



**KIDS ACADEMY**

### PERSONAL INFORMATION SHEET

Date of Enrollment: \_\_\_\_\_ Date child will begin: \_\_\_\_\_

**STUDENT INFORMATION:**

NAME OF CHILD: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: M/F Full Home Address: \_\_\_\_\_

\*\*\* PLEASE LIST ANY ALLERGIES/RELEVANT MEDICAL CONDITION\*\*\*

Child lives with: Mother \_\_\_ Father \_\_\_ Other \_\_\_

**FAMILY INFORMATION:**

**MOTHER'S INFORMATION:**

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

**FATHER'S INFORMATION:**

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Parents: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Re-married \_\_\_

COURT ORDERED PRESENTED: YES/NO

Siblings information (please list the names and ages of all siblings)

**PHYSICIAN'S INFORMATION:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**EMERGENCY CONTACTS WHEN PARENTS ARE NOT AVAILABLE:**

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Child will be released only to the custodial parent or legal guardian and the persons listed below with parent's authorization. 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.

**PEOPLE AUTHORIZED TO PICK UP CHILD:** Mother: YES/NO Father: YES/NO

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph #: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph #: \_\_\_\_\_

**IN ORDER FOR ANY AUTHORIZED PERSON TO PICK UP YOUR CHILD HE/SHE MUST BRING A PHOTO ID AND PARENT MUST CONTACT US IN ADVANCE.**

**PERSON MUST BE ON THE LIST IN ORDER FOR US TO RELEASE A CHILD.**

PARENTS MUST PROVIDE UPDATED, SIGNED IMMUNIZATION RECORD AND MEDICAL EXAMINATIONS FROM A FLORIDA LICENSED PEDIATRIST.

**PASSWORD:** \_\_\_\_\_

## HRS Required

Section 65C-22.006(2), F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 15 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE CENTER".

Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

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

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

\_\_\_\_\_  
Date

CF-FSP 5012, Aug 97 (Replaces Apr 97 edition which may be used)

\* \* \* \* \*

## PLG Kids Academy PARENT HANDBOOK acknowledgment

By signing below, you verify that you have read and understood the information provided in our Parent Handbook.

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

\_\_\_\_\_  
Date



**KIDS ACADEMY**

1904 SW 4th Avenue  
Ft. Lauderdale, FL 33315  
Tel (954) 523-6480

**CONTRACTUAL AGREEMENT**

Parties to this contract are PLG Kids Academy (the school) and the Parent(s) or Guardian(s) of the named child, hereinafter called Parents(s), and the parties here to agree as follows:

The Child \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_, gender \_\_\_\_\_, at sole discretion of the school, enrolled for the full term (or remainder thereof) attendance to commence on or about \_\_\_\_\_, I/We agree that the child is admitted for full term (or remainder of term if starting date is within a current term) and I/We hereby agree to pay tuition and fees according to the school schedule fee in effect at the time of attendance and agree that said schedule and subsequent schedules are a part of the contract. I/We agree the services will be suspended immediately if payment schedules are not met. I/We agree that tuition and fees are not subject to adjustment or refunds because of absence, illness or withdrawal of the child from school for any reason after the school term begins or after attendance begins. In case of voluntary school termination, I/We agree to give school a two weeks advance notice or I/We will guarantee payment in full for those subsequent two weeks after withdrawal if such notice is not provided. I/We agree that there will be no adjustment or refund fees for absence due to school closure because of illness, covid-19 exposure, riot, civil commotion, civil emergency, natural disaster, war, national holidays, teacher planning days, government order directed to the student or school facility, or general economic panic collapse.

I/We agree to elect a payment plan as set forth on the school schedule of tuition and fees in effect at the date of attendance, and to be jointly and individually liable to pay all tuitions and fees according to the terms of said Payment Plan. If collection due to default occurs, I/We agree that the child’s school records are property of the school and will not be released until all monies due are paid in full.

I/We affirm and certify that I/We have read and understood the contents of this agreement and will abide by the terms of this contract.

I/We, \_\_\_\_\_, agree to pay the sum of \$ \_\_\_\_\_ on THE FIRST DAY OF EVERY MONTH starting on \_\_\_\_\_. I/We will add a \$5.00 charge per day late. I will provide the school with a two weeks advance notice prior to voluntarily withdrawing my child from the school, otherwise I/We will pay an additional two weeks of tuition. A collection agency will take over any unpaid bills and report them to credit bureaus.

Information of person completing this application:

Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Social Security(last 4 digits): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Employment Ph. Number: \_\_\_\_\_ Personal Ph. Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



1904 SW 4th Avenue  
Ft. Lauderdale, FL 33315  
Tel (954) 523-6480

### TO WHOM IT MAY CONCERN

I Hereby give my consent to **Broward General Hospital** (name of hospital) to administer necessary treatment to my child \_\_\_\_\_ (name of child). In the event on 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 DTP or Tetanus: \_\_\_\_\_

Insurance Company Covering Child: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Sign: Parent or Guardian                      DATE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

BY \_\_\_\_\_ (name of person acknowledged)

My Commission Expires:

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Print or type name of notary

\_\_\_\_\_  
Personally known

\_\_\_\_\_  
Produced I.D.

\_\_\_\_\_  
Type I.D.



**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) \_\_\_\_\_

Your information is confidential and for the use of the Broward County Swim Central program only.

- 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
- Has your child ever received formal swimming lessons?
  - Yes
  - No, check all the reasons below that apply:
 

<input type="checkbox"/> Do not know how to find information about swim lessons	<input type="checkbox"/> Transportation problems
<input type="checkbox"/> Swim lessons are not important	<input type="checkbox"/> Lessons are too expensive
<input type="checkbox"/> Schedule of lessons not convenient	<input type="checkbox"/> We are too busy
<input type="checkbox"/> Equipment such as swim suit, towel, goggles too expensive	
- Do you or a family member know how to perform CPR with rescue breaths?
  - Yes
  - No
- Has your child's doctor talked to you about drowning prevention and water safety?
  - Yes
  - No
- 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 11<sup>th</sup> Place  
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded:

<http://www.watersmartbroward.org/resources/brochures-handouts/>



**KIDS ACADEMY**

**PLG KIDS ACADEMY ACCESS CARD AGREEMENT** Rev. 2023

This Access Card Agreement (this "Agreement") is made effective as of \_\_\_\_\_, 202\_\_, between PLG KIDS ACADEMY, located at 1904 SW 4 Avenue, Ft. Lauderdale FL 33315, and (Mr./Mrs./Ms) \_\_\_\_\_, who lives at \_\_\_\_\_, \_\_\_\_\_ FL \_\_\_\_\_, Social Security number (last four digits).# \_\_\_\_\_.

In this Agreement, the party who owns the Access Cards will be referred to as "PLG", and the party to whom the Access Cards will be provided will be a Parent, Guardian, Representative of the child enrolled at PLG or an Employee of PLG (hereinafter referred to as "Guardian/Employee").

PLG is engaged in Childcare/Pre-school services. \_\_\_\_\_ is a "Guardian/Employee" of PLG PLG WILL PROVIDE THE "Guardian/Employee" WITH AN ACCESS CARD THAT CAN BE USED TO ACCESS THE PLG PREMISES. ONLY "Guardian/Employee" MAY USE SUCH CARD TO ENTER THE PREMISES OF PLG DURING NORMAL OPERATING HOURS (6:30am to 6:30pm M-F) AND FOR THE EXCLUSIVE PURPOSE OF PICKING-UP OR DROPPING-OFF GUARDIAN'S CHILD(REN) OR FOR THE EMPLOYEE'S ASSIGNED WORKING HOURS.

**FOR SECURITY REASONS THE USE OF ACCESS CARDS MUST REMAIN CONFIDENTIAL AND FOR PRIVATE USE ONLY. THE GUARDIAN MUST NOT AUTHORIZE ANY ONE OTHER THAT HIMSELF/HERSELF TO USE SUCH CARD, THIS INCLUDES SPOUSES, PARENTS, RELATIVES.**

Based on the above, the parties agree as follows:

**I. PROTECTION OF ACCESS CARDS.** "Guardian/Employee" understands and acknowledges that the Access cards have been created by PLG as part of a security and access system that has required a significant investment of time, effort and expense. Further, "Guardian/Employee" acknowledges that such system is a valuable and special benefit provided to "Guardian/Employee", which needs to be protected from improper use. Finally, "Guardian/Employee" understands and acknowledges that strict confidentiality is in the best interest of Guardian's own child(ren) and Employee and that, therefore, no breach of contract will be tolerated.

*Refundable deposit.* "Guardian/Employee" that receive an access card need to provide a \$20.00 (Twenty Dollar) deposit. Deposit will be fully refundable at the time card is returned to PLG. Card must be returned to Director to receive full refund.

*Unauthorized Use of Card; Penalty.* In addition, "Guardian/Employee" agrees that if "Guardian/Employee" shares card with anyone else, "Guardian/Employee" is in violation of this Agreement and PLG shall be entitled to fine "Guardian/Employee" up to \$5,000 (Five Thousand Dollars), deny future access and services to the Guardian and their child(ren) and/or to terminate the employment with the Employee. PLG shall not be prohibited by this provision from pursuing other remedies, including, but not limited to, a claim for losses and damages.

*Loss of Card; Penalty.* In the event "Guardian/Employee" loses his/her access card he/she must notify immediately PLG via phone, email or text to void the future use of such card. **Replacement cards will cost \$20.00 (Twenty dollars) each.**

**II. RELATIONSHIP OF PARTIES.** Neither party has an obligation under this Agreement to purchase any service or item from the other party. This Agreement does not create any agency, partnership, or joint venture.

**III. NO WARRANTY.** "Guardian/Employee" acknowledges and agrees that the Access Card is provided on an AS IS basis. TLC MAKES NO WARRANTIES, EXPRESS OR IMPLIED, WITH RESPECT TO THE CARD AND HEREBY EXPRESSLY DISCLAIMS ANY AND ALL IMPLIED WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT SHALL TLC BE LIABLE FOR ANY DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THE PERFORMANCE OR USE OF THIS CARD.

**IV. LIMITED LICENSE TO USE.** "Guardian/Employee" shall not acquire any intellectual property rights under this Agreement except the limited right to use set out above.

**V. GENERAL PROVISIONS.** This Agreement sets forth the entire understanding of the parties regarding confidentiality. Any amendments must be in writing. This Agreement shall be construed under the laws of the State of Florida. This Agreement shall not be assignable by either party, and neither party may delegate its duties under this Agreement, without the prior written consent of the other party. The confidentiality provisions of this Agreement shall remain in full force and effect after the effective date of this Agreement.

By: \_\_\_\_\_  
Lorena Romero Director- PLG Kids Academy

Recipient:

\_\_\_\_\_  
Print Name "Parent/Guardian/Employee"

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**KIDS ACADEMY**

## **DISCIPLINE POLICY AT PLG Kids Academy**

At PLG Kids Academy we try to communicate to the children our rules and expectations in a very positive manner. Our methods of discipline encourage self-control, self-discipline, self-esteem and cooperation. Any physical or emotional punishment is prohibited. Our goal is to teach self-discipline and the ability to get along with their companions and superiors, with respect and responsibility. Children are taught that unacceptable behaviors will not be tolerated at school or in the outside world.

We enforce our rules by designing appropriate tasks according to the age level of the children so as to make them more interesting and effective. If a teacher sees that a child is not paying attention or is misbehaving he / she will try in a gentle way to change this behavior voluntarily, and if this does not work he / she will try to speak to him/her and ultimately remove the child from the main area and have him/her take a time until the child understands the situation. If the child continues with an unacceptable behavior the teacher will have the Director discuss the matter with his / her parents to determine a proper solution to the problem. In case the negative behavior persists, dismissal of the child will be applicable.

In summary when it becomes necessary to discipline a child, these are the steps we follow:

- Talking to the child to help him/her see how he/she is misbehaving and giving him/her the opportunity to correct such behavior.
- Separating the child from the activity being disrupted to provide him/her time to calm down and understand the situation.
- Isolating the child from the entire group (sitting on a chair apart from the others) unless the group is engaging in physical activity, active play or playground time.  
**CHILDREN MAY NOT BE DENIED ACTIVE PLAY, FOOD OR TOILETING AS A CONSEQUENCE OF MISBEHAVIOUR.**
- Holding a meeting with the parents, to see if we can work out the problem, before it is necessary for the child to withdraw from the school.
- Corporal punishment is not permitted.

---

Print Name Parent/Guardian

---

Signature

---

Date

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: PLG Kids 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: N/A  
(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

Lorena Romero  
\_\_\_\_\_  
Operator/Director Print

[Signature]  
\_\_\_\_\_  
Operator/Director Signature





Revised July, 2023

# PHOTO RELEASE

RE: \_\_\_\_\_

Dear Parent:

PLG Kids Academy (Fort Lauderdale) is requesting your authorization to take pictures during school activities. It means that we could use your child's image/photos, along with those of other selected children, in our corporate website, social media outlets, Site billboard and other school related materials.

By signing below you are authorizing us to use the images/photos taken during our daily activities. Please mark **YES** or **NO**; PLG Kids Academy will keep your child first name and/or last name and/or age private. You have the right to cancel this authorization at any time.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*THANKS FOR PARTICIPATING!*

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.

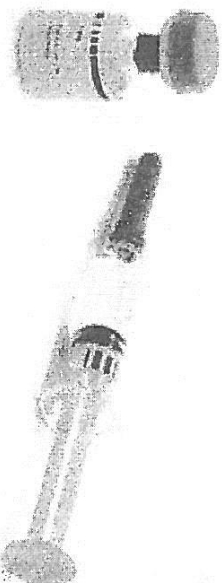


### What should I do if my child gets sick?

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?

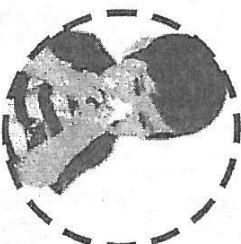
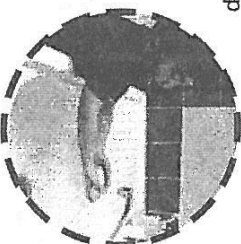
A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving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

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 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.



## **Expulsion Policy**

Unfortunately, there are sometimes reasons we have 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 children) in order to prevent this policy from being enforced.

**Parents and students at PLG Kids Academy are expected to satisfy all of the following:**

- Know that being part of our school community is a privilege and not a right.
- Attend school with neat and appropriate attire.
- Proper behavior (See discipline policy)

The school reserves the right to immediate termination of a child, unless the parent is able to provide a solution or remedy to the problem.

**The following are reasons we may have to expel or suspend a child from this center:**

### **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 in front of enrolled children.

### **Parental Actions for Child's Expulsion**

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff/other members of the school community.
- Parent threatens physical or intimidating actions toward staff members/other members of the school community.
- Poor standards of food hygiene (parents and/or children)
- Failure to provide necessary supplies (diapers, wipes, clean linen of clothing, etc.)
- Habitual failure to comply with center's policies.
- Failure to find adequate solutions to problems raised by school administrators regarding your child in a timely matter.

### **Child's Actions for Expulsion**

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Unable to toilet train to transition to our three year old program.

Prior to expulsion, a parent will be called and correspondence will be sent home indicating what the problem is, and every effort will be made by both the center and the parent to correct the problem. If, after a warning is issued, depending on the risk to other children's welfare or safety, behavior does not improve, and the center finds that they can no longer accommodate the child, the parent will be asked to remove him/her. Depending on the risk to others (children or school member's welfare or safety) the parent will be given a discretionary time to find another center to provide care for this child.

Parent's name: \_\_\_\_\_ Parent's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**KIDS ACADEMY**

**TOPICAL PREPARATIONS (PREVENTIVE) PERMISSION FORM**

*This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission*

**SUNSCREEN LOTION**

I give my permission for the staff to assist with applying or apply sunscreen or mosquito repellent to my child \_\_\_\_\_ on exposed skin before outdoor activities. It is my responsibility to provide sunscreen or mosquito repellent. I understand I must provide the sunscreen or repellent in its original container labeled with my child's name and within the noted expiration date. Sunscreen or repellent will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**KIDS ACADEMY**

**TOPICAL PREPARATIONS (PREVENTIVE) PERMISSION FORM**

*This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission*

**MOISTURIZING LOTION/DIAPER CREAM/BALM**

I give my permission for the staff to assist with applying or apply skin lotion/cream to my child \_\_\_\_\_. I understand I must provide the lotion/cream/balm in the original over the counter container labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: \_\_\_\_\_

Special instructions: \_\_\_\_\_

My child may NOT use any other skin lotion/cream/balm than the one he or she brings

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## FACTS ABOUT HEATSTROKE:

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

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

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



## ⚠️ PREVENTION TIPS:

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

### During the 2018 legislative session,

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



### My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

\_\_\_\_\_

Child's Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

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

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

Child's Name: \_\_\_\_\_ Center Name & Address: The Learning Center for Kids (Fort Lauderdale)

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: (M)(T)(W)(TH)(F)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: (954) 523-6400

**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 Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_  
 Eligibility Determination:  Free  Reduced-Price  Non-need  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 24, Monthly x 12

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

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_