



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.

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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 _____

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.

NEED TO STAY HOME IF

I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE HEAD [ICE	I HAVE AN EYE- INFECTION	I HAVE SEEN N 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 CATCH 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)

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.

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.



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.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



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

(Exam must be within one year of enrollment)

Month Day Year

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/		Hearing - Left	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>

Gross dental (teeth and gums)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Head/scalp/skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Chest/Lungs/Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Postural assessment	<input type="checkbox"/> Normal	<input type="checkbox"/> 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.



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
(Child's Full Name)
 I cannot be reached. I give consent to transport by ambulance if situation warrants it.

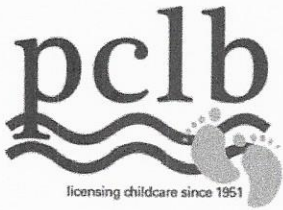
Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ 20_____
(Month) (Day) (Year)
 by means of ☐ physical presence or ☐ online notarization by _____ who is personally known
(Name of Affiant)
 to me or has produced _____ as identification.
(Type of identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)



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

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(ren). 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.

X



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.

Discipline/Expulsion Policy

I encourage positive redirection. Positive discipline teaches children where limits are set, how to maintain control of their bodies, and how to problem solve in the event of the conflict.

My respectful, positive guidance techniques will be determined by your child's age and development level.

I will use positive, appropriate practices to encourage and promote your child's positive self-direction and control, self-esteem and social development, such as:

- ◆ Demonstrating appropriate behavior through my daily actions and words.
- ◆ Establishing daily routines such as meals, naptimes, etc.
- ◆ Setting fair and consistent limits, using clear and simple instructions that are appropriate to your child's age and developmental level.
- ◆ Redirecting challenging behavior, offering acceptable choices.
- ◆ Providing reasonable consequences, being consistent.

I encourage children to empathize with one another's feelings and see the results of their action I discourage inappropriate behavior. I use "Time Out" as our last resort. Any child that is put in time out is always supervised and shall remain in time out only 1 minute per age of the child. When time out is over, it is explained to the child why time out occurred and what correct behavior is expected.

I will make every effort to work with parents of children having difficulties in child care.

(The following statement must be included in your discipline policy)

Physical punishment will not be used in any form in my family child care home. I will not subject your child to discipline that is severe, humiliating, or frightening. Neither will I associate discipline with food, rest or toileting.

Children displaying chronic disruptive behavior which is upsetting to the physical or emotional wellbeing of another may require the actions:

- Parents of the child will be called in for a conference. I will discuss the issues and identify some possible solutions. A plan of action will be developed and agreed upon by the parent and myself.
- If the plan of action is not working, the parents will be called in for another meeting. We will discuss what is not working and develop another action plan.
- If no progress has been made towards solving the problematic behavior, the child may be suspended from care. This suspension may range in length from the rest of the day to indefinitely.

I reserve the right to cancel the enrollment of your child for the following:

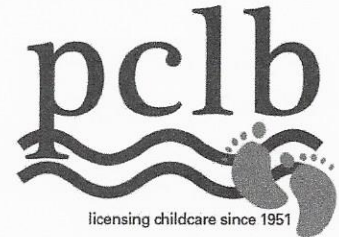
Nonpayment or excessive late payments of fees

Physical and/or verbal abuse of staff or children by parent or child

Pinellas County License Board for Children's Centers & Family Day Care Homes

Our mission is to protect and promote the health, safety, and mental development of
children cared for in children's centers and family child care homes in Pinellas County

Faith Bornoff, Executive Director



DISCIPLINE POLICY **Positive Guidance Techniques**

Discipline is the act of teaching young children appropriate and expected behaviors. Discipline is never punishment. Discipline is guidance.

Physical punishment will not be used in any form in my family child care home. I will not subject your child to discipline that is severe, humiliating, or frightening. Neither will I associate discipline with food, rest or toileting. My respectful, positive guidance techniques will be determined by your child's age and development level.

I will use positive, appropriate practices to encourage and promote your child's positive self-direction and control, self-esteem and social development, such as:

- ◆ Demonstrating appropriate behavior through my daily actions and words.
- ◆ Establishing daily routines such as meals, naptimes, etc.
- ◆ Setting fair and consistent limits, using clear and simple instructions that are appropriate to your child's age and developmental level.
- ◆ Redirecting challenging behavior, offering acceptable choices.
- ◆ Providing reasonable consequences, being consistent.

We will have informal conversations about your child on a regular basis. Because communication and consistency in guiding behavior are important to your child's development, I will enlist your input and involvement when needed.

I have received a copy of the above disciplinary policy.

Parent/Guardian(s) Signature

Date

Child's Name: _____

Expulsion Policy

Unfortunately, there are sometimes reasons why I have to expel a child from my program either on a short term or permanent basis. I want you to know that I will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons I may have to expel or suspend a child from my home:

Immediate Causes for Expulsion

- The child is at risk of causing serious injury to other children or him/herself.
- Parent threatens physical or intimidating actions towards staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

Parental Actions for Child's Expulsion

- Failure to pay/habitual lateness in payments
- Failure to complete required forms including the child's immunization records
- Habitual tardiness when picking up your child
- Verbal abuse to staff

Child's Actions for Expulsion

- Failure of child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Ongoing physical or verbal abuse to staff or other children
- Excessive biting

Prior to expulsion, a parent will be called and correspondence will be sent home indicating what the problem is and every effort will be made by both the provider and the parents to correct the problem. If, after one or two weeks, depending on the risk to other children's welfare and safety, behavior does not improve and the provider finds that they can no longer accommodate the child, the parent will be asked to remove him or her. The parent will be given a minimum of one week notice to find another home or center to provide care for this child.

I will have informal conversations about your child on a regular basis. Because communication and consistency in guiding behavior are important to your child's development, I will enlist your input and involvement when needed.

Parent Signature _____ Date _____

Child's Name: _____

Addendum to Discipline Policy to Include a 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, Licking, 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, Kids Zone Academy may terminate child care services effective at the end of the day for the child in question. Parents who become 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 this 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

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-site 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">o I have received a tour of Kids Zone Academy and its classrooms and grounds	<ul style="list-style-type: none">o I have been given paperwork regarding any available family support that I feel would help my family
<ul style="list-style-type: none">o I have been introduced to my child's teacher and visited their assigned classroom	<ul style="list-style-type: none">o 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">o I have been introduced to many of the employees that I will have contact with daily	<ul style="list-style-type: none">o 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">o I understand an interpreter will be available should I need one to help with my communication needs	<ul style="list-style-type: none">o 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



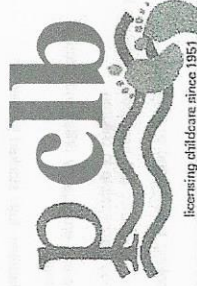
Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

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



Licensing childcare since 1951

PINELLAS COUNTY LICENSE BOARD
for Children's Centers and
Family Child Care Homes

8751 Ulmerton Road, Suite 200
Largo, FL 33771
Telephone 727-507-4857
www.pccb.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.

C-0002 (Rev 08/16)

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 brochure.
- 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 in pinning 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.
- Bi-monthly outdoor equipment maintenance checks.**

Kids Zone Academy - Center / Tuition Policies

Please Initial By Each Dot

- Upon enrollment at Kids Zone Academy. I understand that the registration fee and weeks deposit for my child <NON-REFUNDABLE >
- ****ELC Parents Only**** - I understand that ELC will only reimburse the school 3 days without a doctor's note. On the 4 days of unexcused absence. I the parent are responsible to pay Kids Zone Academy (\$25 per day), with ought a doctor's note.
- I understand and agree that tuition is due every Friday before my child attends Kids Zone Academy. Should the tuition fee be late Monday 5:00pm (our clock) then a additional \$30.00 will readded for late fees.
- I agree to the center's policy regarding late pick up of a child after closing of a \$1.00 per minute after 5:00pm and then Then \$2.00 per min after several late fees (fees are listed below).
- I understand that Kids Zone Academy will call DCF if parent can not be reached after 6pm.

Late Fees Listed Below

- Amount Will be Chosen by the Director prior to pick-up
- \$1.00 per minute after 5:00pm and then \$1.00 per minute after
- \$2.00 per minute after 5:00pm and then \$2.00 per minute after 5:05pm (After Several Late Fees)
- I also understand and agree that there will be No deductions from tuition fees for sick days, absent days or holidays.
- I have read received and understood the school's expulsion and discipline policy.
- 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 DH680a: evidence of religious exemption documentation.
- I understand that ANY employee Kids Zone Academy has full access to student records.
- I am FULLY aware of the schools Emergency preparedness policies and procedure for inclement we a the - hurricanes, tornadoes and lock down procedures.
- I also understand that Kids Zone Academy can refuse the right of un-enroll and child at any time.

Parent Signature _____

Date _____

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), t 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 Zone Academy 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 Zone Academy 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

PARENT ACKNOWLEDGEMENT FORM

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

I acknowledge that during my child's stay after school, I will be responsible for my child's supervision and care. I understand that I am responsible for my child's safety and well-being.

I understand that I must notify the school staff if my child is ill or has a fever. I will not be responsible for my child's care if I do not notify the school staff.

I understand that payments are due on the 15th of each month. I understand that if I do not pay on time, my child's participation in the program will be suspended until the payment is received.

I understand that if my child is absent for a full day, I will be responsible for my child's care. I understand that if my child is absent for a full day, I will be responsible for my child's care.

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PLEASE SIGN AND DATE THE BOTTOM OF THE PARENT PACKET

Parent Signature

Date

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Kids Zone Academy has put in place preventative measures to reduce the spread of COVID-19; however, our school cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Kids Zone Academy could **increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Kids Zone Academy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Kids Zone Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to Kids Zone Academy employees, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Kids Zone Academy ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Kids Zone Academy, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Kids Zone Academy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in of our school program.

Signature of Parent/Guardian

Print Name

Date

I further confirm that my child has not attended or been asked to be excluded or quarantined from another program or school before today.

Signature of Parent/Guardian

Print Name

Date

Assessment of the Risk and Nature of Liability Related to Continuing COVID-19

COVID-19 has been declared a global pandemic by the World Health Organization (WHO). COVID-19 is extremely contagious and is spread rapidly from person-to-person contact. As a result, many states, including the local government, and health agencies recommend social distancing and wearing masks to help prevent the spread of the virus.

Kids Zone Academy has an in place preventive measures to reduce the spread of COVID-19. However, we acknowledge that you or your child(ren) will not be able to avoid COVID-19. Further, according to Kids Zone Academy could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge that I understand the nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Kids Zone Academy, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of contracting COVID-19 or other illness by attending Kids Zone Academy may result from the common occurrence of negligence or negligence on the part of Kids Zone Academy employees, other participants and their families.

I voluntarily agree to assume all of the foregoing risk, and accept sole responsibility for any injury to my child(ren) or myself, including, but not limited to personal injury, death, illness, disability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Kids Zone Academy, "Kids Zone Academy," in my behalf and on behalf of my child(ren). I hereby release, defend, hold harmless, and hold Kids Zone Academy, its employees, agents, and representatives, jointly and severally, from and against all claims, damages, costs or expenses of any kind arising out of or relating to this.

I understand and agree that this release applies to any claims based on the nature, conditions, or negligence of Kids Zone Academy, its employees, agents, and representatives, whether or not COVID-19 is the sole or main cause, damage, or other participating in other "Kids Zone Academy."

Signature of Parent/Guardian _____
Print Name _____
Date _____

I, the undersigned, hereby certify that I am not related or connected in any way to the parent/guardian of the child who is attending Kids Zone Academy.

Signature of Parent/Guardian _____
Print Name _____
Date _____