTS CHECKLIST

We must have all paperwork and registration fee at least 24 hours prior to your child's first day. This is to ensure that we have your child in our records on the first day of attendance.

___ Enrollment form
___ Weekly tuition agreement
___ DCF brochure receipt
___ Discipline policy acknowledgement
___ Policies and procedures receipt form
___ Food program form signed, dated and completed.
___ Illness policy
___ Allergy information
___ Parent authorization and permissions
___ Blue Florida Immunization form
___ Yellow Florida Physical form

One's and Two's: Make sure to label all items with first and last name using a permanent marker.

___ diapers ___ wipes ___ pacifier ___ crib sheet ___ small blanket

___ diaper cream or powder ___ shoes ___ two changes of clothing

3's and 4's: ___ crib sheet ___ small blanket ___ two changes of clothing

Please know that toys from home become a serious distraction to the education of your child and others within the classroom. Light Years will not be responsible for such items.

Breakfast, Lunch and Afternoon Snack are all provided as a part of your tuition. Since we are in the Food Program, we cannot allow food from home. If you wish to celebrate your child's birthday in the classroom, please speak to your child's teacher or someone in the office to make arrangements. No homemade baked goods are allowed in the classrooms.

We are excited to have you and your child join the Light Years Ahead family. Please always feel free to call the office or stop by and ask any questions that you may have.
LIGHT YEARS AHEAD CHILD CARE CENTER
ENROLLMENT FORM

Date of enrollment: ___________________________  Pass Code: ___________________________
Child’s Name: _______________________________  Sex M / F DOB: ______________
   (Last) (First) (Middle)
Child’s Name: _______________________________  Sex M / F DOB: ______________
   (Last) (First) (Middle)
Child’s Name: _______________________________  Sex M / F DOB: ______________
   (Last) (First) (Middle)
Public School: _______________________________  Hours of Care: _____ to _______
Days of the week in Care: M T W Th F Sa Su
Meals while in Care: Br L Lunch PM Snack Email: ___________________________

Mother’s Name: _______________________________  Father’s Name: _______________________________
Social Security #: _______________________________  Social Security #: _______________________________
Home Address: _______________________________  Home Address: _______________________________
Home Phone: _______________________________  Home Phone: _______________________________
Employer: _______________________________  Employer: _______________________________
Employer Phone: _______________________________  Employer Phone: _______________________________
Other Phone: _______________________________  Other Phone: _______________________________
Driver’s License #: _______________________________  Driver’s License #: _______________________________

Let us know about other persons to be notified in case of illness or accident and that are permitted
to remove child/ren from the Center. Mother yes/no, Father yes/no. Ruled by the court? yes/no

Name: _______________________________  Address: _______________________________
Phone: _______________________________  Relation: _______________________________

Name: _______________________________  Address: _______________________________
Phone: _______________________________  Relation: _______________________________

Name: _______________________________  Address: _______________________________
Phone: _______________________________  Relation: _______________________________

Name: _______________________________  Address: _______________________________
Phone: _______________________________  Relation: _______________________________
Child’s Physician: __________________________ Phone: __________________________

Physician’s Address: ________________________________________________________

Chronic Conditions: Mental Retardation ____ Cystic Fibrosis ____ Epilepsy ____
Rheumatic Fever: ____ Asthma ____
Other: ___________________________________________________________________

Allergies: __________________________________________________________________
Unusual habits or fears: ______________________________________________________

IN AN EMERGENCY, I AUTHORIZE NECESSARY TRANSPORTATION AND/OR MEDICAL
TREATMENT FOR MY CHILD (REN) TO THE NEAREST HOSPITAL OR EMERGENCY
FACILITY.

Signature or Parent/Legal Guardian: ____________________________________________

Date: _____________________________________________________________________

Updated date: __________________ Signature: _________________________________

Updated date: __________________ Signature: _________________________________

Updated date: __________________ Signature: _________________________________
Light Years Ahead Child Care Center

Policies and Procedures

We hereby acknowledge that we have received a copy of the Light Years Ahead policies and procedures. (This is a 6 pages document).

__________________________   ________________________
Parent Signature             Parent Signature

__________________________   ________________________
Date                         Date
Light Years Ahead Child Care Center

Weekly Tuition Agreement

I __________________________ agree to pay Light Years Ahead the weekly tuition in the amount of $________________. This amount will cover the fees for __________________ and _________________________________.

I also acknowledge that I have read the following policies & procedures related to the fees, charges and penalties;

1. Tuition is due every Monday. After Tuesdays evenings, a $10 penalty will be applied.
2. Children whose parents owe a week or more will not be accepted at the center unless otherwise discussed previously with the administration.
3. A $50.00 enrollment fee is required at the starting date.
4. A $40.00 material fee will be charged.
5. Light Years reserve the right to report to the collection agencies any uncollected balance. Parents will also be responsible for any Attorney’s fees necessary for the collection of any unpaid balances.
6. The returned check fee is $20.00.
7. It is the responsibility of the parents to notify Light Years if your children are not going to continue attending the center. Any amount owed will be calculated up to the day of this notice.
8. Light Years will hold your space at the center for only one week without notification.
9. All parents are required to sign in and out your children every day. 4C parents and VPK parents will be responsible to pay for any days not signed and discounted or not paid to us by these agencies.
10. A late charge of $1.00 per minute will be added for every minute after 6:30 p.m. After 30 minutes DCF requires us to call the Police if we haven’t been able to get in touch with the parents.
11. VPK parents are responsible for completing your child hours by bringing them up to the last week of school.
12. Parents could use one week a year without paying the tuition rate and still hold the space. This is normally used for vacations. This benefit starts after 3 months of consecutive attendance.

_________________________________  ___________________________
Parents Signature                  Social Security
Light Years Ahead Child Care Center

Children’s and Family:
(Proof of Receipt)

I ______________________, have received the Department of Children’s and
Parent’s name

Families Brochure, on this the _______ day of ________________, 20_____

This brochure contains vital information on what you should look for in a child care
center and is required by DCF to be handed out to all parents who enroll in a child
care facility.

_________________________
Parent Signature
DISCIPLINE POLICY

All Children will be disciplined with respect. They will always be corrected to avoid future misbehavior. The disciplinary action used is called “S.T.A.R.”

We begin by using the S.T.A.R. technique, which is to calm the child down. We then help them see what the situation is and what the consequences of their actions are. We try and teach acceptable social skills that enable a child to interact with their peers and adults.

__________________________
Child’s Name

__________________________  ______________
Parent’s Signature        Date
Allergy Information Form

Please complete this form and return it to the office. This form will be used to update classroom allergy lists, and will be kept in your child’s file.

My child:
- □ Has NO KNOWN ALLERGIES. _______(parent initial)
- □ Is allergic to:
  ___________________________ _______(parent initial)
  ___________________________ _______(parent initial)
  ___________________________ _______(parent initial)

Allergic reactions may include:
- □ Hives
- □ Itching
- □ Rash
- □ Other: ______________________ (parent initial)

My child:
- □ Needs emergency care in the event of an allergic reaction _______(parent initial)
- □ Does not need emergency care in the event of an allergic reaction _______(parent initial)

Child’s Name: ______________________

Parent’s Name: (print) ______________________

Parent Signature: ______________________ Date: ___________
Illness Policy

If children are displaying any one of these signs, children will not be allowed to remain at the Center.

___ Runny nose with thick, yellow, or green mucus.
___ Yellow or green mucus or crust eyes.
___ Continuous cough resulting in spitting up phlegm or food.
___ Diarrhea, twice. As ordered by DCF.
___ Vomiting, Twice.
___ Fever over 100 degrees.
___ Rash or open wounds.
___ Head Lice, child must be free of lice before returning.

DCF guidelines allows for a one-hour maximum pickup time for sick children.

The wait period is 24 hours before returning to the center or a Doctor’s certificate.

Light Years must be notified in writing when a child is presently taking any medicine, including antibiotics, as allergic reactions can occur.

We thank you in your efforts, with us, to keep all of our children healthy.

Parent Signature: ___________________________ Date: ________________
Authorization for emergency medical and first aid:

I hereby authorize the staff and director, representing Light Years Ahead, to give consent for any and all necessary emergency medical and First Aid care for my child, ____________________________, while he/she is in the Center's custody.

Note: Light Years Ahead will always call the parents but there may be the situation were the emergency requires immediate action.

Signature of parents/Guardian: ____________________________

Date: ____________________________

Light Years Ahead, permissions:

1. Permission (is/is not) given for photography for business publicity purposes.

Signature of parent or Guardian: ____________________________

2. Permission (is/is not) given for photography for classroom purposes.

Signature of parents or Guardian: ____________________________

3. I give permission for my child, ____________________________, to be transported by Light Years Ahead in field trips that will be announced at least one week before.

Signature of Parent or Guardian: ____________________________

4. My child, ____________________________, has my permission to ride the Light Years Ahead van or bus to and/or from _________________ Elementary School.

Signature of Parent or Guardian: ____________________________
ATTENDANCE POLICY
ALL PROGRAMS
SCHOOL READINESS, VPK, EHS AND REGULAR PRIVATE

To all Parents;

Please make sure to sign your child(ren) IN/OUT every day. If you do not have your child (ren) signed IN/OUT every day, your tuition will not be covered by ELC or 4C. If ELC or 4C denies your payment because of failure to sign your child (ren) IN/OUT, YOU will be responsible for paying the full price of their tuition. NO EXCEPTIONS will be made.

School Readiness and VPK parents need to be aware that they will need to document in writing absences that exceeded three, for any month.

Private parents are also required by DCF to sign IN/OUT daily. Please remember to give your passcode to anyone you send to bring in and pick up your child (ren).

The PASSCODE will be created by the parent and will be 4 numbers and one letter at the end, i.e. 1234a

________________________
Parent Name (printed)

________________________
Parent Signature
Dear Parent/Guardian:

We participate in the Child Care Food Program (CCFP), which provides reimbursement for serving nutritious meals to enrolled children. All meals served must meet meal pattern requirements established by the U.S. Department of Agriculture (USDA). In the operation of USDA child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

The information requested on the attached Free and Reduced-Price Meal Application is necessary so that we may receive reimbursement for meals served to your child while in care. The amount of reimbursement we receive from the CCFP depends on the household income status of the enrolled children. Please complete the attached application, sign, date, and return it to the address listed below. Please refer to the back of the application for full instructions. Your application will be placed in our files and kept confidential.

Children from households that receive Food Assistance Program (formerly known as the Food Stamp Program) or TANF (Temporary Assistance for Needy Families) benefits are eligible for free meals. Children enrolled in Head Start or Early Head Start (HS/EHS) are eligible for free meals, subject to the submission of official, acceptable HS/EHS enrollment documentation. With proper documentation, HS/EHS children will not need Free and Reduced-Price Meal Applications. Foster children are eligible for free meals regardless of the income of the household with whom they reside, subject to the submission of official, acceptable foster care agency/court documentation or a Free and Reduced-Price Meal Application. Children from households with total incomes less than or equal to the levels listed below are eligible for either free or reduced-price meals.

**INCOME ELIGIBILITY GUIDELINES** (Effective July 1, 2012 - June 30, 2013)

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>ANNUAL</th>
<th>MONTHLY</th>
<th>TWICE PER MONTH</th>
<th>BIWEEKLY</th>
<th>WEEKLY</th>
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<td>1,472</td>
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<td>680</td>
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<td>42,643</td>
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<td>2,693</td>
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<td>5,996</td>
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<td>For each additional family member, add</td>
<td>+7,326</td>
<td>+611</td>
<td>+305</td>
<td>+282</td>
<td>+141</td>
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**HOW TO APPLY:**

If any member of your household currently receives Food Assistance Program (FAP) or TANF benefits, then any child in the household is eligible for free meals. The application must include the child’s name, the FAP or TANF case number, and the signature of an adult household member.

If completing a Free and Reduced-Price Meal Application for a foster child, the application must identify the child as a foster child, and include the child’s name, any “personal use” income, and an adult’s signature. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

If you do not list a FAP or TANF case number, or if the child is not a foster child, the application must include:

- the child’s name;
- the names of all household members, including spouse, children, parents or other persons who live with you in the same household;
- the amount of income each person usually receives (before deductions for taxes, social security, etc.), how often it is received, and where it is from, such as wages, retirement, or welfare. For self-employed persons, list net income. Net income is defined as gross receipts less operating expenses. For persons who do not receive any income, check the “NO INCOME” box;
- the signature of an adult household member;
- the last four digits of the social security number of the adult household member who signed the application or the word “none” if that adult does not have a social security number.

**VERIFICATION:** Your application may be reviewed by the child care center or other officials at any time during the year to determine if it has been correctly approved. **CONFIDENTIALITY:** The information that you report will be used only to determine eligibility for free or reduced-price meals in the CCFP. **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the year. If you are not eligible now but your household experiences a change, such as, a decrease in household income, an increase in household size, unemployment or receipt of Food Assistance Program or TANF benefits, then complete a new application.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Sincerely,

Name and Title of Child Care Center Representative

Name of Child Care Center

Address

Phone Number

Revised 0/2012

L-023-13
CARTA A LOS PADRES EN PROGRAMAS SIN FIJACION DE PRECIOS
(Black Letter for Non-Pricing Programs)

Estimados Padre/Representante:

Fecha: ___________________

Nosotros participamos en el Programa de Alimentos para Cuidado de Niños (CCFP), el cual provee reembolso por comidas nutritivas servidas a niños inscritos. Todas las comidas que se sirven deben estar en conformidad con el criterio nutritivo fijado por el Departamento de Agricultura de los EE.UU (USDA). En las operaciones de los programas de alimentos del USDA, nadie será discriminado por raza, color, nacionalidad de origen, sexo, edad o discapacidad.

La información requerida en la Aplicación para Alimentos de Precio Reducido o Gratis adjunta es necesaria para poder recibir reembolso por los alimentos servidos a su niño(a) mientras este bajo cuidado. El monto del reembolso recibido por el proveedor depende del nivel de ingresos de los niños bajo cuidado. Por favor complete la aplicación adjunta, firme la aplicación, coloque la fecha, y devuélvala a la dirección postal que se muestra abajo. Por favor revise la parte de atrás de la aplicación con todas las instrucciones para completar la aplicación. Su aplicación será colocada en nuestros archivos y se mantendrá confidencial.

Niños provenientes de hogares que reciben beneficios del Programa de Asistencia Nutricional (anteriormente conocido como Programa de Cupones de Alimentos) o TANF (Asistencia Temporal Para Familias Necesitadas) son elegibles para comidas gratis. Niños inscritos en Head Start o Early Head Start (HS/EHS) califican para comidas gratis, sujetos a la entrega de los documentos oficiales y aceptables de inscripción en HS/EHS. Con la documentación aprobada, niños bajo HS/EHS no necesitarán llenar la aplicación para Alimentos de Precio Reducido o Gratis. Niños bajo Cuidado Adoptivo Temporal califican para comidas gratis independientemente del ingreso del hogar en el que residen, esto es sujeto a la entrega de documentos oficiales y aceptables de la agencia de Adopción Temporal/documentación de la corte o de una Aplicación para Alimentos de Precio Reducido o Gratis. Niños en hogares donde el ingreso total es menor o igual a los niveles listados abajo califican para alimentos de precio reducido o gratis.

GUÍA DE ELIGIBILIDAD EN BASE A INGRESOS (Efectivo Julio 1, 2012 - Junio 30, 2013)

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<th>QUINCENAL</th>
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CÓMO APLICAR:
Si algún miembro del hogar actualmente recibe ayuda del Programa de Asistencia Nutricional (FAP) o beneficios TANF, entonces cualquier niño(a) es elegible para comidas gratis. La aplicación debe incluir el nombre del niño(a), el número de caso FAP o TANF, y la firma de un adulto miembro del hogar.

Si está completando la Aplicación para Alimentos de Precio Reducido o Gratis para un niño(a) bajo cuidado adoptivo temporal, su aplicación debe identificar al niño(a) bajo cuidado adoptivo temporal, incluir el nombre del niño(a), cualquier ingreso para “uso personal”, y la firma de un adulto. Hogares que deseen aplicar para el beneficio alimentario para niños bajo cuidado adoptivo temporal pueden contactarnos si tienen alguna pregunta.

Si usted no lista un número de caso FAP o TANF, o si el niño(a) no está bajo cuidado adoptivo temporal, la aplicación debe incluir:
- el nombre del niño(a);
- el nombre de los miembros del hogar, incluyendo esposa(o), niños, padres o cualquier otra persona que viva en el mismo hogar;
- la cantidad de ingreso usualmente recibido por cada persona (antes de impuestos, seguro social, etc.), la frecuencia en la que es recibido, y su proveniencia, tal como, salario, jubilación, o beneficio. Si usted es su mismo empleador, liste su ingreso neto. Ingreso neto está definido como ingreso bruto recibido (incluyendo todo el dinero recibido de parte de los padres de los niños bajo cuidado y el reembolso del CCFP) menos gastos operacionales. Para las personas que no reciben ingreso, marque la caja en la columna "NO RECIBE INGRESO";
- la firma de un adulto miembro del hogar; y
- los cuatro últimos números de su seguro social o la palabra “ninguno” si no tiene número de seguro social.

VERIFICACION: Su aplicación puede ser revisada por el centro de cuidado infantil u otros oficiales durante el año para determinar si ha sido correctamente aprobada. CONFIDENCIALIDAD: La información que usted reporta será utilizada solo para determinar la elegibilidad para alimentos de precio reducido o gratis con el Programa de Alimentos para Cuidado de Niños (FAP) y el Programa de Asistencia Nutricional (FAP). REAPLICACION: Usted puede aplicar para alimentos de precio reducido o gratis en cualquier momento durante el año. Si usted no es elegible ahora, pero si en el futuro hay cambios en su hogar, tal como, disminución de ingresos, aumento del tamaño del hogar, desempleo o recibe beneficios del Programa de Asistencia Nutricional o TANF, entonces complete una aplicación nueva.

De acuerdo a las Leyes Federales y las Políticas del U.S. Departamento de Agricultura, esta institución está prohibida de actos de discriminación en base a raza, color, nacionalidad de origen, sexo, edad, o discapacidad. Para registrar una queja por discriminación, escriba al USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al número gratis (866) 632-9992 (Voz). Individuos con problemas auditivos o con discapacidad oral pueden comunicar el USDA a través del Federal Relay Service al número (800) 877-8339; o (800) 845-6136 (Español). El USDA es un proveedor de oportunidades iguales para proveedores y empleados.

Sinceramente,

Nombre y Posición del Representante del Centro de Cuidado Infantil

Dirección

Nombre del Centro de Cuidado Infantil

Número de Teléfono

Revised 6/2012

I-023-12s
CHILD CARE FOOD PROGRAM
FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to . If you need assistance filling out this form, call this number: .

PART 1 – INFORMATION ON CHILD:

Child's Name: ________________________________

Last Name ________________________________ First Name __________________________ Date of Birth __________________________

NAME AND ADDRESS OF CCC/OSHCC: ________________________________

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS: Complete this part and Part 4.

Food Assistance Program Case Number: __________________________

TANF Case Number: __________________________

PART 3 – ALL OTHER HOUSEHOLDS: If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS

List the Names of Everyone in Your Household (include child listed in Part 1 above)

Check Box if Foster Child

<table>
<thead>
<tr>
<th>Last Name, First Name</th>
<th>Check</th>
<th>Gross Earnings (Before Deductions) If self-employed, list net income</th>
<th>Welfare, Child Support, Alimony</th>
<th>Pensions, Retirement, Social Security</th>
<th>All Other Income (including personal use income of a foster child)</th>
<th>Check Box if Person has NO INCOME</th>
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PART 4 – SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.

Signature of Adult Household Member ________________________________ Date Signed __________________________

Home Address ____________________________________________________________

Street Address, City, State, Zip Code ________________________________

Home Phone # __________________________ Work Phone # __________________________

Last Four Digits of Social Security Number __________________________ Write NONE if you don't have a Social Security Number

PENALTIES FOR MISREPRESENTATION: I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

PART 5 (Optional) - RACIAL IDENTITY OF CHILD

□ American Indian or Alaskan Native □ Asian □ Black or African American □ Hispanic or Latino

□ Native Hawaiian or other Pacific Islander □ White □ Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules.

For Contractor Use Only:

□ Food Assistance Program/TANF household Total Household Size: ________ Total Household Income: ________

□ Foster Child Income Frequency: Weekly / Biweekly / Twice a Month / Monthly / Annual (circle one)

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

Eligibility Determination: □ Free □ Reduced □ Non-needy

Reason for Non-needy Status: □ Income too High □ Incomplete Application □ Other (Reason) __________________________

Signature of Determining Official: ____________________________________________ Date Signed: __________________________

Revised 6/2012

I-009-10
FREE AND REDUCED-PRICE MEAL APPLICATION INSTRUCTIONS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. Part 2: List the current Food Assistance Program (formerly known as the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) case number. The case number is on your letter of eligibility, it is not the number on your EBT card. Skip Part 3. Part 4: An adult household member must sign the form, but the last four digits of the signer’s social security number are not necessary. Complete the address and phone number fields and date the form. Part 5: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

IF YOU ARE APPLYING FOR A FOSTER CHILD, CHOOSE ONE METHOD BELOW TO APPLY:

NOTE: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household with whom they reside. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

Method 1: Provide official documentation from the foster care agency or court that placed the child with the specific household. With such documentation, it is not necessary to complete the Free and Reduced-Price Meal Application.

Method 2: Complete the Free and Reduced-Price Meal Application according to these instructions – Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends if not already pre-printed. Skip Part 2. Part 3: List the child's name, check the box in the “Foster Child” column, and report the child’s personal use income, if any, in the “All Other Income” column. “Personal use income is a) money given by the welfare office identified by category for the child’s personal use, such as for clothing, school fees, and allowances; and/or b) all other money the child receives, such as money from his/her family and money from the child’s full-time or regular part-time jobs. Do not include payments to the household for the care of the foster child. If the child receives no income, check the “NO INCOME” box in the last column. Part 4: A foster parent or other official representing the child must sign the form, but the last four digits of the signer’s social security number are not necessary. Complete the address and phone number fields and date the form. Part 5: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

Method 3: Complete the Free and Reduced-Price Meal Application according to the instructions below for ALL OTHER HOUSEHOLDS.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

Skip Part 2.

Part 3:

1. Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.

2. If a household member is a foster child, check the box in the “Foster Child” column next to his/her name.

3. Write the amount of income each household member regularly receives, before taxes or anything else is taken out, and how often it is received. List income in the appropriate column(s) to designate the source of the income, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If a foster child is listed, report his/her personal use income, if any, in the “All Other Income” column. Refer to Method 2 above for the definition of a foster child’s personal use income. Do not include payments to the household for the care of the foster child as income for any household member. If any amount(s) received during the last month was more or less than usual, write that person’s usual income.

4. For any person with no income, including children, check the “NO INCOME” box in the last column.

Part 4: An adult household member must sign the application and give the last four digits of his/her social security number (or write NONE if she doesn’t have a social security number).

Part 5: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

INCOME TO REPORT

Earnings from Employment:
Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker’s compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security:
Pensions
Supplemental security income
Retirement income
Veteran’s payments
Social security

Certain Military Income and Benefits:
All cash income for off base commercial, private housing allowances, excluding the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance (FSSA)
All cash income for uniform allowances
All cash income made available to the household, except for combat pay received under certain conditions
Does not include “in-kind” benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

Other Income:
Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Any other income
Florida Department of Health  
Child Care Food Program  
Child Participation Form

Name of Child: ___________________________ Name of Facility: ________________________

Dear Parent:
Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

<table>
<thead>
<tr>
<th>Day</th>
<th>Normal Hours in Care</th>
<th>Meals Normally Received While in Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon - Fri</td>
<td>a.m.</td>
<td>a.m.</td>
</tr>
<tr>
<td></td>
<td>____ p.m. to ____ p.m.</td>
<td>PM Snack ☐</td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>Day</th>
<th>Normal Hours in Care</th>
<th>Meals Normally Received While in Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>a.m.</td>
<td>a.m.</td>
</tr>
<tr>
<td></td>
<td>____ p.m. to ____ p.m.</td>
<td>PM Snack ☐</td>
</tr>
<tr>
<td>Tuesday</td>
<td>a.m.</td>
<td>a.m.</td>
</tr>
<tr>
<td></td>
<td>____ p.m. to ____ p.m.</td>
<td>PM Snack ☐</td>
</tr>
<tr>
<td>Wednesday</td>
<td>a.m.</td>
<td>a.m.</td>
</tr>
<tr>
<td></td>
<td>____ p.m. to ____ p.m.</td>
<td>PM Snack ☐</td>
</tr>
<tr>
<td>Thursday</td>
<td>a.m.</td>
<td>a.m.</td>
</tr>
<tr>
<td></td>
<td>____ p.m. to ____ p.m.</td>
<td>PM Snack ☐</td>
</tr>
<tr>
<td>Friday</td>
<td>a.m.</td>
<td>a.m.</td>
</tr>
<tr>
<td></td>
<td>____ p.m. to ____ p.m.</td>
<td>PM Snack ☐</td>
</tr>
<tr>
<td>Saturday</td>
<td>a.m.</td>
<td>a.m.</td>
</tr>
<tr>
<td></td>
<td>____ p.m. to ____ p.m.</td>
<td>PM Snack ☐</td>
</tr>
<tr>
<td>Sunday</td>
<td>a.m.</td>
<td>a.m.</td>
</tr>
<tr>
<td></td>
<td>____ p.m. to ____ p.m.</td>
<td>PM Snack ☐</td>
</tr>
</tbody>
</table>

☐ Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: ___________________________ Date: ______________

Printed Name: ___________________________ Phone Number: ______________

1-108-01
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.

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.

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

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

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

CF/PI 175-70, June 2009
This brochure was created by the Department of Children and Families in consultation with the Department of Health.
This child care facility is licensed according to the minimum licensure standards included in Section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: ______________
License Issued on ____/__/
License Expires on ____/__/

For more information regarding the compliance history of this child care provider, please visit: www.myflorida.com/childcare.

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

**General Requirements**
- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain minimum staff-to-child ratios:
  - Under 1 yr. old: 1:4
  - 1 yr. old: 1:5
  - 2 yrs. old: 1:6
  - 3 yrs. old: 1:11
  - 4 yrs. old: 1:20
  - 5 yrs. old & older: 1:25
- 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.

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

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

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

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

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

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**Parent's Role**

The parent's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:

- Familiarize themselves with the child care standards used to license the child care facility.
- Inquire about the qualifications and experience of child care staff, as well as staff longevity.
- Know the facility's policies and procedures.
- Communicate with the caregiver.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to their child about their daily experiences in child care.
- Arrange alternate care for their child when they are sick.

To report non-compliance with state licensing standards, please contact your local licensing office.
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 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, and 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.

Quality Activities

✓ Are children initiated and teacher facilitated.
✓ Include social interchanges with all children.
✓ Are expressive including play, painting, drawing, storytelling, 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.

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

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

Know Your Child Care Facility

CF/PI 175-24, 10/2007

This brochure was created by the Department of Children and Families, Child Care Program Office pursuant to s. 402.3125(8), F.S.