



Little Rainbow's Learning Center
Childcare Enrollment Packet

Child's Name: _____

Parent's Name: _____

PLEASE MAKE SURE YOUR CHILD'S SHOT RECORD
AND PHYSICAL IS ATTACHED OR HAS BEEN FAXED
TO (386) 496-3817

THE ENTIRE PACKET MUST BE COMPLETED IN ORDER TO ENROLL YOUR CHILD IN THE FACILITY
ENROLLMENT PACKETS THAT ARE INCOMPLETE WILL NOT BE ACCEPTED

FOR OFFICE USE ONLY:

CLASS CODE: _____

SHOT RECORD RECEIVED: _____ EXPIRES ON: _____

PHYSICAL RECEIVED: _____ EXPIRES ON: _____



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: 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

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With:

Parent/Guardian Name: Parent/Guardian Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Relationship to the child: Relationship to the child:

Custody: Mother Father Both Other

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:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

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

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable):

Emergency Contacts:

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

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, "Know Your Child Care Facility" (CF/PI 175-24), **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, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- 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

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/>

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.



INFLUENZA VIRUS

**“The Flu”
A Guide
for Parents**

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

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

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		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): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

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

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): Hispanic or Latino Not Hispanic or Latino

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

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Total Household Size: _____ Total Household Income: \$ _____

Eligibility Determination: Free Reduced-Price Non-needy How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

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

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household’s income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household’s income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household’s income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write “none” or “0.” Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor’s Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Salary, wages, cash bonuses • Net income from self-employment (farm or business)	• Unemployment benefits • Worker’s compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran’s benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification 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 investigate violations of program rules. **This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**

Little Rainbow's Learning Center, Inc.
255 SE 6th Ave, Lake Butler, FL 32054
Main: (386) 496-8278 – Fax: (386) 496-3817
Owner: Kim Bailey
License # C08UN0004

Permission for Food-Related Activities & Special Occasion Food Consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ **give/decline** permission for my child _____
(Parent or Guardian) (Circle one) (Child's name)

To participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

___ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

___ My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.

___ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (*please list below*):

___ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Parent or Guardian Signature: _____ Date: _____

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Alternate Nutrition Plan

Parents are responsible for notifying the facility of their child's modified diet, and any allergies. This record will be signed by the parent and the director and kept on file. Please list below your child's modified diet plan.

Child's name: _____

Child's diet plan is as follows: _____

Child is allergic to the following items:

I understand that I am responsible for supplying the items needed to fulfill my child's modified diet plan.

Parent's Name: _____

Parent's Signature: _____

Date: _____

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Facility Policies

Parents are to complete enrollment packages on date of enrollment. Immunization records (shot records) are required on date of enrollment. Physicals are required within 30 days of enrollment. These forms can be copies of the originals. Physicals are valid for 2 years. Immunizations records are to be kept current by the parent and given to the facility when it is updated. Parents are to notify the facility if there is any change to enrollment package: New employment, phone numbers, new adults that will be added to pick up list, etc. Parents will sign their child in and out of the facility daily with a four-digit pin number. Anyone dropping off or picking up a child from this facility must have a four-digit pin number of their own to log the child in and out. Please wash all hands (children and adults) at the hand washing station located in the foyer before entering facility. This will cut down on germs coming into the facility. Parents are to notify the facility if the child is sick or if the child will not be attending. We cannot dispense medicine to your child unless we have a signed authorization form. Please see your child's teacher to obtain a medical authorization form. Prescription medicine must be in the original container and labeled with physician's name, child's name, amount of medication to be given, and time of day. Non-prescription medicine is to be labeled by the parent with child's name, amount of medication to be given, and time of day. Due to medical or religious affiliations, children enrolled in our facility may be exempt from immunizations with proper documentation from the Florida Department of Health.

Please let the facility know if your child is allergic to any medications, foods, etc.

If your child is not potty-trained, the parent is responsible for diapers and wipes. Parents are also responsible for covering and labeling all baby bottles, cups, lids, bowls, clothes, blankets, etc. with the child's name. If your child has an alternate nutrition plan the parent is responsible for providing the food to fit this plan. This also applies to children that use baby food, baby formula, special milk or food. Your child's attendance is very important. For your child to truly benefit from the program, they must be present as often as possible. There will be times when your child is sick or other emergencies arise. If your child is a VPK student or is funded through the Early Learning Coalition, they will only be allowed to miss 3 days a month. If attendance becomes a problem your child may be dropped from the program. Our child/staff ratio is based on your child's enrollment; therefore, these fees will remain the same even if your child is absent. At the end of each month, parents must verify their child's attendance as required by Rule 6M-8.305, F.A.C.

Tardiness is another important issue, for when a student has continued absentees and tardiness their academic performance falls behind. At the beginning of Kindergarten, your child will be tested, and their test performance will be a reflection on our facility. We ask that all students arrive before 8:30 a.m. However, if your child is a Pre-K student he/she must arrive before 8:00 a.m. We start class at 8:00 a.m. for Pre-K and 8:30 a.m. for all other classes; this is the time that we do Circle Time. Circle Time is one of the most important activities in your child's academic schedule. This is where they will learn letters, sounds, numbers, and many more skills that build for the A Beka Curriculum. If your child is not here during circle time, he/she will struggle with their A Beka Curriculum. It is very important for your child to be here on time.

The following disciplinary policies are used in the facility.

1. Verbal reprimand
2. Redirect to another activity;
3. Sit at a table with head down for one minute per year in age
4. Sent to the Office to speak with the Director
5. Parent Conference

While children are young and learning these skills, we offer supports such as a cozy/comfort corner where we use the Calming Corner calm-down method. Children are taught to use the Calming Corner and learn to take three deep breaths and think of solutions to redirect their emotions. Emotions and friendship skills are discussed daily and throughout our day. Character building is embedded in our curriculum. When challenging behaviors are continually exhibited by a child that disrupt the normal classroom learning environment and could affect the safety of staff and/or children, or when damage is caused to personal property in the classroom, the following interventions will be taken:

1. Parent/Guardian will be contacted for a conference with the Director and teacher. It is important for us to have open communication with families to best serve and help the child. We are a team!
2. Incident reports will be written for each incident and must be signed by the parent/guardian.
3. If the safety of the children or staff in the classroom in an immediate concern/issue, the parent/guardian will be called and asked to take the child home for the remainder of the day.
4. If you are receiving funding for school readiness through the Early Learning Coalition, the Child Development/Inclusion Coordinator at the Early Learning Coalition will be contacted and a request for technical assistance and on-site observation of the child in the classroom will be scheduled. If recommended by the Child Development/Inclusion Coordinator, positive behavior supports will be implemented in the classroom.
5. The Child Development/Inclusion Coordinator will ask the parent/guardian and teacher to complete an ASQ-SE2 screening to better understand the social-emotional needs of the child. The scores will be shared with the provider and family and appropriate recommendations will be given per the ASQ-SE2 guidelines and recommendations.
6. If all the above steps have been taken and the challenging behavior situations continue and/or the safety of children and staff is compromised, the child could be suspended for 3 days. The child may return to care after the suspension period is completed.
7. If after all the above steps have been followed, the child has been suspended and returned to the program and the challenging behavior is not improving, the parent/guardian will be advised that perhaps the child could be better served in a different environment and the care will be terminated. This is always a hard decision for everyone is considered only after all interventions have been exhausted.

I am signing to state that I have received a copy of the policies listed above:

Parent's Name: _____

Parent's Signature: _____

Date: _____

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Facility Fees & Holidays

Business Hours: Monday – Friday - 6:30 AM – 5:30 PM

Please be advised that if your child is not picked up by 5:30 PM, you will be charged a late fee. If you continue to be late picking up your child, the third time will result in your enrollment being terminated.

Rates:

- \$155.00 – Per child Per Week for ages 0-12 months
- \$145.00 - Per child Per Week for ages 12-24 months
- \$125.00 - Per child Per Week for ages 2 years old
- \$120.00 - Per child Per Week for ages 3 years old
- \$115.00 - Per child Per Week for ages 4 & 5 years old
- \$80.00 - Per child Per Week for After school Pre-K Children
- \$80.00 - Per child Per Week for After school K-6th Grade
- \$110.00 - Per child Per Week for Summer Rates K-6th Grade

***THIS IS A FLAT RATE, WHETHER YOUR CHILD ATTENDS ONE DAY OR FIVE.**

Yearly Registration Fee – Due annually in September every year. This includes your child's class t-shirt and curriculum fees for the year. The fees differ by age group:

- 12-24 Months: \$40
- 3-4 Years: \$97

After School Fees When School is Out -After school children are charged an extra \$7.00 per day if they attend when school is out. After school children that attend during Spring Break, Christmas Break, and the Summer will be charged a full rate of \$110.00, whether they attend one day or five.

Vacation - Every child is entitled to 2 weeks' vacation per year. This is based on a calendar year from January 1 to December 31. Please let us know in advance when you plan to take your 2 weeks' vacation to ensure proper billing on your account.

Paid Holidays:

Labor Day – Monday, September 5, 2022	Veteran's Day – Friday, November 11, 2022	Thanksgiving Holiday – Thursday, November 24, & Friday, November 25, 2022
Christmas Holiday – Monday, December 26, 2022	New Year's Eve – Monday, January 2, 2023	Martin Luther King Day – Monday, January 16, 2023
Memorial Day – Monday, May 29, 2023	Independence Day – Tuesday, July 4, 2023	

My signature below certifies that I have read and understand the above policies as they relate to my child's enrollment at Little Rainbows Learning Center, and further that I have received a copy of the same.

Parent's Name: _____

Parent's Signature: _____

Date: _____

MEDICAL AUTHORIZATION FORM FOR LITTLE RAINBOW'S LEARNING CENTER

_____ (Child's Name) has my permission to attend and participate in activities sponsored or authorized by Little Rainbow's Learning Center, Inc.

In my absence or in the absence of an authorized parent or guardian of the Child, I hereby authorize Little Rainbow's Learning Center, Inc., its agents, employees, or designees to administer first aid and to obtain and consent to on behalf of the Child and the Child's parent(s) or guardian(s), any emergency first aid or medical care by any physician, hospital or attendant as a result of involvement in an activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. The name of our health insurance company is _____, policy number _____, group number _____.

I further authorize any physician, hospital, or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

The medical authorization contained within this form will be valid and usable by Little Rainbow's Learning Center, Inc during the periods of time in which my child is enrolled in the facility and this authorization shall remain valid unless revoked by be in writing.

Please list any allergies or medical conditions:

Parent / Guardian's Signature

Date

State of Florida

County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____ 20____, by _____ who is personally known to me or has produced _____ as identification and who did (did not) take an oath.

Signature of Notary Public

My Commission Expires on:

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License # C08UN0004

Photo Release Form

By enrolling my child at Little Rainbow Learning Center, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed at Little Rainbow Learning Center during normal daycare hours, field trips, or activities.
- I understand that these photographs may be used in school newsletters or mounted on the Little Rainbow Learning Center website and/or Facebook page.
- I give permission for my child(ren)'s photos to be mounted on Little Rainbow Learning Center website, Facebook page, slide shows, or newsletters.

I, _____, the parent or guardian of, _____,

Yes, I confirm that I read and understand the statements above and agree to have my child

photos posted on the Little Rainbow's Learning Center website, Facebook page, slideshows, or newsletters.

No, I do not wish to have my child's photographs published.

Parent's Name: _____

Parent's Signature: _____

Date: _____

Parent Fees

Parent Fees will be due on a weekly basis. Our facility uses Brightwheel for all billing matters. Invoices will be sent on Monday and due on Tuesday each week. A late fee of \$35.00 will be applied if not paid on time. We allow a two-day grace period after the due date each week. Late fees will be applied on Friday each week.

Brightwheel provides an automatic billing option for payers that can be set up in the Brightwheel app. Choosing this option allows the payer to not to worry about late tuition. Late payments are not allowed at our facility. If a payment is not made on your account for two consecutive weeks, you will be terminated.

Cash and checks can be accepted inside the facility by the billing manager. Credit card payments must be paid via the Brightwheel app.

All returned payments will have a \$35.00 return fee. Returned payments will lead to the requirement of all future payments to be paid via automatic billing on Brightwheel.

If your child is a VPK student attending 8:00 a.m. – 11:20 a.m., there are no mandatory fees associated with this program; however, we do take donations from each parent toward student book fees and supplies. It costs our facility \$96.00 per student to supply them with the additional A Beka book curriculum set, a primary journal, crayons, scissors, pencils, homework folder, and class t-shirt. We understand that some parents cannot afford to donate. Regardless of your ability to donate, every child will be supplied with the same items and opportunities. The A Beka Christian curriculum is a wonderful addition to our Frog Street curriculum that enhances the learning experience for each child.

PARENT COPY

Little Rainbow's Learning Center, Inc.
255 SE 6th Ave, Lake Butler, FL 32054
Main: (386) 496-8278 – Fax: (386) 496-3817
Owner: Kim Bailey
License # C08UN0004

Facility Policies

Parents are to complete enrollment packages on date of enrollment. Immunization records (shot records) are required on date of enrollment. Physicals are required within 30 days of enrollment. These forms can be copies of the originals. Physicals are valid for 2 years. Immunizations records are to be kept current by the parent and given to the facility when it is updated. Parents are to notify the facility if there is any change to enrollment package: New employment, phone numbers, new adults that will be added to pick up list, etc. Parents will sign their child in and out of the facility daily with a four-digit pin number. Anyone dropping off or picking up a child from this facility must have a four-digit pin number of their own to log the child in and out. Please wash all hands (children and adults) at the hand washing station located in the foyer before entering facility. This will cut down on germs coming into the facility. Parents are to notify the facility if the child is sick or if the child will not be attending. We cannot dispense medicine to your child unless we have a signed authorization form. Please see your child's teacher to obtain a medical authorization form. Prescription medicine must be in the original container and labeled with physician's name, child's name, amount of medication to be given, and time of day. Non-prescription medicine is to be labeled by the parent with child's name, amount of medication to be given, and time of day. Due to medical or religious affiliations, children enrolled in our facility may be exempt from immunizations with proper documentation from the Florida Department of Health.

Please let the facility know if your child is allergic to any medications, foods, etc.

If your child is not potty-trained, the parent is responsible for diapers and wipes. Parents are also responsible for covering and labeling all baby bottles, cups, lids, bowls, clothes, blankets, etc. with the child's name. If your child has an alternate nutrition plan the parent is responsible for providing the food to fit this plan. This also applies to children that use baby food, baby formula, special milk or food. Your child's attendance is very important. For your child to truly benefit from the program, they must be present as often as possible. There will be times when your child is sick or other emergencies arise. If your child is a VPK student or is funded through the Early Learning Coalition, they will only be allowed to miss 3 days a month. If attendance becomes a problem your child may be dropped from the program. Our child/staff ratio is based on your child's enrollment; therefore, these fees will remain the same even if your child is absent. At the end of each month, parents must verify their child's attendance as required by Rule 6M-8.305, F.A.C.

Tardiness is another important issue, for when a student has continued absentees and tardiness their academic performance falls behind. At the beginning of Kindergarten, your child will be tested, and their test performance will be a reflection on our facility. We ask that all students arrive before 8:30 a.m. However, if

your child is a Pre-K student he/she must arrive before 8:00 a.m. We start class at 8:00 a.m. for Pre-K and 8:30 a.m. for all other classes; this is the time that we do Circle Time. Circle Time is one of the most important activities in your child's academic schedule. This is where they will learn letters, sounds, numbers, and many more skills that build for the A Beka Curriculum. If your child is not here during circle time, he/she will struggle with their A Beka Curriculum. It is very important for your child to be here on time.

The following disciplinary policies are used in the facility.

1. Verbal reprimand
2. Redirect to another activity;
3. Sit at a table with head down for one minute per year in age
4. Sent to the Office to speak with the Director
5. Parent Conference

While children are young and learning these skills, we offer supports such as a cozy/comfort corner where we use the Calming Corner calm-down method. Children are taught to use the Calming Corner and learn to take three deep breaths and think of solutions to redirect their emotions. Emotions and friendship skills are discussed daily and throughout our day. Character building is embedded in our curriculum. When challenging behaviors are continually exhibited by a child that disrupt the normal classroom learning environment and could affect the safety of staff and/or children, or when damage is caused to personal property in the classroom, the following interventions will be taken:

1. Parent/Guardian will be contacted for a conference with the Director and teacher. It is important for us to have open communication with families to best serve and help the child. We are a team!
2. Incident reports will be written for each incident and must be signed by the parent/guardian.
3. If the safety of the children or staff in the classroom is an immediate concern/issue, the parent/guardian will be called and asked to take the child home for the remainder of the day.
4. If you are receiving funding for school readiness through the Early Learning Coalition, the Child Development/Inclusion Coordinator at the Early Learning Coalition will be contacted and a request for technical assistance and on-site observation of the child in the classroom will be scheduled. If recommended by the Child Development/Inclusion Coordinator, positive behavior supports will be implemented in the classroom.
5. The Child Development/Inclusion Coordinator will ask the parent/guardian and teacher to complete an ASQ-SE2 screening to better understand the social-emotional needs of the child. The scores will be shared with the provider and family and appropriate recommendations will be given per the ASQ-SE2 guidelines and recommendations.
6. If all the above steps have been taken and the challenging behavior situations continue and/or the safety of children and staff is compromised, the child could be suspended for 3 days. The child may return to care after the suspension period is completed.
7. If after all the above steps have been followed, the child has been suspended and returned to the program and the challenging behavior is not improving, the parent/guardian will be advised that perhaps the child could be better served in a different environment and the care will be terminated. This is always a hard decision for everyone is considered only after all interventions have been exhausted.

Parent's Role

A parent's role in quality child care is vital:

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



More information and free resources:

MyFLFamilies.com/ChildCare



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



OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING
MYFLFAMILIES.COM

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

CF/PI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.,



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

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

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

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

Health Related Requirements

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

Training Requirements

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

Food and Nutrition

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

Record Keeping

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

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- 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.

Quality Child Care

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

Quality Activities

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

Quality Caregivers

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

Quality Environments

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

