



## Registration Checklist

The following items are required to complete enrollment:

- \_\_\_ **Immunization Record** (Form 680)  
(Required for infants -5 yrs only, due within 1 week of start date)
- \_\_\_ **Physical Examination** (Form 3040)  
(Required for infants -5 yrs only, due within 1 week of start date)
- \_\_\_ **Copy of Parent's Driver's License**
- \_\_\_ **Enrollment Packet**
- \_\_\_ **First Week's Tuition & Registration Fee (\$50)**

Remember, we accept:



What to bring on your child's first day:

- \_\_\_ **Small blanket for nap time**  
(Infants only: Zip up or Velcro swaddles only; no loose blankets allowed)
- \_\_\_ **Complete change of clothes**
- \_\_\_ **Diapers & wipes**
- \_\_\_ **2-3 Bottles** (infants only)
- \_\_\_ **A really, really, BIG smile!**

Have a question?  
Give us a call or stop by!  
**(352) 307-2067**



**We are a peanut and tree nut free facility.**



# Enrollment Application

Office Use Only: \_\_\_\_\_

Days That Child Care Is Needed:

Monday  Tuesday  Wednesday  Thursday  Friday

Meals that will be served while in care:

Breakfast  Lunch  Afternoon Snack

Primary Hours of Care \_\_\_\_\_

How did you hear about Alphabet Land Learning Center? \_\_\_\_\_

## Student Information

Child's Date of Birth \_\_\_\_\_

ex: 01/01/2000

Gender

Male  Female

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

First

Middle

Last

Nickname

Physical Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

## Family Information

\*\*Parents listed below will be allowed to pick the child up at any time. \*\*

Custody  Mother **only**  Father **only**  Both  Other \_\_\_\_\_

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

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

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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

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

Child Lives With \_\_\_\_\_

If you have any special pickup instructions, such as a custody schedule, please let us know here and provide documentation as required.

\_\_\_\_\_  
 \_\_\_\_\_

Pick-Up List:

Children will be released only to the parents or guardians listed on the previous page and to anyone 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 the parents or guardians cannot be reached. Remember, the people below must show ID when picking up.

Name (1) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Other # \_\_\_\_\_

Name (2) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Other # \_\_\_\_\_

Name (3) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Other # \_\_\_\_\_

Name (4) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Other # \_\_\_\_\_

Name (5) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Other # \_\_\_\_\_

Name (6) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Other # \_\_\_\_\_

Name (7) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Other # \_\_\_\_\_

Name (8) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Other # \_\_\_\_\_

Name (9) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Other # \_\_\_\_\_

Name (10) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Other # \_\_\_\_\_

**Medical Information:**

I hereby grant permission for the staff of Alphabet Land Learning Center to obtain emergency medical care if warranted and to contact the following medical personnel to obtain my child's medical history.

Doctor \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Allergies:	Symptoms of a reaction:	How to handle:
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all special medical or dietary needs, and other areas of concern.

\_\_\_\_\_  
\_\_\_\_\_

Infant Formula \_\_\_\_\_

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)

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

# Discipline Policy

**Alphabet Land Learning Center has three situations when disciplinary action is taken:**

- If a child hurts themselves or others
- If a child belittles or damages the feelings or work of others
- If a child does not cooperate with adults who are trying to cooperate with him/her

**Discipline problems are avoided whenever possible by:**

- Having a well organized room
- Having a well organized routine
- Having a calm, considerate staff
- Having clear, consistent standards and expectations
- Informing children what is coming next and giving them time to finish what they are doing
- Offering a wide variety of activities
- Offering opportunities everyday for children to choose their own indoor and outdoor activities, friends, space, and pace

**When an adult must intervene, the following procedure is followed:**

- Give each child an explanation of why an adult is entering the situation
- Encourage each child to express their feelings, even if negative, but in words only
- Give clear, simple, positive, specific, firm, and polite directions
- If necessary, direct child(ren) to another activity
- As a last resort, remove the child from the group. He/She is then given the responsibility of deciding when to return
- No child is humiliated or subject to discipline that deprives him/her of rest, play, toileting or food. Spanking is not allowed. The goal of our method of discipline is to help the child control his/her own behavior

**Immediate causes for expulsion include:**

- The child is at risk of causing serious injury to other children or him/herself
- Uncontrollable tantrums/angry outbursts
- Ongoing physical or verbal abuse towards staff or other children
- Excessive biting
- Parent threatens physical or intimidating actions towards staff members
- Failure to comply with any part of the enrollment agreement
- Parents exhibits verbal abuse towards staff
- Failure to complete required forms including the child's immunization records

Alphabet Land Learning Center is concerned for every child's well being. If it is determined that a child is creating an environment not suitable for learning or is destructive, disruptive, or uncontrollable, Alphabet Land Learning Center reserves the right to terminate the child's care.

By signing below, I indicate that I fully understand and accept Alphabet Land Learning Center's Discipline Policy.

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Parent/Guardian Signature

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Date

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Print Parent/Guardian Name

# Enrollment Agreement

Please **initial each line** below, then sign and date at the end of the agreement.

## Provider Fees:

\_\_\_ **\$50 Registration Fee** is due per family upon child's enrollment. This registration fee is charged annually in September.

\_\_\_ **ELCMC Assistance** pays for a portion of a child's care, leaving the parent responsible for the remaining weekly cost. There is a difference due in addition to your ELCMC assigned parent fee. This fee will fluctuate accordingly.

\_\_\_ **Weekly Tuition** is due, IN ADVANCE, each Monday. Parent is responsible for paying the full weekly rate, regardless of attendance. Child absences will **not** result in any discount or pro-rated fees, whether or not it is an excused absence. All tuition and fees are non-refundable.

\_\_\_ **Late Payment** fees are \$10.00 per week, if payment is not made by Monday of each week. Tuition that is more than a week late may result in suspension of your childcare. Any fees not paid within 30 calendar days will result in us starting collection procedures or initiating suit to collect unpaid charges. Parent/Guardian will be responsible for all collection costs, 20% interest on the unpaid charges and for court and attorney's fees.

\_\_\_ **Sibling Discount** of \$10 off per week is applied for families with more than one child enrolled *full time*.

\_\_\_ **Late Pickup** fees of \$1 per minute are charged for each child picked up after 6pm. If a child is left at our center for more than one hour past closing time, the staff will notify the authorities.

\_\_\_ **Returned Payment** In the event of a returned check or returned debit/credit card charge, a \$35 returned payment fee will be charged. We will require CASH or MONEY ORDER for the total amount due plus the \$35 fee by the following business day. All subsequent payments must be made by cash or money order only.

\_\_\_ **Diapers & Wipes** are to be provided by the parent. If a child runs out of diapers or wipes while in our care and needs to be changed, we will provide the items and charge the parent \$5 for Diapers (10ct.) and \$3 for Wipes (1 pk).

## Provider Policies:

\_\_\_ **Unenrolling** Parent must notify provider 2 weeks in advance of termination. If there is an outstanding balance (including tuition or fees) at the time of withdrawal, parent will be required to bring the account current. If a child is absent for more than one week without contact from parent, the child's spot will not be held and the child will be automatically unenrolled. Child can be re-enrolled at the center depending on availability.

\_\_\_ **Adding Authorized Pickups** Any person who is to pick the child up from the center must present government issued identification. Parent must notify Alphabet Land Learning Center **in writing**, giving the center permission to release the child.

\_\_\_ **Vacations** Parents are allowed up to 2 weeks of vacation per calendar year, and will not be required to pay any fees for these two weeks. A vacation is considered a full week (M-F). Individual days do not constitute a vacation. If the child is absent for more than 2 weeks, the full tuition payment will be due after the 2 weeks of vacation are used.

\_\_\_ **Illness** Parent will be notified if the child becomes ill during the day, and parent will pick up child promptly or make arrangements for an authorized emergency contact person to pick up upon notification. Child will be sent home if (s)he exhibits symptoms such as: fever, vomiting, diarrhea, rashes, or other symptoms of contagious disease, and must remain at home until the child shows no symptoms for at least 24 hours or a doctor's note is brought in, stating that the child may return to daycare.

\_\_\_\_ **Enrollment Records** Parent must keep child's physical, immunizations and other records, including contact numbers, up-to-date at all times. Past due immunizations and/or physicals will result in the child's care being suspended until they are completed. No refunds or discounted tuition will be given.

\_\_\_\_ **Child Safety** Children are not allowed to open any exit doors or leave the center alone. Parents must hold their children's hand when leaving the facility. The children cannot run ahead of the parents to open the doors. The parent is responsible for their child until the child is dropped off in the classroom in a teacher's care, and once the child has been picked up from the classroom, taken out of the teacher's care.

\_\_\_\_ **Liability Waiver** I do hereby, for myself, my heirs, executors and administrators, waive and release any rights and claims for damages I may have against Alphabet Land Learning Center and its agents, representatives, successors and assigns for any, and all, injuries and damages suffered by enrollee in connection with the program.

\_\_\_\_ **Right to Terminate** Alphabet Land Learning Center reserves the right to terminate a child from the center without prior notice.

\_\_\_\_ **Hours of Care** The facility is open Monday thru Friday, from 6am - 6pm, with the exception of holidays.

\_\_\_\_ **ELCMC Attendance Requirements** Children must be signed in at the time of drop-off and must be signed out at the time of pick-up daily. Children who are enrolled through the School Readiness and/or VPK program are allowed a maximum of 3 absences per month. If the child is absent for more than the allowed 3 days from the School readiness program, parent will be responsible for the cost of private tuition for those days not payed by ELCMC.

\_\_\_\_ **Sign In/Out Requirements** All children must be signed in at the time of drop-off and must be signed out at the time of pick-up daily.

\_\_\_\_ **Child Allergies** We are a **peanut-free and tree nut-free** facility. Please do not bring in any foods containing nuts or any foods that were manufactured in a facility that processes peanuts or tree nuts. This information is available on the back of the packaging, usually near the nutrition label.

\_\_\_\_ **Child Records** may be accessed by any of our staff at any time, in addition to DCF and ELCMC personnel.

\_\_\_\_ **Child Immunization Records** Parent's must keep vaccination records on file up to date. New enrollments are allowed 30 days from the first date of attendance to catch up on all vaccinations and turn in a valid vaccination record. If any parents choose not to vaccinate their child, we are required to have a religious exemption form on file.

\_\_\_\_ **Child Attendance** Parents must notify the center, in writing and in advance if the child will be absent for the day, or if the child will be more than one hour later than their normal drop-off time.

\_\_\_\_ **Rilya Wilson Act** requires us to report 7 consecutive excused or any unexcused absence for any child from birth to the age of school entry, who is under court-ordered protective supervision.

\_\_\_\_ **Terms Subject to Change** without notice from time to time in our sole discretion.

By your signature below you acknowledge that you have read, understand and initialed each clause of the foregoing Agreement, and that you agree to comply with all of the terms of the Agreement.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

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

**Picture/Video Release Authorization**     Yes     No

We often take pictures/videos of the children participating in class or on field trips, doing fun activities. We may upload some pictures to the website or other media outlets to share with parents. By checking "Yes", you give Alphabet Land Learning Center permission to use pictures/videos of your child. By checking "No", your child's face will be blurred from any photos posted.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Transportation Permission**     Yes     No

**Before/After School Transportation:**

Children must arrive at the center by 6:45am if they will require transportation to school in the mornings. Children picked up from school in the afternoons will return to the center after all children are picked up.

Children will be transported to/from school in the facility's vehicles. Children will be required to wear seat belts and are expected to follow our transportation rules.

**Field Trip Transportation:**

Children will be transported to/from field trips in the facility's vehicles. Children will be required to wear seat belts and are expected to follow our transportation rules.

Field trips are scheduled for school-age children only, during winter break, spring break, and summer break.

*By checking "Yes", you are authorizing Alphabet Land Learning Center to transport your child to/from school and field trips.*

Child's School \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Classroom Celebrations**     Yes     No

The children often celebrate holidays and birthdays together as a class. Parents may bring in store-bought foods to share with the class. By checking "Yes", you give Alphabet Land Learning Center permission to serve your child any store-bought foods brought in by other parents.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



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

**Cow's Milk Substitution**

Yes

No

My child is **allergic to cow's milk**. Please substitute cow's milk with soy milk.

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

\_\_\_\_\_  
Date

**Desitin**

Yes

No

I give permission for my child's teacher to use Desitin diaper rash ointment on my child in order to treat and prevent diaper rash.

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

\_\_\_\_\_  
Date

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

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

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

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

**Date Received:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



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

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

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

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



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

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

## **What can I do to prevent the spread of germs?**

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

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



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

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

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

## 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**

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

Child's Name: \_\_\_\_\_ Center Name & Address: \_\_\_\_\_

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

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

Child's Name (Last Name, First Name)	Date of Birth	Attends this center?	Foster Child?	Migrant?	Homeless/Runaway?
		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): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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**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?)
	\$            /	\$            /	\$            /
	\$            /	\$            /	\$            /
	\$            /	\$            /	\$            /

**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 **Total Household Size:** \_\_\_\_\_ **Total Household Income:** \$ \_\_\_\_\_

**Eligibility Determination:**  Free  Reduced-Price  Non-needy **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-needy Status:**  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

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

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

**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 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 • Survivor’s Benefits	<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.**

# Florida Department of Health

## Child Care Food Program

### Child Participation Form

Name of Child: \_\_\_\_\_ Name of Facility: Alphabet Land Learning Center

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. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/>

OR

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

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 Infant Feeding Form

<b>Child care facility: Please fill in facility name and formulas offered before distributing to parents.</b>	
Child Care Facility Name:	<a href="#">Alphabet Land Learning Center</a>
*Formulas offered at this facility: Milk based:	<a href="#">Gerber Gentle</a>
Soy based:	<a href="#">Gerber Soy</a>

**This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby.** The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture appropriate vegetables and fruits
- ~ A variety of texture appropriate meat and meat alternates
- ~ Bread or crackers
- ~ 100 percent fruit juice

Please be aware this child care facility:

- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.
- ~ Can feed solid foods to infants younger than 4 months of age only when a medical statement is provided.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ Can offer 100 percent fruit juice from a cup – not a bottle.

### Parents please complete the following:

Baby's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check  this box  if your baby is breastfed and you plan to provide breastmilk.

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 4 months and older, according to the CCFP requirements.

\*I prefer to supply my own formula (write in name of formula): \_\_\_\_\_

**This facility has not requested or required me to provide infant formula or food.**

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

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