



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

Family Information: Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

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 (if applicable):

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 facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name	Address	Work#	Home#
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**Helpful Information About Child:**

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- 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 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

Parents, we would like to ask that you provide us with your email address below. This will allow us to be able to send out news letters as well as any other information we may need to provide you with. Also, please be reminded that if your child will be absent or late to contact us before 9 a.m. You may contact us by phone or email.

Thank you

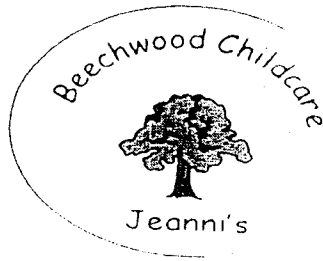
863-299-7219

Jeannispreschool.cfl.rr.com

Jeannispreschool@outlook.com

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

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



I hereby acknowledge that, I have read and understood the Parent Handbook received from Jeanni's Preschool and School Age Center. I understand that Jeanni's has the right, without prior notice, to modify, amend or terminate policies, practices and other institutional programs within the limits and requirements imposed by law. I am aware of and in agreement with the policies contained in such documents, and hereby acknowledge that those policies apply to me and to my family.

<b>Child's Name:</b>	<b>Date of Birth</b>
<b>Print Name of Parent/Guardian:</b>	
<b>Signature of Parent/Guardian:</b>	<b>Date:</b>

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.

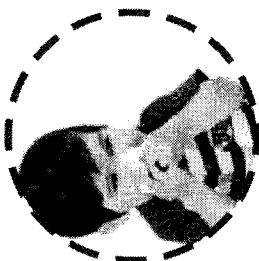
### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- 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

## 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.

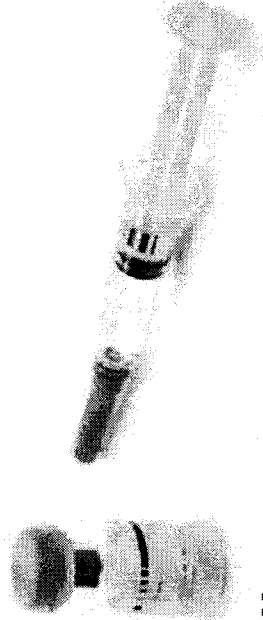


## When should my child stay home from child care?

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.

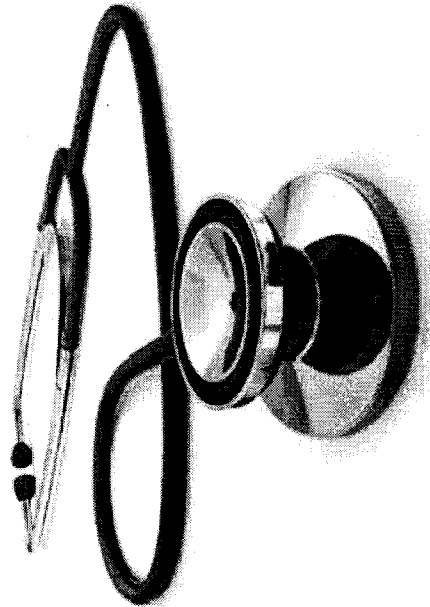
## How can I protect my child from the flu?

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.



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/>

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



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

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



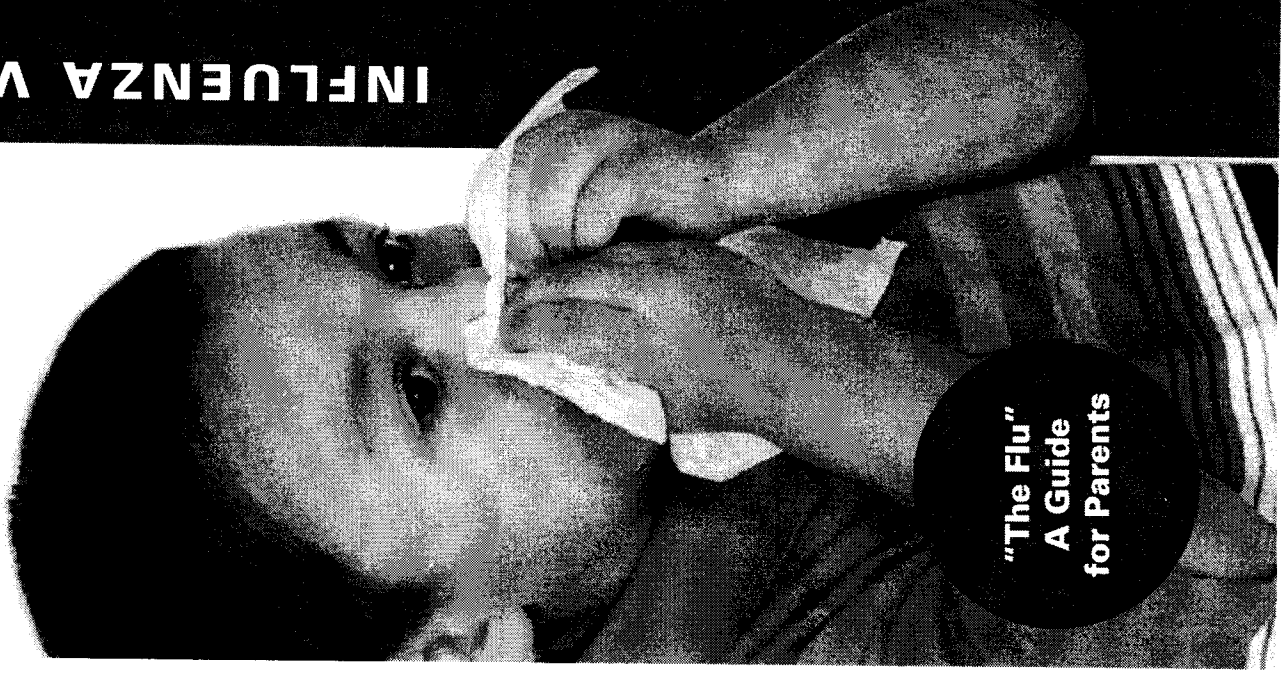
For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

CF/PI 175-70, June 2009

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

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

**INFLUENZA VIRUS**



## 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](http://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](http://MyFLFamilies.com/childcare)



OFFICE OF CHILD CARE REGULATION  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://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/PI 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](http://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 examination/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

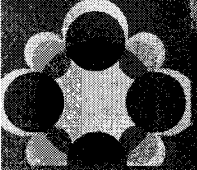
- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child's individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- Help children manage their behavior 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

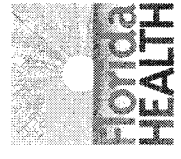
- Are clean, safe, inviting, comfortable, child-friendly.
- Provide easy access to age-appropriate toys.
- Display children's activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.







# School Shots



Immunizing Florida. Protecting Health.

## Recommended Childhood Immunizations Schedule

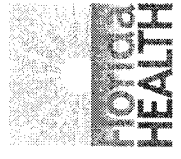
Age Shot —one dose unless otherwise indicated

Birth	Hepatitis B (Hep B)
2 months	Diphtheria-Tetanus-Pertussis (DTaP), Hep B, <i>Haemophilus influenzae</i> type b (Hib), Polio (IPV), Pneumococcal Conjugate (PCV), Rotavirus
4 months	DTaP, Hib, IPV, PCV, Rotavirus
6 months	DTaP, Hep B, Hib, IPV, PCV, Rotavirus, Influenza
12-15 months	Measles-Mumps-Rubella (MMR), PCV, Hib, Varicella
15-18 months	DTaP
12 months-18 years	Hepatitis A (Hep A) 2 doses 6 months apart
4-5 years	DTaP, IPV, MMR, Varicella
11-18 years	Human Papillomavirus (HPV) 3 doses—second dose 2 months after the first dose and third dose 6 months after the first dose, Meningococcal Conjugate (MCV), Tetanus-Diphtheria-Pertussis (Tdap)

Need health insurance for your child? Apply online at [www.floridakidcare.org](http://www.floridakidcare.org) or call toll-free 1-888-540-5437 for an application.

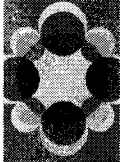
## Florida KidCare

This document is not a complete medical guide for immunizations. Your healthcare provider will determine recommended age-appropriate immunizations based on your medical history. Visit [www.cdc.gov](http://www.cdc.gov) for detailed information on vaccines.



4052 Bald Cypress Way, Bin A11  
Tallahassee, FL 32399-1719  
Phone: 850-245-4342  
Fax: 850-922-4195  
[www.immunizeflorida.org](http://www.immunizeflorida.org)

# Make sure your child gets into school.



Age-appropriate doses of the following vaccines are required for:

## Child Care and/or Family Day Care Entry

- Diphtheria-Tetanus-Pertussis (DTaP)
- *Haemophilus influenzae* type b (Hib)
- Measles-Mumps-Rubella (MMR)
- Pneumococcal Conjugate (PCV)
- Polio (IPV)
- Varicella (Chickenpox) — either vaccine or history of disease documented by healthcare provider

## Preschool Entry

- Diphtheria-Tetanus-Pertussis (DTaP)
- *Haemophilus influenzae* type b
- Hepatitis B (Hep B)
- Measles-Mumps-Rubella
- Polio
- Varicella (Chickenpox) — either vaccine or history of disease documented by healthcare provider

## Kindergarten Entry

- Diphtheria-Tetanus-Pertussis
- Hepatitis B
- Measles-Mumps-Rubella
- Polio
- Varicella (Chickenpox) — either vaccine or history of disease documented by healthcare provider

## 7th Grade Entry

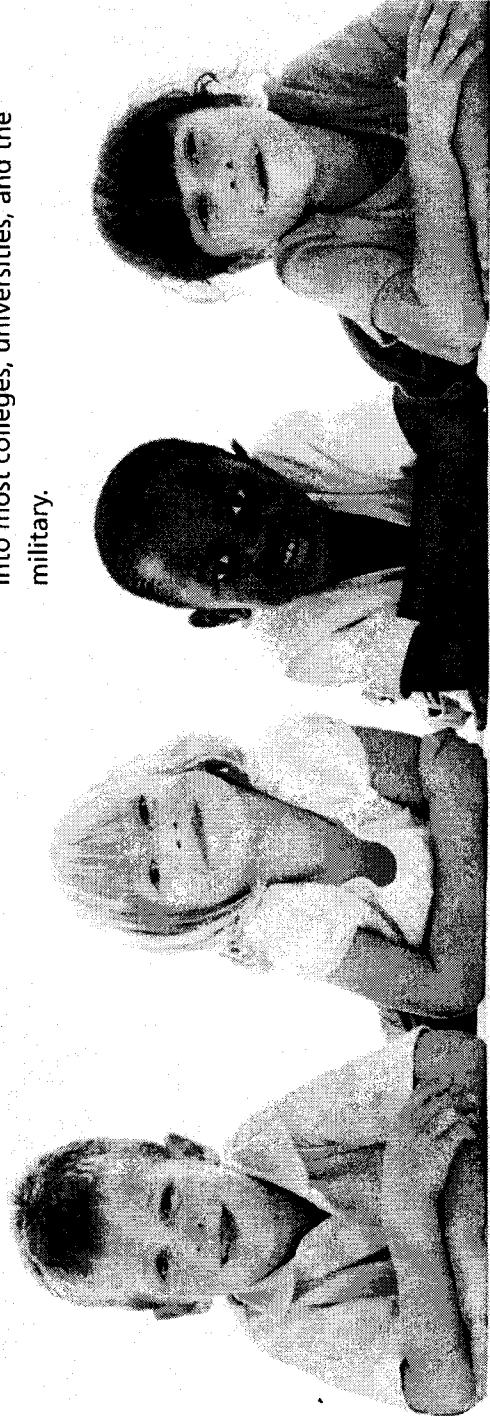
- Tetanus-Diphtheria-Pertussis (Tdap)—In addition to all other immunization requirements

## Forms Required for

### Immunization Documentation

The Form DH 680, *Florida Certification of Immunization*, must be used to document the immunizations required for entry and attendance in Florida schools. These forms must be completed by a Florida physician or a Florida county health department. If moving to Florida, get a copy of your child's complete immunization history before leaving the current state of residence. The local county health department or your private provider will need this information to complete the Form DH 680.

Don't forget to take your child's immunization record with you to every doctor's appointment. Keep your child's record in a safe place. Documentation of immunization is required for entry into most colleges, universities, and the military.



# MEDICAL AUTHORIZATION

I herby authorize Beechwood Childcare LLC, to seek Polk County Emergency Medical Services and/or the nearest emergency facility for medical help for my child \_\_\_\_\_ (child's name) in the event I cannot be reached.

Parent/ Guardian Signature \_\_\_\_\_

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_ who is/are personally known to me or has/have produced sufficient identification in the form of a \_\_\_\_\_ (type of identification).

(seal)

\_\_\_\_\_  
(Notary)

**Beechwood Childcare**  
**Discipline Policy**

1. Children should be encouraged to be thoughtful and considerate of the wishes and rights of other children. Children should be praised for any instances of good behavior - positive reinforcement is better than focussing on negative behavior.
2. Consistent unacceptable behavior must be recorded in the daily diary. If parents need to be told, this should also be recorded. Parents should always be consulted about their methods of disciplining their child and these should be adhered to by staff if appropriate. Staff should always try to defuse any situation by offering distraction. If this fails, the child should be removed from the situation.
3. No smacking or other aggressive physical contact with children is allowed.
4. Any instances of unacceptable behavior must be dealt with calmly by all members of staff and in a manner which does not humiliate or ridicule the child involved. Explanations as to why behaviour is unacceptable must be given to children e.g. "You should not do that because ...".
5. Our teachers will provide positive guidance, re-direction, and set clear limits designed to help each child develop self-control, self-esteem, and respect for others. Part of natural child development includes "testing" rules and boundaries. When children receive positive and understanding interactions from adults and others, they develop strong self concept, problem solving abilities, and self-discipline.
6. Staff focus on dependable routines and clear, consistent, developmentally appropriate rules and expectations. Based on this belief of how children learn and develop values, our center will practice the following discipline policy:
  - ✓ Classrooms are designed to offer many opportunities for children to make positive choices in activities, friends, and interactions to attempt to prevent problems before they occur.
  - ✓ Children learn to behave positively. If a child doesn't get sufficient attention for behaving well, they'll likely get it by behaving negatively. However, specific, immediate and sincere praise will positively affect a child's self esteem and positive behavior will follow.
  - ✓ Teachers provide children with immediate feedback for negative behaviors by clearly explaining to the child why the behavior was inappropriate and providing the child with alternative choices for positive behaviors.
  - ✓ Ultimately, we teach positive behavior by offering each child plenty of time, love and attention.

**Difficult Behavior Management Policy:** Children are not permitted to hurt themselves or others. This includes both physically and emotionally harmful actions such as name-calling or belittling friends. If a child is having difficulty making wise choices, the child will be redirected. Persistent behavioral issues will be discussed as a team with the parents and teachers so that we can work out a solution together.

**Our Student Discipline Policy is in compliance with State of Florida Child Care Statutes; 402.305 Licensing Standards; Childcare Facilities, (12) Child Discipline (see below).**

(a) Minimum standards for child discipline practices shall ensure that age-appropriate, constructive disciplinary practices are used for children in care. Such standards shall include at least the following requirements:

1. Children shall not be subjected to discipline which is severe, humiliating, or frightening.
2. Discipline shall not be associated with food, rest, or toileting.
3. Spanking or any other form of physical punishment is prohibited.

(b) Prior to admission of a child to a child care facility, the facility shall notify the parents in writing of the disciplinary practices used by the facility.

I, \_\_\_\_\_  
agreement with it.

have read the above policy, and am aware and in

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Permission Slips

### Field Trips

Child's Name .....

I give / do not give consent for the above child to go on organized field trips.  
Center staff will follow policies and procedures when taking children out on trips.

All staff will inform parents and carers in advance of any trips.

Parent signature .....

Date.....

### Photographs

I agree / do not agree that photographs of my child may be used by Jeanni's staff.  
They may be used to decorate bulletin boards, parent newsletters or any other  
center information. They may be individual or group photographs. Photographs  
will only be taken using center equipment, not individually owned cell phones.

Parent signature .....

Date .....

### Sun cream

I authorize / do not authorize Jeanni's staff to apply sun protection to my child if  
they deem it necessary.

Parent signature .....

Date .....



Beechwood Childcare Llc  
Jeanni's Preschool and School Age Center  
905 Spirit Lake Road  
Winter Haven  
Florida 33880

863 299 7219

Because we have received a number of worthless checks, we now need to ask you for additional information if you wish to pay by check. We know the vast majority of our families are honest and would not present checks they cannot honor. We are sorry for any inconvenience this causes, but I am sure you understand the need for us to take this action.

Name on account:

Account #:

Authorized signature/s:

SSN #:

Drivers license #:

**Allergies Record for: (Child's name) \_\_\_\_\_**

**\*Please fill this out exactly how you would like Jeanni's staff to handle a situation if something occurs.**

Allergy Name:

\_\_\_\_\_

Allergy Category: (please circle one)

Food      Drug      Skin      Animals      Insect Stings      Seasonal      Other

Severity: (please circle one)

Life-threatening      Severe      Moderate      Mild

Treatment Steps:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

5.) \_\_\_\_\_

6.) Call 911 immediately? Yes \_\_\_\_\_ or NO \_\_\_\_\_ (please initial)

7.) Who to notify first of an emergency? \_\_\_\_\_

8.) Who to notify Second of an emergency? \_\_\_\_\_

\*Make sure all information is correct and if you need another sheet for another allergy please print or ask for another. If anything changes, please notify someone in the office immediately so we can make changes to your child's profile. Thank you

# Dietary needs

List of Dietary needs:

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List of substitutes that we can provide:

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**Please attach a doctor's note or have a doctor  
complete the form on the reverse side.**





# Child Care Food Program Medical Statement for Children with Disabilities

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

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

Name and Address of Child Care Center: \_\_\_\_\_  
\_\_\_\_\_

Dear Parent/Guardian and Recognized Medical Authority:

Child care providers must make reasonable modifications to meals to accommodate disabilities which restrict a child's diet. A disability means any person who has a physical or mental impairment which substantially limits one or more "major life activities." "Major life activities" include eating, digestion, and feeding skills. A physical or mental impairment does not need to be life threatening to constitute a disability. Examples of a disability may include diabetes, food allergy/intolerance, developmental delay, or autism.

When substitutions are made and the meal pattern is not met, a medical statement is required and must be signed by a physician, physician's assistant (PA), or nurse practitioner (ARNP). Please return this completed form to the child care center. If you have any questions, please contact me at

\_\_\_\_\_, Sincerely, \_\_\_\_\_  
Child Care Center Phone Child Care Center Director

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**A recognized medical authority must complete the following information.**

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State and describe the disability.  
\_\_\_\_\_

How does the disability restrict the diet?  
\_\_\_\_\_

List any food(s) to be omitted from the child's diet.  
\_\_\_\_\_

List any food(s) to be substituted.  
\_\_\_\_\_

Describe any textural modification or adaptive equipment required.  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician or Recognized Medical Authority  
(For a disability – a physician, PA, or ARNP must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

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**Parent must complete the following information.**

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This facility has not requested or required me to provide special food for my child.

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

Printed Name of Parent: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_ Center Name & Address: Jeannis Preschool & School Age Center, 905 Spirit Lake Rd, Winter Haven FL 33880

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: ( 863 ) 299 7219

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

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

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?** If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.  
 FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

**STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

**A. Children's Income** - sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.  
 Total children's income: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

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

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

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

**STEP 4: Contact information and adult signature**  
 By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Daytime phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 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  Non-needly  Incomplete Application  Other Reason: \_\_\_\_\_  
 Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_

Eligibility Determination:  Free  Reduced-Price  Non-needly  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_  
 How Often Income is Received (Frequency):  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 12, Monthly x 12

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)**

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

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

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

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

# Holidays 2019- 2020

- Friday, April 19<sup>th</sup>, 2019- Good Friday
- Monday, May 27<sup>th</sup>, 2019- Memorial Day
- Thursday, July 4<sup>th</sup>, 2019- Independence Day
- Monday, September 2<sup>nd</sup>, 2019- Labor Day
- Thursday, November 28<sup>th</sup>, 2019-  
Thanksgiving
- Friday, November 29<sup>th</sup>, 2019- Day after  
Thanksgiving
- We will be closed Monday, December 23<sup>rd</sup> -  
Friday, December 27<sup>th</sup> for Christmas 2019  
vacation
- Wednesday, January 1<sup>st</sup>, 2020- New Year's  
Day
- Friday, April 10<sup>th</sup>, 2020- Good Friday
- Monday, May 25<sup>th</sup>, 2020- Memorial Day

Child Assessment Notification  
Parent/Guardian Consent Form  
2018 – 2019 School Year

Jeanni's Preschool and School Age Center

905 Spirit Lake Road

Winter Haven, FL 33880

863-299-7219

**Child Pre/Post Assessments:**

The Staff at Jeanni's Preschool and School Age Center consistently assess your child's development and learning needs to help us create a program that benefits the whole child. Throughout the year we will be collecting samples of your child's work, play, and social interactions to create a portfolio. Three times during the year we will complete an assessment on your child using the portfolio contents. The tool we have selected at Jeanni's Preschool and School Age Center is *My Teaching Strategies*, a research-based, state-of-the-art online child assessment system. Once the assessment has been completed; we will offer a parent/teacher conference to discuss the progress your child has made and to create goals for home and school. We at Jeanni's Preschool and School Age Center encourage each parent to have at least two parent/teacher conferences each year.

Child Assessment results may be shared with the Early Learning Coalition of Polk County, United Way, Florida's Office of Early Learning, or other authorized agencies.

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

Guardian's Name: \_\_\_\_\_ Guardian's Signature: \_\_\_\_\_

**PARENT/GUARDIAN'S PERMISSION TO APPLY  
SUNSCREEN TO HIS/HER CHILD**

Name of Child: \_\_\_\_\_  
(last, first)

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at: Jeanni's Preschool and School Age \_\_\_\_\_ to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *checked* and *initialed* below **all** applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child:

\_\_\_ I do not know of any allergies my child has to sunscreen.

\_\_\_ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen: \_\_\_\_\_

\_\_\_ I have provided the following brand/type of sunscreen for use for my child:  
\_\_\_\_\_

\_\_\_ For medical or other reasons, please do **NOT** apply sunscreen to the following areas of my child's body: \_\_\_\_\_

**Parent/Guardian's Name:**

**Date:**

**Parent/Guardian's Signature:**

**NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!**