

contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Doctor: _____ Address: _____ Phone: _____
Doctor: _____ Address: _____ Phone: _____
Dentist: _____ Address: _____ Phone: _____

Hospital Preference _____

Please list allergies, special medical or dietary needs, or other areas of concern:

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 # |
|------|---------|-------|--------|
| | | | |
| | | | |
| | | | |

Helpful Information About Your Child:

I hereby acknowledge that I received with this application the written Disciplinary Procedure Guide as required by Section 65C-22.006(4)2., F.A.C.; a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" as required by Section 402.3125(5),F.S. and Smart Start Pre-Prep Parent Handbook.

I hereby acknowledge that I am required to provide a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment pursuant to Section 65C-22.006(2), F.A.C.

I hereby acknowledge that I received the brochure " The Flu" A Guide for Parents - Influenza Virus created by Department of Children and Families and the written Sick Child Procedure Guide followed by Smart Start Pre-Prep .

I hereby acknowledge that I received with this application the written Sick Child Procedure Guide followed by this facility.

I hereby agree and acknowledge that I am responsible for all tuition charges associated with the care and education of my child enrolled with Smart Start Pre-Prep.

I hereby consent and allow you to conduct individual assessments and/or screenings on my child for the purpose of determining his/her educational/developmental level and applying said findings to the development of an appropriate lesson plan.

I hereby consent and allow Smart Start Pre-Prep, LLC., the use of any photos of the above named child for any necessary or appropriate Smart Start related publicity purposes.

By signing below, you verify that you have received above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Updated Date

Signature of Parent/Guardian

Updated Date

ATTENDANCE/TARDINESS POLICY
FOR
VOLUNTARY PRE-K

Our VPK Program is 540 hours. Smart Start's goal is to have your child ready socially, emotionally, intellectually and physically for their kindergarten year. We can best meet that goal if your child is present in our program timely every day. Absences and/or tardiness may affect the overall achievements of your child. A parent conference may be scheduled for a child's parents if the child has frequent tardiness and/or absences. We are required to report attendance monthly. Smart Start reserves the right to terminate a child from the program at any time we determine that the number of absences or tardiness are becoming detrimental to the child's education regardless of the number of days involved.

The Department of Education requires that your child not miss more than 20 percent of the school days each month. For example, if the month has 20 school days, the child will not be able to miss more than 4 days in that month. If the month only has 10 school days, the child will not be able to miss more than 2 days in that month. If more than 20 percent are missed in a month, you may be responsible for tuition reimbursement which we did not received by Department of Education due to missing more than 20% of the VPK program.

By signing below, you acknowledge that you have read and understand the above Attendance Policy.

Signature of Parent/Guardian

Date

FIELD TRIP, MEDICAL TREATMENT AUTHORIZATION AND PHOTO
RELEASE PERMISSION

I hereby give my consent for my child, _____
to go on field trips with Smart Start Pre-Prep, LLC, and to make incidental stops
en route and return as may be desirable or necessary. I will be notified in
writing 24 hours in advance of the designated site of the field trip including
necessary details unless circumstances are such that timing only allows the
posting of a notice the day of the field trip.

While on a field trip, I authorize school representatives to obtain medical
treatment for my child in case of illness or injury and agree to pay for any
expenses incurred for the treatment.

I give permission to Smart Start Pre-Prep, LLC. to use my child's photo for any
necessary or appropriate Smart Start related publicity purposes.

_____ DATE _____
Parent Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _ day of
_____, 20 __, by _____ who is personally
known to me or has produced the following identification: _____
_____.

(Notary Seal)

Notary Public



**Bureau of Child Nutrition Programs
Child Care Food Program**

Child Participation Form

Name of Child: _____ Name of Facility: SMART START PRE PREP

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

| If child care hours are the same every day, please complete this chart. | | |
|---|---|---|
| Day | Normal Hours in Care | Meals Normally Received While in Care |
| Mon – Fri | a.m. _____ a.m. p.m. _____ to _____ p.m. | Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/> |

OR

| If child care hours are <u>not</u> the same every day, please complete this chart. | | |
|--|---|---|
| Monday | a.m. _____ a.m. p.m. _____ to _____ p.m. | Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/> |
| Tuesday | a.m. _____ a.m. p.m. _____ to _____ p.m. | Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/> |
| Wednesday | a.m. _____ a.m. p.m. _____ to _____ p.m. | Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/> |
| Thursday | a.m. _____ a.m. p.m. _____ to _____ p.m. | Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/> |
| Friday | a.m. _____ a.m. p.m. _____ to _____ p.m. | Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/> |
| Saturday | a.m. _____ a.m. p.m. _____ to _____ p.m. | Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/> |
| Sunday | a.m. _____ a.m. p.m. _____ to _____ p.m. | Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/> |

Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____



CHILD CARE FOOD PROGRAM
FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to Smart Start. If you need assistance filling out this form, call this number: 813-855-7333.

PART 1 - INFORMATION ON CHILD:

Child's Name: Last Name First Name Date of Birth

NAME AND ADDRESS OF CCC/OSHCC:

Smart Start Pre Prep
13801 McCormick Dr

PART 2 - HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS: Complete this part and Part 4.

Food Assistance Program Case Number: TANF Case Number:

PART 3 - ALL OTHER HOUSEHOLDS: If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

Table with 7 columns: Household Members (Name, Check Box), Income Amount & Frequency (Gross Earnings, Welfare, Pensions, All Other Income, Check Box). Rows 1-6 for household members.

PART 4 - SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.

Signature of Adult Household Member Date Signed Home Phone #

Home Address Street Address, City, State, Zip Code Work Phone #

Last Four Digits of Social Security Number Write NONE if you don't have a Social Security Number

PENALTIES FOR MISREPRESENTATION: I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

PART 5 (Optional) - RACIAL IDENTITY OF CHILD ETHNIC IDENTITY OF CHILD
American Indian or Alaskan Native Asian Black or African American Hispanic or Latino
Native Hawaiian or other Pacific Islander White Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member does not have a social security number.

For Contractor Use Only:
Food Assistance Program/TANF household Foster Child Zero Income Application - Temporary Free Until (evaluate every 45 days)

Total Household Size: Total Household Income: \$ Weekly / Biweekly / Twice a Month / Monthly / Annually
Note: If different income frequencies are listed, convert all income to an annual amount. (Circle one of the above)

Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12
Eligibility Determination: Free Reduced Non-needy
Reason for Non-needy Status: Income too High Incomplete Application Other (Reason)

Signature of Determining Official: Date Signed:

FREE AND REDUCED-PRICE MEAL APPLICATION INSTRUCTIONS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Part 2:** List the current Food Assistance Program (formerly known as the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) case number. The case number is on your letter of eligibility; it is not the number on your EBT card. **Skip Part 3. Part 4:** An adult household member must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

IF YOU ARE APPLYING FOR A FOSTER CHILD, CHOOSE ONE METHOD BELOW TO APPLY:

NOTE: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household with whom they reside. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

Method 1: Provide official documentation from the foster care agency or court that placed the child with the specific household. With such documentation, it is not necessary to complete the Free and Reduced-Price Meal Application.

Method 2: Complete the Free and Reduced-Price Meal Application according to these instructions – **Part 1:** Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Skip Part 2. Part 3:** List the child's name, check the box in the "Foster Child" column, and report the child's personal use income, if any, in the "All Other Income" column. **"Personal use" income is a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and/or b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.** Do not include payments to the household for the care of the foster child. **Part 4:** A foster parent or other official representing the child must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

Method 3: Complete the Free and Reduced-Price Meal Application according to the instructions below for ALL OTHER HOUSEHOLDS.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

Skip Part 2.

Part 3:

- (1) Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) If a household member is a foster child, check the box in the "Foster Child" column next to his/her name.
- (3) Write the amount of income each household member regularly receives, before taxes or anything else is taken out, and how often it is received. List income in the appropriate column(s) to designate the source of the income, such as earnings, welfare, pensions, and other income (**refer to examples below for types of income to report**). If a foster child is listed, report his/her personal use income, if any, in the "All Other Income" column. **Refer to Method 2 above for the definition of a foster child's personal use income.** Do not include payments to the household for the care of the foster child as income for any household member. If any amount(s) received during the last month was more or less than usual, write that person's usual income.
- (4) For any person with no income, including children, check the "No Income" box in the last column.

Part 4: An adult household member must sign the application and give the last four digits of his/her social security number (or write NONE if s/he doesn't have a social security number).

Part 5: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

INCOME TO REPORT

Earnings from Employment:

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security:

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Other Income:

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons
not living in the household
Net royalties/annuities/net rental income
Any other income

Certain Military Income and Benefits:

All cash income for off base commercial, private housing allowances, excluding the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance (FSSA)

All cash income for uniform allowances

All cash income made available to the household, except for combat pay received under certain conditions

Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

Welfare/Child Support/Alimony:

Public assistance payments
Welfare payments
Alimony/child support payments

Florida Department of Health

Child Care Food Program

INCOME ELIGIBILITY GUIDELINES

FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2014 – June 30, 2015

FREE MEAL SCALE

| HOUSEHOLD SIZE | ANNUAL | MONTHLY | TWICE PER MONTH | BIWEEKLY | WEEKLY |
|--|--------|---------|-----------------|----------|--------|
| 1 | 15,171 | 1,265 | 633 | 584 | 292 |
| 2 | 20,449 | 1,705 | 853 | 787 | 394 |
| 3 | 25,727 | 2,144 | 1,072 | 990 | 495 |
| 4 | 31,005 | 2,584 | 1,292 | 1,193 | 597 |
| 5 | 36,283 | 3,024 | 1,512 | 1,396 | 698 |
| 6 | 41,561 | 3,464 | 1,732 | 1,599 | 800 |
| 7 | 46,839 | 3,904 | 1,952 | 1,802 | 901 |
| 8 | 52,117 | 4,344 | 2,172 | 2,005 | 1,003 |
| For each additional family member, add | +5,278 | +440 | +220 | +203 | +102 |

REDUCED-PRICE MEAL SCALE

| HOUSEHOLD SIZE | ANNUAL | MONTHLY | TWICE PER MONTH | BIWEEKLY | WEEKLY |
|--|--------|---------|-----------------|----------|--------|
| 1 | 21,590 | 1,800 | 900 | 831 | 416 |
| 2 | 29,101 | 2,426 | 1,213 | 1,120 | 560 |
| 3 | 36,612 | 3,051 | 1,526 | 1,409 | 705 |
| 4 | 44,123 | 3,677 | 1,839 | 1,698 | 849 |
| 5 | 51,634 | 4,303 | 2,152 | 1,986 | 993 |
| 6 | 59,145 | 4,929 | 2,465 | 2,275 | 1,138 |
| 7 | 66,656 | 5,555 | 2,778 | 2,564 | 1,282 |
| 8 | 74,167 | 6,181 | 3,091 | 2,853 | 1,427 |
| For each additional family member, add | +7,511 | +626 | +313 | +289 | +145 |

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions, must be reported.

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/>

What is the influenza (flu) virus?

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



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

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



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

CF/PI 175-70, June 2009

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



INFLUENZA VIRUS

**“The Flu”
A Guide
for Parents**