



Student Name: _____

PRESCHOOL FILE CHECKLIST

- _____ Enrollment Form
- _____ Password
- _____ Financial Agreement Form (Notarized)
- _____ Authorization for Emergency Treatment (Notarized)
- _____ Exclusion From School Due to Illness Policy / COVID 19 Release Form
- _____ Alternate Nutrition Plan
- _____ Swim Central Water Safety Questionnaire
- _____ Influenza Virus Brochure
- _____ Know Your Child Care Facility Brochure
- _____ Parent Handbook Signature Page (Notarized)
 - _____ Discipline Policy
 - _____ Physical Activity Policy
 - _____ Off-site Evacuation Notice
 - _____ Expulsion Policy
 - _____ Pest Control Management Procedures
 - _____ Photo/Media Release
 - _____ Exclusion From School Due to Illness
- _____ Immunization Record (Form #680) (Signature & Expiration Date/Completion required)
- _____ Statement of Good Health (Form #3040)
- _____ Food Program Form

SUPPLY LIST

- _____ Changes of clothes (Shirt, Pants, underwear, socks)
- _____ 1 Blanket
- _____ 1 crib/fitted sheet
- _____ 2 packs of Wipes
- _____ Book Bag



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

Student Information: Date of Birth: Sex: Date of Enrollment:
Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To
Days of the Week in Care: M T W Th F Sa Su
Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With:
Parent/Guardian Name: Address: Home Phone: Employer: Address: Work Phone: /Cell: Relationship to the child: Custody: Mother Father Both Other

Medical Information:
I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.
Doctor: Address: Phone:
Doctor: Address: Phone:
Dentist: Address: Phone:
Hospital Preference:
Please list allergies, special medical or dietary needs, or other areas of concern:

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

Emergency Contacts:

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

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

Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date



FINANCIAL AGREEMENT

I/We the parents of (child's name) _____

Understand and agree to abide by the following financial terms and procedures:

- a) Tuition payment is due in advance on the Monday (and no later than Tuesday) for the week my child is receiving care. I understand after Friday of that week my child will be disenrolled for non-payment.
- b) Tuition payments made after Tuesday are considered late and a late fee of \$35.00 (thirty-five) dollars will be assessed.
- c) Tuition may be paid on a monthly basis.
- d) No tuition reimbursement or credit will be given for a child's absence, except for pre-approved vacations (maximum of 2 weeks per year) which was made in writing at least 2 weeks in advance. All vacation time must taken as a full week at a time or both weeks together.
- e) Parents may use vacation time as a sick. However, it must be used Monday-Friday in the same week. In the event more time is needed, parent will be charged one-half (1/2) weekly tuition in order to maintain your child's enrollment.
- f) Two weeks written notice must be given to the office, or tuition will be charged until the child is properly withdrawn from the program.
- g) Any child withdrawn from the program for any reason will be charged a registration if reenrolled.
- h) Registrations are non-refundable and non-transferable.
- i) All delinquent accounts will be submitted to the credit bureau and a collection agency.

I have read, understand, and agree to comply with all procedures, policies, and conditions set fort in this agreement presented by Fidelis Academy.

_____ Signature	_____ Print Name	_____ Social Security Number
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_____ Signature	_____ Print Name	_____ Social Security Number
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School Representative

Signature

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this ____ day of ____, 20__
by _____

(NOTARY SEAL) _____
(Signature of Notary Public-State of Florida)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
Community Partnerships Division
Child Care Licensing and Enforcement Section

AUTHORIZATION FOR EMERGENCY TREATMENT

Today's Date: _____

To Whom It May Concern:

I hereby give my consent to _____
Name of Hospital

to administer necessary treatment to my child, _____
Name of 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.

Name of Physician: _____ **Phone:** _____

Allergies of Child: _____

Date of Last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ **Expiration Date:** _____

Signature of Parent or Legal Guardian

Date

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____
Name of Person Acknowledged

My Commission Expires:

Signature of Notary Public, State of Florida

Print or Type Name of Notary as Commissioned

- Personally Known
- Produced Identification

Type: _____

#: _____



Exclusion From School Due to Illness Policy

Symptoms of illness can appear suddenly; they progress rapidly in children, and infections spread easily in school settings.

In an attempt to minimize the spread of illness, we are requesting that you keep your child home if he/she exhibits any of the symptoms described below. If you are unsure as to whether or not your child's symptoms are indicative of an illness, we are requesting that you keep your child home for the day. Unusual behavior changes or sleep patterns may also be indicative of the onset of illness. If your child is sent home due to illness, or becomes sick at home, keep him/her home for at least 24 hours after ALL symptoms have subsided. A child sent back to school too soon will usually be more susceptible to other illnesses, and may put other students at risk.

SYMPTOMS OF ILLNESS REQUIRING YOUR CHILD TO STAY HOME OR BE REMOVED FROM SCHOOL

Fever:	Temperature of 100° F or higher taken in the ear, especially if other symptoms are present. Temperature of 101° F, or higher if taken orally.
Diarrhea:	One or more episodes of watery or loose stools.
Vomiting:	Two or more times in a 14-hour period.
Body Rash:	Rashes are frequent occurrences in children. However, if the rash is accompanied by fever, or causes severe itching or discomfort, your child should remain at home until the symptoms disappear, or are treated by a physician who gives you a written clearance for him/her to return to school.
Eye Discharge:	Thick mucus or yellow/green drainage from the eye, crustiness along eyelids which appears after cleaning, or "pink eye".
Earache/ Sore Throat/Fever/Swollen Glands:	Children can experience much pain with an earache and are more comfortable at home. Severe sore throat, especially accompanied by fever and/or swollen glands may be strep throat. Strep throat requires treatment with antibiotics. The child MUST be on antibiotics for at least 24 hours before he/she can return to school. Please do not hesitate to keep your child home longer if the symptoms are not greatly improved after only 24 hours.
Runny Nose/Cough:	Runny noses and coughs are frequent during the winter and the spring. If your child coughs continuously, has thick yellow/green nasal or mucous drainage, or requires frequent wiping of nasal mucous drainage, please keep him/her home. Should these symptoms develop at school we will request that you take him/her home once notified.
Irritability/Excessive Sleepiness:	Excessive sleepiness, irritability, or unusual behaviors, especially in younger children may be indicative of the onset of illness. Children are uncomfortable, unhappy, and do not benefit from the classroom at these times.

Procedure for Students Returning to School after Significant Illness, Injury or Surgery:

To maintain the health and safety of our students, it is essential that we receive current information on a child who is returning to school after a period of absence.

In the event that a student is absent for three or more consecutive days, is hospitalized, has a need to go to the Emergency Room, or has a change in their functional status (i.e. change in weight bearing status, functional restriction, etc.) due to illness or injury, please provide the school with documentation from the physician noting any change, in diet, medications or restrictions including start date, date of return to school, or changes in activities. For injuries, please provide specific instructions from the physician regarding any restrictions or accommodations related to physical activity. The physician should also include a specific time frame for the restrictions. Without this note the student may not be able to participate in his/her regularly scheduled activities.

We recommend in all such situations that a parent call the school prior to the student returning.

Parent Signature

Date



1999 NW 9th Avenue, Ft. Lauderdale, FL 33311 Tel: (954) 712-1707
www.fidelislearning.com

PERMISSION/RELEASE FORM (MINOR)

(Includes any transportation provided)

Academic Year: 2020-2021:

Student Grade Level: _____

THE UNDERSIGNED, AS PARENT(S) AND/OR LEGAL GUARDIAN(S) OF *(Insert Full Legal Name)* _____, DATE OF BIRTH _____ ("MINOR") BY SIGNING THIS DOCUMENT I/WE HEREBY WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FIDELIS VERITAS, LLC., D/B/A FIDELIS ACADEMY, A FLORIDA FOR PROFIT CORPORATION.

COVENANTS AND AGREEMENTS. I/We, on behalf of myself/ourselves and the Minor, hereby irrevocably and unconditionally agree for the Minor, myself/ourselves, my/our personal representatives, my/our heirs, next-of-kin, insurers, successors and assigns, as follows:

1. **ASSUMPTION OF RISK.** It is my/our choice to allow the Minor to participate in school and school Activities and such decision is knowing, voluntary, and made for the Minor's. I/We understand that the Minor's participation involves inherent risks and dangers of terrain, climate, natural hazards, natural disasters, animals, insects, food and drink, customs, laws, social mores, safety practices and regulations, communications, acts of war or terrorism, driving practices, risk of disease or virus (including, but not limited to COVID-19), accident or illness, rescue operations, emergency treatment and health care that could result in property loss or damage, serious personal and bodily injury, death, and severe personal and economic losses. Further, I/we acknowledge there may be other risks not known to me/us or the Minor or reasonably foreseeable at this time (collectively with the items listed above referred to as the "Risks"). In consideration of my children attending school at Fidelis Veritas, LLC d/b/a Fidelis Academy facility during the COVID-19 pandemic and for other good and valuable consideration, receipt of which is hereby acknowledged, on behalf of myself, my children and all others who may claim by, under, or through myself I do hereby agree to indemnify and hold harmless and do hereby release, acquit, and forever discharge Fidelis Veritas, LLC d/b/a Fidelis Academy and all of its officers, employees, agents and assigns, and all other persons or companies from any and all claims, actions, or causes of action which I or my children now have, or which may hereafter accrue, whether for personal injury or property damage, whether known or unknown, arising out of or in any way resulting from my and/or my children's usage of any Fidelis Veritas, LLC d/b/a Fidelis Academy's property or facility during the COVID-19 pandemic. I understand and agree that my signature below represents a signature on behalf of myself and each of my children. These Risks may result not only from the Minor's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, or the condition of the facilities, equipment or vehicles. **THIS MEANS I/WE UNDERSTAND AND I/WE HAVE CONSIDERED THE RISKS INVOLVED, AND I/WE VOLUNTARILY AND FREELY CHOOSE TO ASSUME THESE RISKS ON BEHALF OF MYSELF/OURSELVES AND THE MINOR.**

2. **RELEASE FROM LIABILITY.** I/We, on behalf of myself/ourselves and the Minor, fully and forever release and discharge Fidelis Veritas, LLC. d/b/a Fidelis Academy and its respective affiliates, directors, officers, employees, volunteers, agents, and insurers (collectively the "School") from any and all Risks, injuries (including death), losses, damages, claims (*including negligence claims*), demands, lawsuits, expenses, and any other liability of any kind, of or to the Minor, me/us, our property, or any other person, directly or indirectly arising out of or in connection with the Minor's participation in the Activity. **THIS MEANS I AM/WE ARE MAKING THIS RELEASE FROM LIABILITY EVEN IF ANY CLAIMS THE MINOR OR I/WE MAY HAVE ARE A RESULT OF THE NEGLIGENCE, INJUDICIOUS ACT, OMISSION OR OTHER FAULT OF THE SCHOOL. NOTWITHSTANDING THE FOREGOING, THIS WAIVER DOES NOT RELEASE THE SCHOOL FROM WILLFUL MISCONDUCT.**

3. **INDEMNITY.** I/We, on behalf of myself/ourself and the Minor, will defend, indemnify, hold harmless and reimburse the School from and for all damages, losses, costs, or expenses (including legal fees) incurred by the School or paid by them to any person (including me/us or my/our insurers) in respect of any accident, injury (including death), loss, or property damage, however caused resulting from, arising out of, or otherwise in connection with the Minor's participation in the Activity. **THIS MEANS I/WE WILL REIMBURSE THE SCHOOL IF ANYONE MAKES A CLAIM AGAINST THE SCHOOL IN CONNECTION WITH THE MINOR'S PARTICIPATION AT SCHOOL OR ANY SCHOOL ACTIVITY.**

4. **COVENANT NOT TO SUE.** I/We, on behalf of myself/ourselves and the Minor, will not initiate any claim, lawsuit, court action or other legal proceeding or demand against the School, nor join or assist in the prosecution of any claim for money or other damages which anyone may have, on account of injuries (including death), losses, or damages sustained by me/us, other parties or my/our (or others) property in connection with the Minor's participation at school or any school sponsored Activity, and I/we waive any right I/we or the Minor may have to do so. **THIS MEANS THAT THE I/WE OR THE MINOR CANNOT SUE TO HOLD THE SCHOOL RESPONSIBLE FOR ANY INJURY, LOSS, OR DAMAGE SUSTAINED BY THE MINOR, ME/US, OTHER PARTIES OR OUR (OR OTHERS) PROPERTY IN CONNECTION WITH THE ACTIVITY.** I/We, on behalf of myself/ourselves and the Minor, waive my/our insurers' right to make a claim against the School based on payments by insurers to the Minor, me/us or on our behalf for any reason. **THIS MEANS MY/OUR INSURERS HAVE NO RIGHTS OF SUBROGATION AGAINST THE SCHOOL.**

5. **MEDICAL EXPENSES.** I/We, on behalf of myself/ourselves and the Minor, hereby consent to the Minor's receipt of medical treatment which may be deemed necessary in the event of any illness, accident or injury or medical emergency resulting from or in connection with the Minor's participation in the Activity and understand that I am/we are solely responsible for all costs related to such medical treatment or medical transportation; and will reimburse the School for any medical expense paid on the Minor's behalf.

6. **PUBLICITY.** I/We, on behalf of myself/ourselves and the Minor, hereby grant the School, without limitation, the right to use the Minor's name and likeness in connection with the Activity for any publicity without further compensation or permission.

I/WE HAVE READ THIS PERMISSION/RELEASE FORM, INCLUDING THE COVENANTS AND AGREEMENTS CONTAINED HEREIN, FULLY UNDERSTAND ALL THE TERMS, UNDERSTAND THAT I/WE, ON BEHALF OF MYSELF/OURSELVES AND THE MINOR, AM/ARE VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING BELOW, AND HAVE SIGNED THIS PERMISSION/RELEASE, INCLUDING THE COVENANTS AND AGREEMENTS CONTAINED HEREIN, FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE OF ANY NATURE BEING MADE TO ME/US.

I/WE HEREBY WARRANT THE TRUTH OF THE ABOVE STATEMENTS AND I/WE DECLARE THAT I/WE HAVE NOT WITHHELD ANY INFORMATION THAT WOULD INFLUENCE THE DECISION OF THE SCHOOL IN ALLOWING THE MINOR TO PARTICIPATE IN THE ACTIVITY, INCLUDING, WITHOUT LIMITATION, ANY TRANSPORTATION PROVIDED BY ME/US, SCHOOL OR OTHER PARTIES.

Signature (Parent or Legal Guardian) _____ Date _____ Signature (Parent or Legal Guardian) _____ Date _____
Print Name _____ Phone _____ Print Name _____ Phone _____

Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
Community Partnerships Division
Child Care Licensing and Enforcement Section

ALTERNATE NUTRITION PLAN

Name of Child Care Provider: Fidelis Academy

Name of Child: _____

Date: _____ Address: _____

Dear Parent/Guardian:

In accordance with the Broward County Ordinances, parents/guardians and Child Care Providers are urged to work cooperatively to assure that children are provided with nutritious snacks and meals when they are not offered by the Provider.

The Provider agrees to offer a nutritious:
(Operator/Director checks those which apply)

- Breakfast
- Mid-morning snack
- Lunch
- Mid-afternoon snack
- Dinner
- Evening snack
- No meals or snack

The parent agrees to provide a nutritious:
(Parent checks those which apply)

- Breakfast
- Mid-morning snack
- Lunch
- Mid-afternoon snack
- Dinner
- Evening snack

I have read the preceding and agree to meet the child's nutritional needs as defined above.

Parent/Guardian Print

Parent/Guardian Signature

Rose S Davilmar

Operator/Director Print

Rose S Davilmar

Operator/Director Signature



SWIM Central Water Safety Education Questionnaire

Parents: *Do you know that drowning is the leading cause of death among children?
Complete this form to receive information to protect your child from drowning.*

Child's Name: _____ **Date of Birth:** _____

Parent Name: _____ **Parent Signature** _____ **Date** _____

Email (optional) _____

Information is for the use of the Broward County Swim Central program only.

1. How would you rate your own swimming ability?

- Unable to swim
- Can swim a little, but NOT comfortable in deep water
- Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- Yes
- No, check all the reasons below that apply:
 - Do not know how to find information about swim lessons
 - Transportation problems
 - Swim lessons are not important
 - Lessons are too expensive
 - Schedule of lessons not convenient
 - Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?

- Yes
- No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- Yes
- No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- Yes, visit <http://www.watersmartbroward.org/swim-instruction/> for details.
- No

FOR OFFICE USE ONLY:

Broward Ordinance 2004, Section 7-8 requires parents to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed each child's file to be monitored by the staff of the local licensing agency.

Facility Name: _____ **Facility License #:** _____

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: _____ **or, date mailed:** _____

Fax: 954.357.8077
SWIM Central
3700 NW 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded:
<http://www.watersmartbroward.org/resources/brochures-handouts/>

Drowning is the #1 Cause of Death Among Children Ages 1 to 4



Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

Simple Steps Save Lives

Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

Extra Layers of Protection *if Supervision Fails*

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

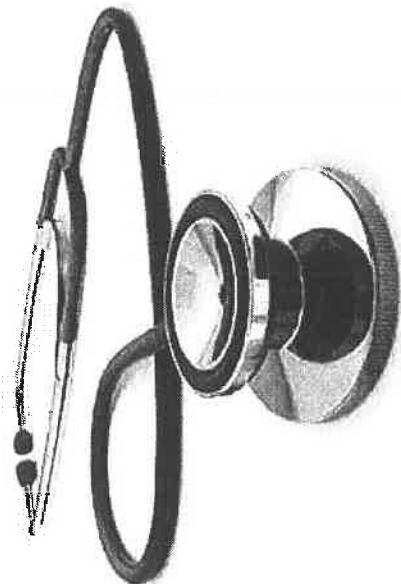
- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: <http://www.watersmartbroward.org/>



What is the influenza (flu) virus?

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



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

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



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

**"The Flu"
A Guide
for Parents**

CE/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

INFLUENZA VIRUS



During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

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



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



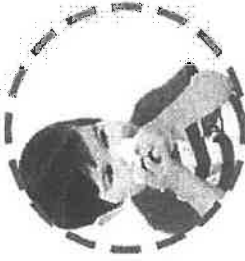
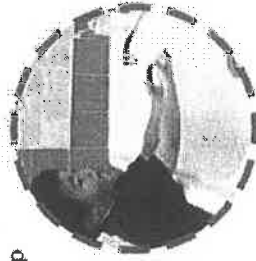
How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

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



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

Parent's Role

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

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



More
information
and free
resources:

MyFLFamilies.com/ChildCare



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



OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING
MYFLFAMILIES.COM

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

CF/FI 175-24, 03/2014

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



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

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

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

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

Health Related Requirements

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

Training Requirements

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

Food and Nutrition

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

Record Keeping

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

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.

Quality Child Care

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

Quality Activities

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

Quality Caregivers

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

Quality Environments

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





FIDELIS ACADEMY
PRE-SCHOOL PARENT HANDBOOK

DISCIPLINE POLICY

Discipline is a vital component to the learning process of a child's development. By setting rules and clearly communicating expectations early, misbehaviors can be avoided and students can develop self-discipline and self-control. At Fidelis, our students will receive positive biblically modeled discipline. After clearly communicating expectations.

We expect all employees to treat our students in a respectful manner and for the students in turn to respond in the same way. We also expect the students to show this same respect to each other and to use all equipment and facilities in an appropriate manner.

Fidelis will not use any physical or degrading disciplinary actions. Students who are demonstrating inappropriate behavior will be redirected as a first intervention. For more serious infractions such as biting, fighting, improper language or for repeated infractions, the students will be sent to the Director for further discussion. If this does not resolve the problem, the parents will be contacted for assistance. Chronic misbehavior will result in dismissal from the school.

PHYSICAL ACTIVITY POLICY

Fidelis Academy recognizes the importance of physical activity for young children. The implementation of appropriate physical activity practices supports the health and development of children in care, as well as assisting in establishing positive lifestyle habits for the future.

Physical Activity in Child Care

All students will have a minimum of forty (40) minutes of combined indoor and outdoor physical activity for every three and one-half (3 ½) hours in care, excluding quiet and nap times.

Planned activities for after school programs will include a minimum of forty (40) minutes of outdoor physical activity for every three (3) hours in care.

These activities may include but are not limited to playground equipment, ball games, teacher directed small and large group games. In the event of inclement weather, a rainy-day activity schedule shall be followed.

Appropriate Dress for Physical Activity

Please bring your child ready to play and have fun each day. The children should have appropriate clothing and shoes conducive to weather conditions.

Your child will participate in both indoor play and outdoor play. Therefore, play clothes and shoes which can get dirty and allow for free and safe movement are most appropriate. We expect parents to provide children with appropriate clothing for safe and active outdoor play during all seasons.

For safety, children cannot wear open-toe shoes, sandals or flip-flops on the playground. In cooler seasons, please provide a warm sweater, and proper footwear. In summer, provide light clothing, swimsuit, towel, hat and sunscreen. Please label all outer garments with your child's name!

It is our expectation that children will go outside EVERYDAY! If you feel your child is too sick to go outside then he/she is too sick to be at school. We request that you keep him/her at home until they are well enough to go outside.

OFF-SITE EVACUATION/REUNIFICATION NOTICE

Our parent reunification plan is used if it becomes necessary to evacuate and relocate the entire school population to our off-site Evacuation/Reunification site(s). Such a move would take place when it is determined by school officials that keeping students in the school would be hazardous to students and staff. We have two alternative sites. The first is the Hillmont Garden Apartments Building (2001 NW 9th Avenue, Fort Lauderdale, FL 33311 and the second is Bethanie Baptist Church 2200 NW 12th Avenue, Fort Lauderdale, FL 33311. In the event that our school building is unsafe, students will be escorted to (one of these /both of these locations). When you are notified of the activation of our parent reunification plan, you will be told where the students have been escorted.

If it becomes necessary to activate our parent reunification plan, the School Messenger, local radio and television stations will be notified. Please tune in to any of those stations for information and directions. Additionally, every teacher's emergency notebook contains a class list for each period with parent names and phone numbers. Staff members will utilize these class lists as a phone tree to notify parents of the situation. It is critically important that we have all necessary phone numbers so that we are able to contact you at any time during the school day in the event of an emergency.

When you arrive at the reunification site to pick up your child, give the station worker your child's name and your photo identification. Once you have been identified, your child will be brought to you at the station. It is essential that parents report to the designated site. We must be organized in order to ensure 100% accountability of our students.

** All individuals picking up students MUST be positively identified by our staff or provide valid identification. Unless a person's name is on our list as having your permission to pick up your child, we will NOT release your child to them. Student safety is one of our primary concerns at Fidelis Academy. We appreciate your support and assistance in this important matter. Please call us at 954-712-1707 with any questions or concerns about our emergency planning procedures.

PEST CONTROL

Integrated pest management procedures such as inspections and monitoring are used to identify conditions contributing to pest problems and to determine when to control pests. One or more pest control methods that would be used as a first response include sanitation, structural repair, other nonchemical methods and, when nontoxic options are unreasonable or have been exhausted, then a pesticide may be used.

If it is determined that a pest problem warrants the use of a pesticide to be applied as a space spray in order to effectively control the pest problem, you will be notified.

EXPULSION POLICY

Unfortunately, sometimes there are reasons to expel a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child to prevent this policy from being enforced. The following are examples of reasons we may have to expel or suspend a child from this school:

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.

Parents exhibits verbal abuse to staff.

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.

Biting.

Prior to expulsion, a parent will be called and receive correspondence indicating the problem, every effort will be made by both the school and the parent to correct the problem. If, after one or two weeks, depending on the risk to other children's welfare or safety, behavior does not improve, and the school finds that they can no longer accommodate the child, the parent will be asked to remove the student from the school. There will be no reimbursement or credit of school fees for services already rendered.

PHOTO/MEDIA RELEASE

The faculty and staff at Fidelis Academy take pictures throughout the day of the children as they engage in their activities. I understand that Fidelis Academy, or designees, may use photographs and/or digital videos for use in local publications, advertisements, or any other related promotional medium. I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put. The children's names are not used in these publications

I have read the above and hereby give my consent.

PRE-SCHOOL PARENT HANDBOOK/SIGNATURE PAGE

(Must be signed and returned to school office)

I/WE, the parent(s) of _____ (student name/s)
acknowledge that I have received the following notices:

_____ (initial): **DISCIPLINE POLICY**

_____ (initial): **PHYSICAL ACTIVITY POLICY**

_____ (initial): **OFF-SITE EVACUATION NOTICE**

_____ (initial): **EXPULSION POLICY**

_____ (initial): **PEST CONTROL MANAGEMENT PROCEDURES**

_____ (initial): **PHOTO/MEDIA RELEASE**

_____ (initial): **EXCLUSION FROM SCHOOL DUE TO ILLNESS POLICY**

_____ (initial): **RECEIPT OF CURRENT SCHOOL CALENDAR**

PARENT SIGNATURE

Date

PARENT SIGNATURE

Date

SCHOOL REPRESENTATIVE SIGNATURE

Date



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

Form with fields for LAST NAME, FIRST NAME, MI, DOB (MM/DD/YY), PARENT OR GUARDIAN, CHILD'S SS# (optional), STATE IMMUNIZATION ID# (optional)

Directions:

- Enter all appropriate doses and dates below.
Sign and date appropriate certificate (A, B, or C) on form.
See DH Form 150-615, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

Table with columns: VACCINE, DOE CODE, Dose 1 MM/DD/YY, Dose 2 MM/DD/YY, Dose 3 MM/DD/YY, Dose 4 MM/DD/YY, Dose 5 MM/DD/YY. Rows include DTaP/DTP, DT, Tdap, Td, Polio, Hib, MMR (Combined), MMR (Separate), Hepatitis B, Varicella, Varicella Disease, PneumoConju.

Select appropriate box(es)
Certificate of Immunization for K-12

Part A-Complete

- DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption

Expiration date: _____

Part B-Temporary

Part B (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) Invalid without expiration date. DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.) DOE Code 3

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name:

Physician or

Authorized Signature: _____

Issued By: _____

Date: _____



Form available through your Child's physician

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
-------------------------------------	------------

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/ _____	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) | <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 attention 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.

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

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

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

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

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

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

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

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

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

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

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

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

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

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (_____) _____
Street Address, City, State, Zip Code

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

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

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

FOR CONTRACTOR USE ONLY:

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

Eligibility Determination: Free Reduced-Price Non-needy Weekly Biweekly Twice a Month Monthly Annually

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

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

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

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

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

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

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

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

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money			
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

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