



# Pre-School Enrollment Packet 2019-2020





## *ENROLLMENT APPLICATION*

Child's Full Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother/Guardian's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Cell)

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Father/Guardian's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Cell)

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Primary Residence: With Mother: \_\_\_\_\_ With Father: \_\_\_\_\_ With Both: \_\_\_\_\_ With Guardian: \_\_\_\_\_

Parent's Marital Status: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_

May the non-custodial parent pick up the child? \_\_\_\_\_  
(If yes, include in release section. If not, documentation from the court may be required)

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The child will be released only to the parents and the following individuals:

1- Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2- Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3- Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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*Emergency Contact other than parents (The following individuals will be contacted in case of an emergency in addition to parents and authorized pick up individuals)*

1- Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2- Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Any Allergies or special needs?* \_\_\_\_\_

Is the child potty trained? \_\_\_\_\_

What does the child say when he/she wishes to use the toilet?

\_\_\_\_\_

Additional information about your child (fears, favorite toy or game, tips? \_\_\_\_\_

\_\_\_\_\_



Rule 65C-22.006(2), F.A.C., and Section 65C-20.011(1), F.A.C., require a current physical examination (DH3040) and immunization record (DH680) or DH681) within 30 days of enrollment.

Regla 65C-22.006(2), F.A.C., y Sección 65C-20.011(1), F.A.C., requiere un examen físico vigente (DH3040) y el historial de vacunas (DH680) o DH681) en los primeros 30 días de inscripción.

Section 402.3125(5), F.S., requires that parents must receive a copy of the child's care facility brochure, (know your child facility).

Sección 402.3125(5), F.S., requiere que los padres deben recibir una copia del folleto "conozca su centro de cuidado de niños". (know your child facility) provisto por el DCF.

Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Sección 65C-22.006(4)(c)2., F.A.C., se requiere que los padres estén notificados por escrito sobre la práctica de disciplina usada en nuestro centro de cuidado de niños.

By signing below, you verify that you have received the above items including the "Rilya Wilson Act" attached to the enrollment package and that all information on this enrollment form is complete and accurate.

Yo afirmo haber recibido los artículos mencionados incluyendo el "Rilya Wilson Act" y que toda la información en esta aplicación está completa.

\_\_\_\_\_  
Guardian's name/Nombre del guardian

\_\_\_\_\_  
Child's name/Nombre del niño/a

\_\_\_\_\_  
Signature/Firma

\_\_\_\_\_  
Date/Fecha



To be able to attend the center, your child will need the following forms:  
Su niño necesita la siguientes formas para poder asistir a este centro:

1. From the Doctor Form #3040 (physical Exam).  
Del Doctor forma #3040(Exámen Físico).
  2. From the Doctor Form #680 (Immunization).  
Del Doctor forma #3040(Inmunización).
  3. Birth Certificate of child.  
Certificado de Nacimiento.
  4. Parents Driver's License.  
Licencia de conducir de los padres.
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## Parent Contract and Agreement

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

To record my understanding of my Rights and responsibilities as parent, guardian, or custodian of the above-named child, who is enrolled at Rainbow Kids Center Inc, I acknowledge to have read, and agree to abide by the requirements written below and all policies set forth in the **Parent Handbook**.

In return for this promise of continual fulfillment of all policies, Rainbow Kids Center Inc agrees to provide care for the above-named child who meets the standards and guidelines as set forth below in the **Parent Handbook**.

### Please initial the following statements:

I agree to pay a registration fee of \$100 at enrollment and annually thereafter. (August)

I am Aware the parent contract is valid and enforceable if the above-named child is enrolled at Rainbow Kids Center Inc.

I agree to pay my tuition by Tuesday of every week or my child will be unable to attend until payment is received in full. A \$5.00 late fee per day will be applied after Tuesday.

Rainbow provides a 5-minute grace period after we close at 6:30pm. After 6:35pm a late fee of \$10.00 for every 10 min late, will be charged retroactively as a late pick up fee.

I am aware that Rainbow Kids Center Inc will be **CLOSED** on the following days: **New Year's Eve and New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day.**

I understand that I'll receive 1 free week, and 4 weeks at half price for no attendance or 1-day attendance during the tuition billing cycle and/or school year (August-July). Any other weeks for the school year August-July will be charged at regular price.

I am aware an additional fee of \$34 will be charged for any returned items / checks.

I have received my Parent Handbook, containing additional policies and procedures.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



## DISCIPLINE POLICY

Dear Parents,

We are required by Children and Families to provide parents with a written discipline policy. Please sign this form and return it to our office.

Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. We will encourage children to choose alternatives to improper behavior. To insure a safe and successful program, discipline is a must. We welcome the ideas of parents, so feel free to share them with us.

The following steps will be used for behavior modification:

- 1st - Children will be corrected and asked to change their behavior.
- 2nd - Children will be re-directed from situation.
- 3rd - Children will be placed in "Quiet Time".
- 4th - Parents will be contacted if behavior is not corrected.
- 5th - **Children shall not be subjected to discipline which is severe, humiliating, or frightening.**
- 6th - **Discipline shall not be associated with food, rest, or toileting.**
- 7th - **Spanking or any other form of physical punishment is prohibited.**
- 8th - **Children may not be denied active play as a consequence of misbehavior.**

I, \_\_\_\_\_, parent /guardian of: \_\_\_\_\_  
have received in writing the disciplinary policy, and I have reviewed and understand the policy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **Media Release Parental Consent Form**

Please be advised during the year your child may be photographed, videotaped or interviewed. The photograph, video or interview may be reproduced and released for use by Rainbow Kids Center Inc for marketing purposes in platforms such as but not limited to: brochures, video television, Facebook, Instagram, YouTube and our website.

\_\_\_\_\_  
Parent/Guardian's Name (Print Please)

\_\_\_\_\_  
Parent/Guardian's Signature

Date: \_\_\_\_\_





### **First Aid Permission & Emergency Information**

Child's Name: \_\_\_\_\_

I, \_\_\_\_\_, Rainbow Kids Center Inc staff permission to administer first aid to my child.

In case of an emergency, the school staff promptly contacts the parent. If neither the parent nor emergency number can be reached and in case of surgical emergency, I hereby give permission to the physician selected by the Rainbow Kids Center Inc to hospitalize and secure proper treatment for my above-named child.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65C-22.005(1)(c)2., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such 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):

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\_\_\_\_\_ 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)

\_\_\_\_\_  
(Date)



## What is the influenza (flu) virus?

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



## How can I tell if my child has a cold, or the flu?

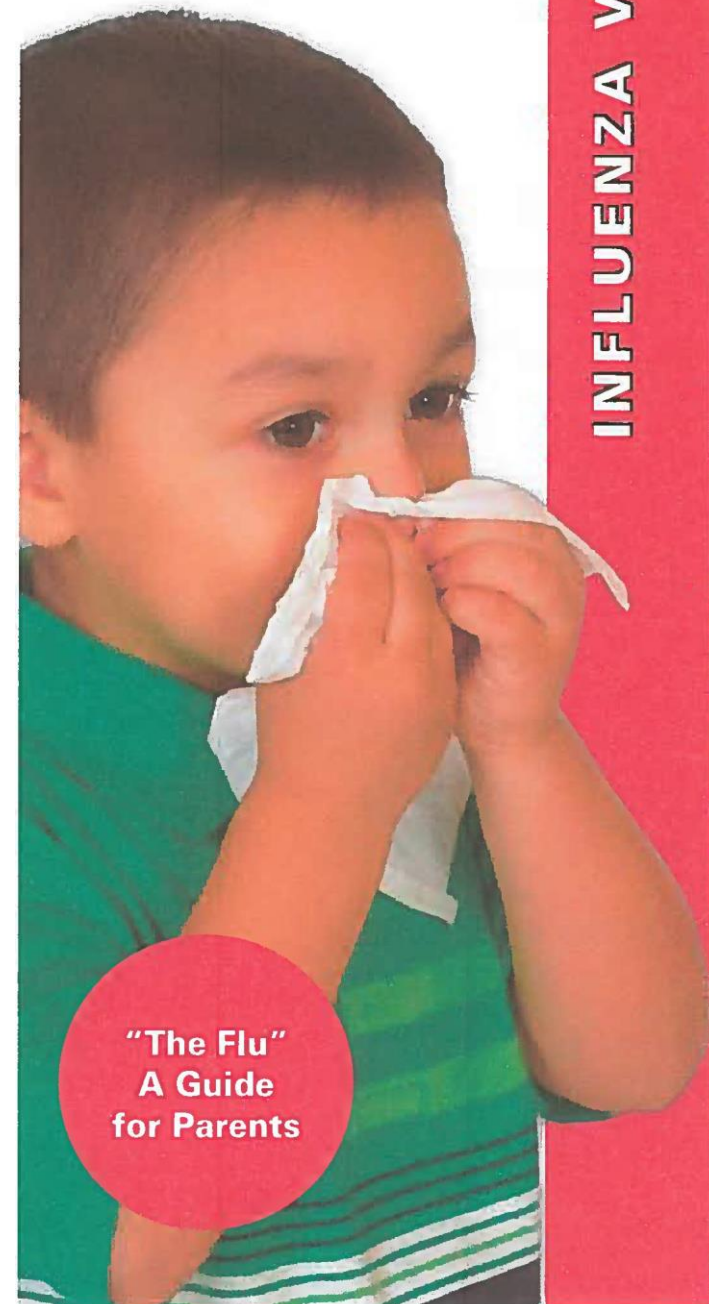
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between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



For additional information, please visit [www.myflorida.com/childcare](http://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**

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 Inffuenza 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/>



# Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

## Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<http://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf>

**\*\* If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE\*\***

Parent name:  
Student name:

Signature:  
Date:

# Getting In; Getting Out...



COMP MIRROR



## In: Check Behind The Car

- **BEFORE GETTING IN THE CAR AND STARTING THE ENGINE**, walk around the car and **CHECK FOR KIDS, TOYS, AND PETS!**
- Make sure there is **NOTHING UNDER OR BEHIND YOUR CAR** that could attract a young child.
- **PICK UP TOYS, BIKES, CHALK OR ANY TYPE OF EQUIPMENT** around the driveway so that these items don't entice kids to play.

Developed by:  
**PREVENTION UNIT**  
Office of Family and  
Community Services

# Getting In; Getting Out...



COMP MIRROR



## Out: Check the Back Seat

- In just **10 MINUTES**, a car's temperature can increase by **19°**
- Before getting out of your car, check the back seat ... **DON'T FORGET YOUR CHILD!**
- **NEVER** leave your child alone in a car and **CALL 911** IF YOU SEE ANY **CHILD LOCKED IN A CAR!**
- Place something in the back seat that you will need at work, school, or home (your laptop; your lunch).

Developed by:  
**PREVENTION UNIT**  
Office of Family and  
Community Services

My signature below verifies receipt of the **Getting In; Getting Out...** flyer from the Department of Children and Families.

Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete and return this portion of the flyer to your childcare provider, in order for them to maintain it in their records.

