



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information:

Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

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

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK
CHILD'S ENROLLMENT RECORD
(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Supper

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

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 Custodial Parent or Legal Guardian **Date**

2

Kids Zone Academy

PICK UP AUTHORIZATION

I. Personal Information (please print)

Today's Date: ___/___/___

Child's Name: _____

Age: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone(s): _____

Work Phone(s): _____

II. Authorized Pick Up

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

III. Authorized Dismissal



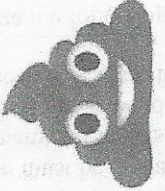
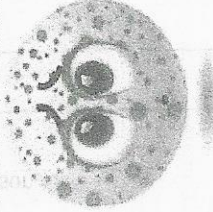
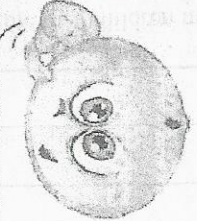

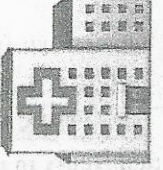
My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: _____

Parent or Guardian Name*: _____

*Please note that only the enrolling parent will be permitted to complete this form.

I NEED TO STAY HOME IF ...

I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
						
Temperature of 100 degrees F or higher	Within the past 24 hours	Within the past 24 hours	Body rash with itching or fever	Itchy head, active head lice	Redness, itching, and/or pus draining from eye	Hospital stay and/or emergency room visit

I AM READY TO GO BACK TO SCHOOL WHEN I AM...

Fever free without the assistance of medication for 24 hours (i.e., Tylenol, Motrin, Advil)	Free from vomiting for 24 hours.	Free from diarrhea for 24 hours.	Free from rash, itching or fever. I have been evaluated by my doctor if needed.	Treated with appropriate treatment at home.	Free from drainage and/or have been evaluated by my doctor if needed.	Released by my medical provider to return to school.
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If your child has strep throat or another bacterial infection, he/she should stay home until the antibiotic has been given for at least 24 hours and your health care provider has given permission for your child to return to school. We encourage you to seek medical attention when your child is sick and to follow your health care provider's recommendations about returning to school and other activities.

PLEASE REMEMBER TO CALL IN YOUR CHILD'S ABSENCE BY 9:00 AM



STATE OF FLORIDA
School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child's Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Form with fields: Name of Child (Last, First, Middle), Birth Date, Sex, Address (Street), School, Grade, City and ZIP Code, Home Telephone Number, Parent/Guardian (Last, First, Middle)

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. (Please explain any "Yes" answers in the space provided below.)

- 1. Yes [] No [] Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes [] No [] Any other specific illness or social/emotional or behavioral problems?
3. Yes [] No [] Any allergies (food, insects, medication, etc.)?
4. Yes [] No [] Any prescription medication (daily or occasionally)?
5. Yes [] No [] Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes [] No [] Any hospitalization, operation, or major illness (specify problem)?
7. Yes [] No [] Any significant injury or accident (specify problem)?
8. Yes [] No [] Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

Blank lines for explaining "Yes" answers.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

[X]

Signature of Parent/Guardian

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. (These services are recommended but not required.)

Form with three sections: 1. Comprehensive Vision Examination (3-5 years of age), 2. Comprehensive Dental Examination, 3. Hearing Screening. Each section includes fields for Date of Exam, Results of Exam, Health Care Provider, and a box to describe corrective actions.

5



Name of Child (Last, First, Middle) _____ Birth Date _____

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date: _____ Month _____ Day _____ Year
(Exam must be within one year of enrollment)

Screening Results: Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/_____	Left 20/_____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/_____	Left 20/_____	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	

- Gross dental (teeth and gums) Normal Abnormal _____ Refer/Tx: _____
- Head/scalp/skin Normal Abnormal _____ Refer/Tx: _____
- Eyes/Ears/Nose/Throat Normal Abnormal _____ Refer/Tx: _____
- Chest/Lungs/Heart Normal Abnormal _____ Refer/Tx: _____
- Abdomen Normal Abnormal _____ Refer/Tx: _____
- Postural assessment Normal Abnormal _____ Refer/Tx: _____

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:
 Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____
 This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
 (This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)
 This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.
 (Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/>	____/____/____	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers
Tuberculosis Infection Risk:
 Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

6



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____
(Signature of Notary)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

DATE: _____

REASON FOR VISIT: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE: _____

PHYSICIAN'S CITY: _____ STATE: _____ ZIP: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE: _____

PHYSICIAN'S CITY: _____ STATE: _____ ZIP: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE: _____

PHYSICIAN'S CITY: _____ STATE: _____ ZIP: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE: _____

PHYSICIAN'S CITY: _____ STATE: _____ ZIP: _____



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, 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.

Parent Signature

Date

CP 1000 2000 2000 2000 2000

I am applying for permission to participate in the following activity:

Please check one of the following:

I give permission for my child _____ to participate in



Food Experience Permission Form

Food and Nutrition Policy

Good nutrition is important for children's growth and development. Kids Zone Academy LLC food and nutrition policy aims to support parents in their provision of healthy, nutritious and varied food choices for their child(s). Our policy is based on the Dietary guidelines of health Department and State food Program; the policy will be reviewed annually and will be communicated to parents at enrolment and kept in your child(s) folder. In partnership with parents Kids Zone Academy LLC aims to promote and encourage the establishment of good eating habits early in a child's life.

Food brought from Home

At Kids Zone Academy LLC all food is provided by the center including 1% cow milk and water, all other drinks are provided by the parents, Food that is brought to the Center outside of these guidelines (food with minimal nutrients and high in fat or sugar, Coke, juice, candy, sweets, fast food are not permitted) if you wish to celebrate your child(s) Birthday, you can only bring food packed from the super market, labeled, open containers from home, or food prepared at home, are not permitted, due to contract policy with State Food Program.

Breakfast

The center will provide breakfast to all children who arrive prior to 8:45am.

Staff

Staff will actively support the Center Food and Nutrition policy by:

- Helping parent's access nutrition information including healthy food choices and alternatives
- Ensuring that all food consumed within sight of children adheres to the same guidelines established for the children.
- Sitting with children at meal and snack times in order to facilitate the provision of a safe, supportive and social eating environment for children.
- Teaching children about food and nutrition through food awareness activities and "hands on" food preparation activities and discussions.
- Completing training in Food Safety and Nutrition
- Daily Menu is posted in your Child(s) classroom ask staff you want to keep a copy of the menu

Choking Hazards

To make eating safer for children staff will:

- Ensure children are always seated and supervised when eating
- Never force a child to eat
- Encourage children to eat slowly and chew well

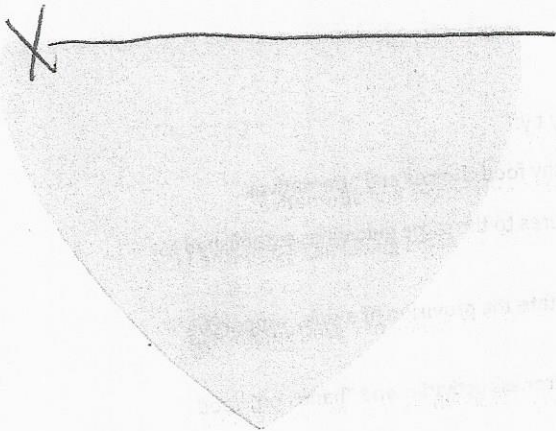
- Encourage children to feed themselves.

Children of any age can choke on food. Children under 4 years are most at risk because they:

- Do not have back teeth to chew and grind food
- Are still learning to eat, chew and swallow

Food Allergies and Intolerances

The special needs of children with food allergies, food sensitivities or medical diets will be catered for in consultation with parents and the appropriate medical professionals. At the enrolment interview, parents will be asked if their child has a known or suspected food allergy or intolerance. This information will be recorded on the child's enrolment form and posted in your child(s) classroom allergy list so his/her teacher and other staff members also know about it.





CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE

(To be completed by parent or guardian)

Date _____

Child's Full Name _____

Date of Birth _____ Race _____ Sex _____

Name of Parent or Guardian completing form _____

Please answer the questions on this form. We feel this information will help us be more effective in working with your child.

Childhood Disease Child has had	Date
Chicken Pox	_____
Measles	3 Day (Rubella) _____ 10 Day (Rubella) _____
Scarlet Fever	_____
Rheumatic Fever	_____
Mumps	_____
Strep Throat	_____

Is your child taking over-the-counter or prescribed medication regularly at home? Yes No

If yes, what? _____

Is your child taking vitamins regularly at home? Yes No

If yes, what? _____

List any known allergies to food or environment _____

Describe the allergic reaction _____

Does your child complain of feeling ill often? Yes No

Have you ever suspected your child of having seizures? Yes No

Describe your child's appetite _____

Does your child dislike any foods? Yes No If so, what? _____

What does your child usually eat for breakfast before arriving at the center? _____

How easily does your child fall asleep? _____

What is the usual bedtime? _____ Wake up time? _____

What is the usual naptime? _____ Wake up time? _____

Is the child completely toilet trained? Yes No

Does the child remain dry all night? Yes No

When did the child begin to walk alone? _____

Are other adults (not family) able to understand the child's speech? _____

Does your child have a regular playmate? Yes No Same Age Yes No

Older Yes No Younger Yes No

What is your child's favorite toy or activity at home? _____

Does your child have temper tantrums? Yes No

Does your child bite his nails? Yes No Twist his hair? Yes No

If you could describe your child in one word, what would it be? _____

Please list your child's strong points, such as happy, curious, loving, etc. _____

Is there anything else, medical or otherwise, that we need to know about your child? _____



Emergency Care Form

This form should accompany children being transported by the children's center that have a chronic medical condition, i.e. asthma, diabetes or seizures.

This section should be completed by the children's center:

Child's Name _____

Condition _____

Symptoms _____

Medications/Supplies to be available _____

Name of adult trained to respond to the emergency _____

This section to be completed by parent or health care provider:

The following steps should be followed in the event that this condition requires action:

- _____
- _____
- _____
- _____
- _____

Parent or guardian's signature _____

Director's signature _____

Date _____

See Child Enrollment Form or Emergency Medical Release Form for Health Care Provider and Preferred Hospital Information.

Case Report Form (CRF)

Diagnosis and Proposed Management Information
See Child Experience Form or Standard Medical Record Form for History Case

Date: _____

Diagnosis and site: _____

Category of condition & diagnosis: _____

- _____
- _____
- _____
- _____
- _____

The following steps should be followed in the event that this condition requires action:

This section to be completed by parent or parent care provider

This section should be completed by the children's center

A chronic medical condition is defined as a condition which is long lasting and recurrent.

This form should accompany children when transferred to the children's center that have



Department of Health and Social Services



MEDICATION RECORD and PARENT AUTHORIZATION

Child's Name: _____

Name of Medication: _____

Amount of Dosage: _____ Administered When: _____
(1 tablet, 1 teaspoon) Time(s) of Day

Administered How: _____
Describe - Orally? Topically?

Administered From: _____ To: _____
Date Date

Authorized By: _____ Date: _____
Parent(s) / legal guardian(s) signature

DATE MEDICATION ADMINISTERED	TIME MEDICATION ADMINISTERED	ADMINISTERED BY Signature / Initials

The following staff were trained by _____ on _____ to administer this medication.
Trainer's Name Date

Staff Names: _____

FOR AS NEEDED DOSING INSTRUCTIONS: The following are the symptoms that indicate that this medication should be administered: _____

and left medicine continuing on the medicine and left medicine continuing on the medicine

Date of birth

Male Female Age _____

DRUG	INDICATION	DATE

Administered by _____ Date _____

Administered from _____ to _____

Administered at _____

Administered by _____

Health of patient _____

Other notes _____

RECORD OF MEDICATIONS



Kids Zone Academy

DISCIPLINE / GUIDANCE POLICY

It is very important that a child's development is nurtured through caring, patience and understanding. Our facility prohibits ANY STAFF MEMBER subjecting our students and children to discipline which is severe, humiliating, frightening, or associated with food, rest or toileting. Spanking and any other form of physical punishment is strictly prohibited: However, while caring for your children, we may have to respond to your child's misbehavior of:

- Hitting, biting, kicking, spitting, not following directions from the teacher consistently
- ANY hostile behavior to include verbal disrespect and other behaviors that we feel could be a safety issue to include hurting another child or teacher

In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parents
- Deprive your child of food or other basic needs
- Humiliation or isolation
- Time Out

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to an alternative area of the classroom to calm down and self-regulate

If necessary, and if your child's behavior is very disruptive or harmful to himself or other children, we will discuss the issue with you privately and communicate clearly with you through verbal or written communication. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements as per our expulsion policy.

As a parent, you may use other methods that can be helpful in the classroom. Using the lines below, please let us know your method of discipline.

Child's Name _____

Date of Birth _____

Discipline methods used at home with your child: _____

Parent/Guardian Signature _____

Date _____

Kids Zone Academy
Picture Waiver Form

I hereby authorize Kids Zone Academy to use photograph pictures, taken on the school premises, of my child _____

These photographs are authorized to be posted on the schools web site at www.KidsZoneAcademy.club, and Kids Zone Academy Face Book Page, the schools social sites or for any advertising purposes.

Custodial Parent / Legal Guardian _____ Print Name _____ Date _____

I do not wish for my child to have photographs taken within the school or to be used in any advertising articles including the Precious People Learning Center web/social site.

Custodial Parent / Legal Guardian _____ Print Name _____ Date _____

Addendum to Discipline Policy to Include an
Expulsion Policy.

Children's Center Name: Kids Zone Academy LLC

Expulsion Policy:

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, damage of school property, hostile verbal behavior and other behaviors which will hurt another child are not permitted. Conferences will be scheduled with one or more of the child's parents if disciplinary problems occur. If a child's behavior endangers the safety of the other children at the center, then the Director has the right to immediately terminate services for that child. If a child's behavior is problematic in ways which are not a danger to the safety of the other children, then the Director will document the incidents and attempt to schedule a conference with one or more of the child's parents after three documented incidents. If two more incidents of problematic behavior occur after the conference, then the Director may terminate services effective at the end of the day. If one or both parents fail to attend or fail to cooperate with scheduling a disciplinary conference, for any reason, Kid Zone Academy may terminate child care services effective at the end of the day for the child in question. Parents who became hostile, harass, confrontational physical or verbal with any of our staff member can be banned from school property at discretion of the center Director and can result in termination of Day Care services effective at the end of the day, lack of pay your child's weekly tuitions can result in termination of daycare services as well.

My signature below indicates that I have received a copy of the Expulsion Policy, it has been reviewed with me, and I have read and understand this policy.

Print Child's Name

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

THE UNITED STATES OF AMERICA
IN SENATE
CONFIRMATION OF APPOINTMENT

OF
[Name of Official]
TO THE POSITION OF [Title of Position]

That [Name of Official] has been appointed to the position of [Title of Position] in the [Department/Agency] of the Executive Branch of the Government of the United States of America, and that the appointment is subject to the confirmation of the Senate.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Senate at the City of Washington, this [Date] day of [Month], 19[Year].

SENATE SECRETARY

BY [Name of Official]

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Senate at the City of Washington, this [Date] day of [Month], 19[Year].

SENATE SECRETARY

EXHIBIT 100000

UNITED STATES GOVERNMENT PRINTING OFFICE

RELEASE

I understand there are risks involved in allowing my child to participate in indoor and outdoor activities, and consuming food and beverages. I understand and agree that children can fall down and get hurt in other types of accidents, even under diligent supervision. I understand it is my duty to ensure that my child is wearing proper attire for the activities at Kid Zone Academy. I understand it is my duty to notify Kid Zone Academy of any known physical or mental limitations of my child, health and safety information specific to my child, and all known allergies my child has. I understand my child may have allergies that are presently unknown, and agree it is my duty to discover and notify Kid Zone Academy of my child's allergies. I understand and agree that allergic reactions are possible, even under diligent supervision.

By signing below, I release and hold harmless Kid Zone Academy, LLC and its employees, officers, directors, agents, representatives, affiliates, successors, and/or assigns, from any and all claims, demands, causes of action, damages, and/or liabilities of any kind which arise from, are caused by or contributed to by, or in way related to, my child's attendance at Kid Zone Academy, including acts and omissions of third parties, except that this Release does not apply to intentional willful misconduct or gross negligence by Kid Zone Academy or its employees. Kid Zone Academy shall not be liable for anything related to a lack of notice or incorrect information provided about my child's limitations, allergies, or other health and safety information.

Should I hire a Kid Zone Academy employee to provide child care services off-site when he or she is off duty, then I understand **Kid Zone Academy does not offer services outside of its normal hours of operation, or off-site of its property**, and I agree that Kid Zone Academy will not be a party to, associated with, or liable for, any child care provided by anyone outside of its normal hours of operation or off-side of its property, **even if the person providing such care is wearing Kid Zone Academy clothing and/or is an employee or owner of Kid Zone Academy**.

Should a legal dispute of any kind arise between myself and Kid Zone Academy, or any of its employees, officers or directors, agents, representatives, affiliates, successors, and/or assigns, then the venue and jurisdiction shall be in Florida state court in the Sixth Judicial Circuit of Pinellas County, unless otherwise mutually agreed in writing, and the prevailing party shall be entitled to recover their legal costs and attorney fees. If any condition or language herein is found to be unenforceable, then the unenforceable part shall be severed and the remainder of this agreement shall continue in full force and effect.

I am the lawful Parent or Guardian of the child named below, and my signature indicates that I agree with all of the above conditions on my behalf, as well as on behalf of the person for whom I am the Parent or Guardian.

Print Child's Name

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Orientation Plan of Registration

And Enrollment

<ul style="list-style-type: none">○ I have received a tour of Kids Zone Academy and its classrooms and grounds	<ul style="list-style-type: none">○ I have been given paperwork regarding any available family support that I feel would help my family
<ul style="list-style-type: none">○ I have been introduced to my child's teacher and visited their assigned classroom	<ul style="list-style-type: none">○ I have had an opportunity to share information about my child to help better their transition and experience of our school with their teacher
<ul style="list-style-type: none">○ I have been introduced to many of the employees that I will have contact with daily	<ul style="list-style-type: none">○ I have been given a copy of the schools policies and been given the opportunity to have any of my questions asked
<ul style="list-style-type: none">○ I understand an interpreter will be available should I need one to help with my communication needs	<ul style="list-style-type: none">○ I understand that I have the opportunity to be given extended visits, for a period of time to allow my child and myself to be comfortable in our new surroundings

Parent Name

Parent Signature

date

QUALITY CHILD CARE

Quality child care offers health, 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, child-friendly.
- ❖ Provide easy access to age-appropriate toys.
- ❖ Displays 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, explore, and problem-solve.

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 children's center policies and procedures.
- ❖ Communicate directly with caregivers.
- ❖ Visit and observe the children's center.
- ❖ Participate in special activities, meetings, and conferences.
- ❖ Talk to your child about their daily experiences in the children's center.
- ❖ Arrange alternate care for a sick child.
- ❖ Familiarize yourself with the child care standards used to license the children's center.

PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact 211 Tampa Bay Cares at 2-1-1.

For an appointment to review a children's center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4857.

For further information about child care in Florida or to view children's center inspection reports, visit the website:

MyFLFamilies.com/ChildCare



Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

The statewide toll-free telephone number for reporting child abuse is 1-800-96 ABUSE (1-800-962-2873). Reports of suspected and actual cases of child physical abuse, sexual abuse, and neglect received through the Abuse Registry number are referred to the Pinellas County Sheriff's Department for investigation.

KNOW YOUR CHILD'S CHILDREN'S CENTER

- Nursery School * Kindergarten
- Day Nursery * School Age Center



PINELLAS COUNTY LICENSE BOARD
for Children's Centers and Family Child Care Homes
8751 Ulmerton Road, Suite 2000
Largo, FL 33771
Telephone 727-507-4857
www.pcclb.org

The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services and the Florida Department of Health, Pinellas County.

PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS

This children's center has met regulations found in Licensing Regulations Governing Pinellas County Children's Centers.

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

A LICENSED CHILDREN'S CENTER MUST:

- ❖ Adhere to its licensed capacity at all times.
- ❖ Post a schedule of daily activities.
- ❖ Have first aid and emergency procedures, and post evacuation diagrams in each room.
- ❖ Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- ❖ Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- ❖ Report suspected child abuse to the statewide toll-free telephone number.
- ❖ Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- ❖ Document required information when administering medication.
- ❖ Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- ❖ Maintain vehicles in safe condition if transportation is provided.
- ❖ Obtain parent's or legal guardian's permission before transporting children.
- ❖ Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.

CHILDREN'S RECORDS REQUIREMENTS

The following documentation is required to be maintained in the children's center for each child in care:

- ❖ A signed statement that parent or legal guardian received a copy of this procedure.
- ❖ A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- ❖ A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- ❖ A current health examination record (not required for school age children).
- ❖ A current Florida Certificate of Immunization (not required for school age children).
- ❖ A notarized Emergency Medical Release.
- ❖ Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- ❖ Primary hours of care and days of week in care.
- ❖ Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- ❖ Hospital preference.
- ❖ Child's full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- ❖ Name, address, and telephone number of parent or legal guardian.
- ❖ Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- ❖ Name, address and telephone number of physician and dentist.
- ❖ Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the influenza virus.

PERSONNEL REQUIREMENTS

- ❖ Director has a Director Credential with the certificate posted.
- ❖ Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- ❖ Completion of background screening.
- ❖ Completion of 40+ hour Introductory Child Care training.
- ❖ Completion of 10 hours training annually.
- ❖ Completion of early literacy training (not required for school age centers).
- ❖ Documentation of educational requirements.
- ❖ Meet minimum age requirements.
- ❖ Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- ❖ Staff trained in first aid and CPR on the premises at all times and on field trips
- ❖ Staff maintain direct supervision including minimum adult-child ratios:

2 months-1 year	1 adult for 3 children
1 year-2 years	1 adult for 5 children
2 year olds	1 adult for 10 children
3 year olds	1 adult for 15 children
4 year olds	1 adult for 20 children
5 years and up	1 adult for 25 children

NUTRITIONAL REQUIREMENTS

- ❖ Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
 - o Posted meal and snack menus.
 - o Safe drinking water is available.

PHYSICAL ENVIRONMENT

- ❖ Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.

- ❖ Has indoor and outdoor space that is clean and free of litter and other hazards.

- ❖ Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.

- ❖ Has appropriate bathroom facilities that are operable, clean and sanitized (daily).

- ❖ Has isolation area for ill children.

- ❖ Has equipment for proper sanitary hand washing, toileting, and diapering activities.

- ❖ Has at least one corded, operable telephone available to staff.

HEALTH RELATED ENVIRONMENTAL REQUIREMENTS

- ❖ Annual approved fire inspections conducted.
- ❖ Monthly checks to ensure all areas of the children's center are free from fire hazards.
- ❖ Smoking is prohibited on premises.
- ❖ Storage of toxic and hazardous materials in areas inaccessible to children.
- ❖ Fire and emergency drills conducted as required.
- ❖ A labeled, fully stocked first aid kit.
- ❖ Parent(s) or legal guardian(s) notified of all animals on site.
- ❖ Records of immunizations for animals/fowl.
- ❖ Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).
- ❖ Prohibit narcotics, alcohol or other impairing drugs on the premises.
- ❖ Bimonthly outdoor equipment maintenance checks.

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.

"The Flu"
A Guide
for Parents

INFLUENZA VIRUS

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.

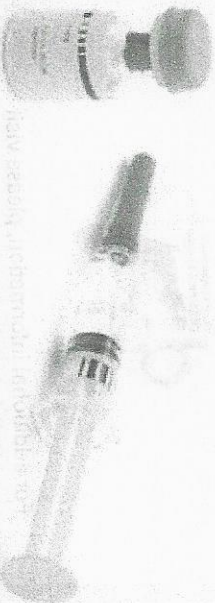


What should I do if my child gets sick?

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



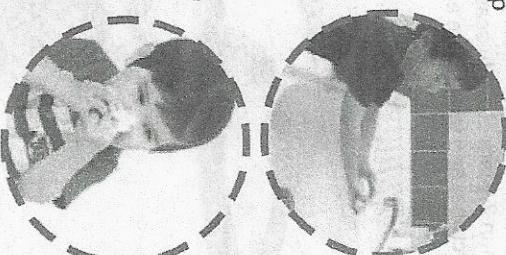
How can I protect my child from the flu?

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:

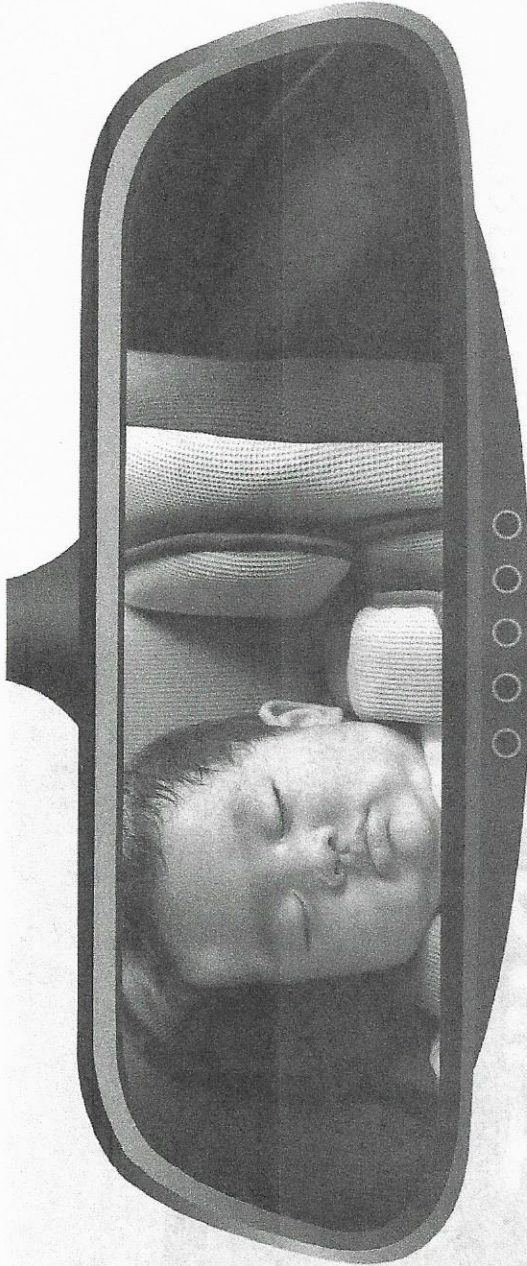
- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches 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/>

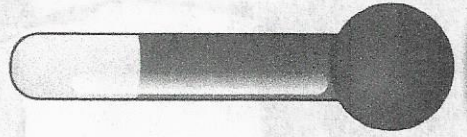


FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session,

a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

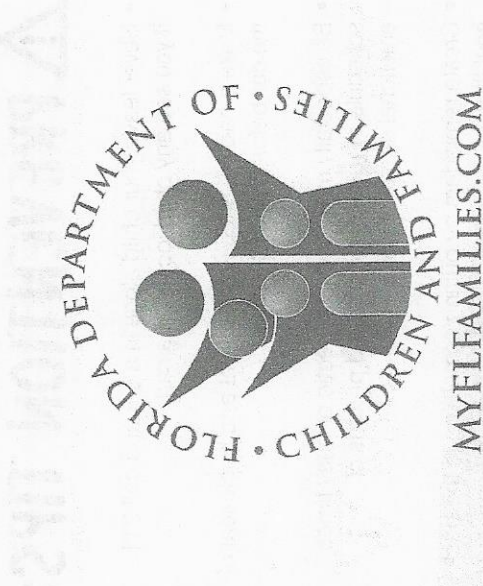
Parent/Guardian:

Child's Name:

Date:

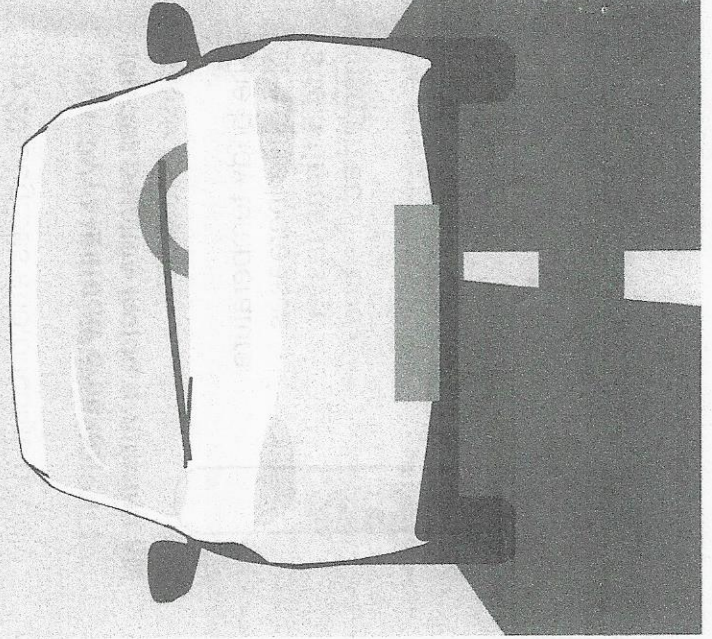
Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



Developed by:
The Office of Child Care Regulation
www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

When life happens... Don't be a
**DISTRACTED
ADULT**



PARENT ACKNOWLEDGEMENT FORM

PLEASE INITIAL AFTER READING AND UNDERSTAND EACH POLICY AND PROCEDURE REVIEWED IN THE PARENT PACKET:

_____ I acknowledge that picking my child(ren) up after 6:00PM will result in a late fee of \$1/per minute and that more than 3 occurrences in a month is grounds for termination from our preschool.

_____ I understand that I must notify the preschool staff if my child(ren) will not be in school for the day. This is a new licensing policy and all families must comply.

_____ I understand that payments are due no later than Tuesday afternoon. Come Wednesday morning there will be a \$10.00 late fee. If no payments are arranged with the director, your child will be suspended from our preschool.

_____ I understand that if my child(ren) is enrolled as a part time student that I am responsible to pay for the days I agreed upon with the director regardless if my child(ren) attends.

_____ I understand that if I choose to withdrawal my child(ren), I must notify the director in writing.

_____ I understand that staff will ask for identification from individuals picking up my child(ren)

_____ I understand that my child may not bring toys, games or electronics to our preschool.

_____ I understand that if my child is absent for a week straight and an office staff member is not aware of the reason why, your child will be terminated from our preschool.

_____ I give permission for my child to be transported to/from school by a Kids Christian Care staff member. I also, give my permission for my child to attend field trips that are announced in advance. (This pertains to VPKers and School Agers only)

_____ I give permission for my child to attend walking field trips that are announced in advance.

_____ I give permission to Kids Christian Care to transport my child to safety in case of an emergency such as: hurricane, tornado, flood, toxic spill, etc.

I HAVE READ AND UNDERSTAND THE CONTENTS PROVIDED IN THE PARENT PACKET

Signature of Parent or Legal Guardian

Date

INFORMED CONSENT

I, _____, of _____, do hereby certify that I am the parent or legal guardian of _____, who is the subject of the research project described in the enclosed information sheet.

I have read and understand the contents provided in the enclosed information sheet.

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INFORMED ACKNOWLEDGEMENT FORM

Kids Zone Academy CENTER POLICIES AND TUITION FINANCIAL AGREEMENT

Upon enrollment at Kids Zone Academy. I understand that the registration fee and 1st weeks deposit for my child is **NON - REFUNDABLE** should my family arrangements change.

X_____

I understand and agree that tuition is due every Friday before my child attends Kids Zone Academy. Should the tuition fee be late by Monday 5:30pm (our clock) then an **additional \$30.00** will be added for late fees.

X_____

I agree to the center's policy regarding late pick up of a child after closing of a \$1.00 per minute after 5:30pm and then \$5.00 per minute after 6:05pm. This policy includes our toddler room which closes at 5:30pm of again \$1.00 per minute after 5:30pm and then \$5.00 per minute after 5:35pm.

X_____

I also understand and agree that there will be no deductions from tuition fees for sick days, absent days or holidays. Returned checks are subject to a charge of **\$35.00** and all future payments must be made in cash or money order.

X_____

the director and tuition is still applicable

X_____

In order to withdraw from Kids Zone Academy a two week written notification must be handed to I have read, received and understood the school's expulsion AND discipline policy.

X_____

I understand that not all children have received current immunizations. I further understand that children who are not immunized have to provide a copy of DH680 or evidence of religious exemption documentation.

X_____

I further understand that ANY employee Kids Zone Academy has full access to student records.

X_____

I am FULLY aware of the schools Emergency preparedness policies and procedure for inclement weather, hurricanes, tornadoes and lockdown procedures.

X_____

The following information on the person responsible for the child's tuition and other fees is required. In signing the agreement below I have read and understand the center's policy's and discipline procedures.

I also understand that Kids Zone Academy can refuse the right of enrollment at any time.

Parent Full Name (please print)	Address	City & Zip
D.O.B	Cell Phone Carrier	Employer
Employers address	City	Zip
Driver's Lic #	State	SS#
Parent e-mail address	Parent e-mail address	
Signature (parent)	Date	

Signature (Parent)

Parent's home address

Parent's phone

Parent's e-mail address

DOB

Parent's full name (please print)

City

State

Zip

Country

City & Zip

Country

City & Zip

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THE UNIVERSITY OF THE SOUTH ALABAMA FINANCIAL AGREEMENT
KIDS' HOME ADDRESS CENTER POLICIES

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

(for Use by Sponsors of Unaffiliated Child Care Centers)

Child's Name: _____ Center Name & Address: Kids Zone Academy 3551 42nd Avenue South St. Petersburg FL 33771

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W T H F S S Meals Typically Served While in Care: BR MS LU AS SU ES

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (813) 281 - 1269

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

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 4.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: 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)

A. 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.

Total children's income: \$ _____ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

B. 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
	\$ _____ / Weekly Biweekly Monthly / Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly / Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly / Twice a Month Annually

Total Household Members (children and adults): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 4: 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 #: (_____) _____ - _____

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

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Non-need

Eligibility Determination: Free Reduced-Price Non-need

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

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

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

Child's Name: _____

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 to 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

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: 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 4. If you are applying for foster and non-foster children, complete STEPS 1, 3, and 4. 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: A. Enter the total income received by all children listed in STEP 1, then check how often the income is received. B. 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 "zero." 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 4: 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
Social Security	• A child is blind or disabled and receives Social Security benefits	• Salary, wages, cash bonuses	• Unemployment benefits
• Disability Payments	• A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Net income from self-employment (farm or business)	• Worker's compensation
• Survivor's Benefits			• Supplemental Security Income (SSI)
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:	• Cash assistance from State or local government
		• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	• Allimony payments
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust	• Allowances for off-base housing, food and clothing	• Child support payments
			• Veteran's benefits
			• Strike benefits
			Pensions/Retirement/All Other Income
			• 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

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, audits 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.