



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 _____

social security #: _____ *social security #:* _____

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#

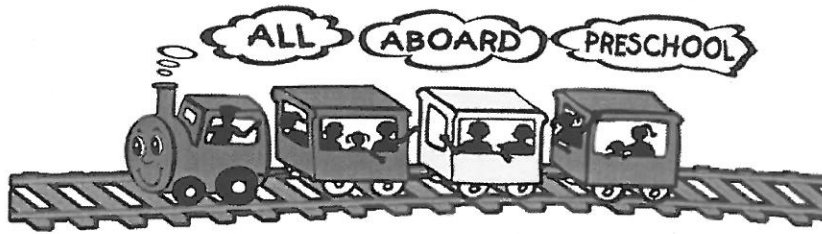
Helpful Information About Child:

- 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



PARENT ENROLLMENT CONTRACT

Name of Child: _____ Enrollment Date: _____

Circle Days to attend: **M** **T** **W** **TH** **F** **S**

Approximate times to attend: From: _____ To: _____

I have read and understood **ALL ABOARD PRESCHOOL's** General Policies and Rules.
I agree to pay on the first day of attendance each week a tuition fee of \$ _____ (Tuition Fees subject to change with prior notice). I understand that, due to fixed costs, I am obliged to pay the tuition fees for the schedule that I have selected whether or not my child attends. If my child is absent I may use my 2 week vacation allowance. I understand that if I fall more than 2 weeks behind with my payments my child may not attend.

I give permission for my child to be photographed and understand that my child's photo may appear in newspaper articles, on **ALL ABOARD PRESCHOOL's** website, and other professional and community publications.

I have read and understood **ALL ABOARD PRESCHOOL's** General Policies and Rules.

Signature: _____ Date: _____

How did you hear about us? _____

LIBRARY AND PARKS PERMISSION

I give permission for my child to be transported in an **ALL ABOARD** van to the Cape Coral Library on the classes designated library days. I understand that these days will be marked on the office calendar.

For parents of Einsteins only (School age children)

I give permission for my child to go to local parks and libraries during the vacations, on early dismissal and school off days.

I understand it is my responsibility to let the center know if my child may not attend.

Signature: _____ 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

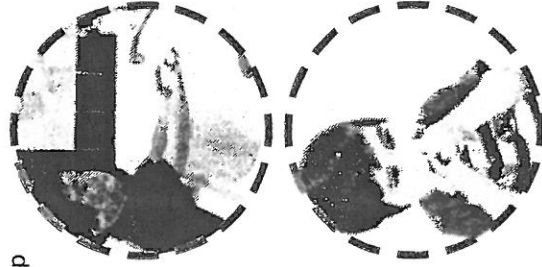


How can I protect my child from the flu?

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/>

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 project, gardening, school wide celebrations, and birthdays.

I, _____ give/decline permission for my child _____
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. I agree that I will not hold Step By Step, Gonzalez Baptist Church, teaching staff, administration staff or ministry staff individually or corporately liable for allergic reactions, indications of reactions or any other issue relating to food consumption activities due to misinformation provided on this form.

(Parent/ Guardian Signature)

(Date)



Consent Form

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Please read the text below and mark the desired space to indicate whether you will participate in the screening/monitoring program.

- I have read the information provided about the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and I wish to have my child participate in the screening/ monitoring program. I will fill out questionnaires about my child's development and will promptly return the completed questionnaires.

- I do not wish to participate in the screening/monitoring program. I have read the provided information about the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and understand the purpose of this program.

Parent or guardian's signature

Date

Child's Name: _____

Child's date of birth: _____

If child was born 3 or more weeks prematurely, # of weeks premature: _____

Child's primary physician: _____

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: _____ Center Name & Address: All Aboard Daycare Inc. 1918 SE Santa Barbara Pl.
 Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (321) 574-5210

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

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
 If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____
STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income - sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.
 Children's income - Total: \$ _____ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually
STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income - list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." 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.
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
 Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

FOR CONTRACTOR USE ONLY:
 Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Non-needly Incomplete Application
 Eligibility Determination: Free Reduced-Price Non-needly
 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-needly Status: Income too High Incomplete Application Other Reason: _____
 Determining Official's Signature: _____ Date: _____
 Second Party Check Signature: _____ Date: _____
 Revised 6/2019

CHILD INFORMATION FORM



Chatting with very young children about people, activities, or animals they love is a very helpful way for us to get to know them and to make it easier for them to settle in. Please give us some information that will give us some good conversation starters or that will help if your child seems to be having any kind of difficulty.

Child's name.....Date of birth.....

Mother's (or legal guardian's) name.....

Father's (or legal guardian's) name.....

Names and ages of any brothers or sisters.....

.....

Favorite relatives.....

Favorite pets.....

Favorite games or activities.....

Favorite toy.....

Has your child been in a child care center before?.....

Does your child have any special fears?.....

Does your child have any special medical care or allergies? (This information must be filled out on enrollment form also)

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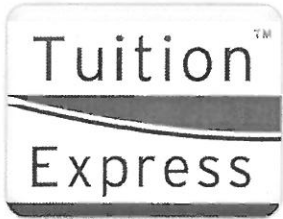
Does your child have any speech or hearing difficulties?.....

Does your family celebrate Holidays?.....

Any additional comments.....

.....

Parent signature.....Date.....



Automated Payment processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

AUTHORIZATION FOR CREDIT CARD

I (we) hereby authorize All Aboard Daycare Inc. to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Please contact Center Representative for a list of Credit Cards Accepted as Payment.

Cardholder Name

Phone #

Cardholder Address

City

State

Zip

Credit Card Number

Expiration Date

Signature

Today's Date

Check if you wish to make online payments

A service of

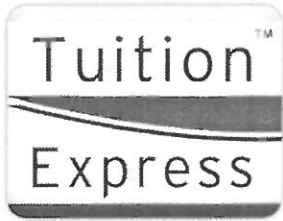
For Official Use Only...

Date Received

Employee Signature



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AUTHORIZATION FOR BANK ACCOUNT ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize All Aboard Daycare Inc. to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name Phone #

Address City State Zip

Bank or Credit Union Name

Bank or Credit Union Address City State Zip

Checking Savings

Routing Transit Number (see sample below) Account Number (see sample below)

Signature Date

Check if you wish to make online payments

For Official Use Only...

Date Received

Employee Signature

