

Office Number: 305-246-5315
Return 24 hours PRIOR to child's first day of school.
Registration fee (cash only) must be made to process enrollment.

Additional Documents Required:
-medical records
-birth certificate

Page 1 of 6



"To lead, serve and guide the children of our community."
LICENSE #C11MD1586

ENROLLMENT REGISTRATION FORM

CHILD INFORMATION

Student Name (First, Middle, & Last): _____

Age: _____ Sex: _____ Date of Birth: _____ Home Email Address: _____

Address: _____ Phone: _____

(PLEASE INCLUDE CITY STATE AND ZIP CODE)

Parent/Guardian Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Primary Residence: ☐ Mother ☐ Father ☐ Guardian

Referred By: _____ Hours and Days of Care Needed: _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ DOB: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Cell Provider: _____

Home Address: _____ Email Address: _____

Driver's License Number: _____ State licensed in: _____

Employer: _____ Employer Address: _____

Work Phone/ Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ DOB: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Cell Provider: _____

Home Address: _____ Email Address: _____

Driver's License Number: _____ State licensed in: _____

Employer: _____ Employer Address: _____

Work Phone/ Extension: _____ Work Hours: _____

Section 65C-22.006(2). F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 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 Facility" (CF/PI 175-24).

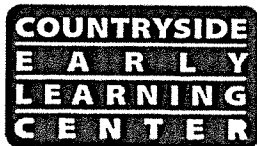
Section 65c-20.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the childcare facility.

Your initial below indicates that you have received the above items and that the information on this enrollment is complete and accurate.

I have understood and agreed with all the information provided

on this page. Parent/ Guardian Signature: _____

Enrollment Date: _____ Termination Date: _____



EMERGENCY CONTACT AND AUTHORIZED PICKUP PERSONS

For the safety of your child, we will request all authorized release persons to provide a government issued photo identification at the time of pick-up. All persons authorized to pick up must be 18 or older. Do not include the primary contacts.

Name #1: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____
 Driver's License Number: _____ State licensed in: _____

Name #2: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____
 Driver's License Number: _____ State licensed in: _____

Name #3: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____
 Driver's License Number: _____ State licensed in: _____

Name #4: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____
 Driver's License Number: _____ State licensed in: _____

I authorize the people listed above (included with persons listed in the parent/guardian section) to pick up my child from school if there is a medical or other emergency and I cannot be reached. I also authorize the persons listed above to pick up my child for non-emergency purposes. I understand that if persons listed above do not provide adequate photo identification at the time of pick up that my child will not be released to this person until appropriate identification/clearance has been established. I understand that for the persons listed above verbal or written consent is NOT required to release my child from school.

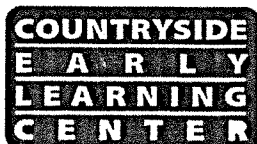
If you want a person who is not on your emergency contact and release section to pick up your child, you must notify the school in advance, in writing. Your child will not be released without prior authorization by the parent and/or legal guardian.

I understand that school hours are from 6:00 pm-6:30 pm. If my child is picked up after hours a late fee of \$30.00 will be charged for the first minute up until 30 minutes after. Over 30-minute pick-ups will be charged an additional \$15.00 for every 15-minute period. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please contact our office for additional information.

My signature below indicates that I have completely read, understood, and agreed with all information provided on this page.

Signature of Parent/ Guardian: _____

Name of Child: _____ Date: _____



ENROLLMENT AGREEMENT

Name of Child (First, Middle, Last): _____ Date: _____

Parent/ Guardian Name: _____

PLEASE INITIAL EACH SECTION LISTED BELOW.

AGREEMENT 1: TUITION AND FEES

____ **REGISTRATION FEE:** I understand that a non-refundable Registration Fee of \$_____ is due in advance when enrolling my child. This fee is a cash only payment. I understand that a yearly Registration Fee is due to guarantee my child's enrollment for the Fall of the following school year.

____ **TUITION:** I understand that my tuition fee for my child is \$_____. I understand that I have decided to pick a tuition express/bi-weekly/monthly payment plan and am responsible for tuition payments according to the payment program I have chosen. I have read, understood, and agreed with all tuition information detailed in the Tuition Information Sheet.

____ **TUITION PAYMENT and LATE FEE:** I understand that tuition is due in accordance with my payment plan regardless of my child's attendance. If tuition payment is not received in a timely manner a \$30.00, a week, late fee will be charged accordingly. If tuition and assessed fees are not received in a timely fashion, Countryside Early Learning Center holds the right to withdrawal my child. The Registration Fee will need to be paid again.

____ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees due by any agency or third-party reimbursement in accordance with my contract. I am solely responsible for communicating any changes regarding my status with the agency that may affect reimbursement. I understand that I am solely responsible for all tuition and late fees that is accrued due to failure of communicating status changes with an agency or third party.

____ **LATE PICK UP FEE:** I understand that Countryside Early Learning Center is open from 6:30 am -6:00 pm, Monday-Friday, all year, except for holidays and school closings listed on the school calendar. I understand that if I fail to pick up my child at the closing time, a \$30.00 late pickup fee will apply.

____ **TUITION DISCOUNTS:** I understand that if I enroll more than one child within my immediate family, a ten (\$10.00) dollar a week discount is granted on the lesser tuition rate. I understand that the following workforce receives a 15% discount: medical, first responder, police officer or military. I understand that a valid current license related must be provided and kept on file to receive the discount. Only one tuition discount is granted per family.

____ **RETURNED CHECK FEE:** I understand that if my check for tuition payment is returned for any reason, that a returned check fee of \$30.00 will be applied to my account. All checks that are returned for insufficient funds will not be re-deposited. A cash payment including the returned check fee must be made on the same day notification is given regarding the returned check.

AGREEMENT 2: DAILY PROCEDURE

____ **DROP OFF & DISMISSAL:** I understand that during drop off I must walk my child into the building and directly into their class. I understand that I am responsible to pick up my child at their classroom. No child will be escorted to their parent by a teacher or staff member. Dismissal routines are subject to change whenever deemed necessary.

____ **ILLNESS:** I understand that I will be notified immediately if my child becomes ill while in school. Countryside's illness policy is provided in the Parent Handbook. I understand that if the school request that my child be picked up due to illness that I will be prompt in my arrival to pick up my child. If my child contracts a contagious disease, I agree to notify the school and understand that a physician's notice is required for clearance for my child to return to school. I understand and read the sick policy in this packet.

____ **PHOTO RELEASE:** I give Countryside Early Learning Center permission to use my child's photograph or photographic image in official Countryside Early Learning Center business, including school web site, newsletters, graduation slideshows, etc. I understand that photographic images or video may be used for news organizations and promotional purposes. I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

____ **WITHDRAWAL:** I understand that written notification is needed to withdraw my child from school. If your child is absent three or more days and the school has not been notified, Countryside holds the right to withdraw your child. The Registration Fee will need to be paid to re-enroll your child. Countryside holds the right to withdraw a child from their enrolled program for any reason deemed necessary.

AGREEMENT 3: HOLIDAYS, ABSENCES AND CLOSINGS

____ **HOLIDAYS/SCHOOL CLOSINGS:** I understand that Countryside Early Learning Center is closed on specific holidays/observed days. I also understand that there are recess days posted on the school calendar. I understand that Countryside is closed for recess days. I agree that I will not receive a refund, credit, or any allowance for these days. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

____ **ABSENCES/VACATIONS:** I understand that Countryside is a Learning Center, and all academic activities are completed in the morning. I understand that my child must arrive at school prior to 9:00 am. I agree to inform the school on any given day that my child will be absent. I understand that my tuition is due in accordance with my payment plan. I understand that no credit, refund, allowances and/or extra service will be provided for child absences. I understand that if my child is withdrawn due to vacation and/or absences, whether it be by the facility or the parent, the registration fee must be paid again. I understand that the school holds the right to withdraw my child due to absences without notification.

____ **LATE ARRIVALS:** I understand that Countryside is a Learning Center, and all academic activities are completed in the morning. I understand that my child must arrive at school prior to 9:00 am. I agree to inform the school if my child is late. I understand that a doctor's note is required for late arrivals. I understand that my child cannot be dropped off no later than 11:00 am regardless if a doctor's note is provided.

____ **INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that Countryside follows Miami Dade County Public School (MDCPS) schedule for inclement weather. I understand that it is my responsibility to watch or listen to our local weather channels for any changes MDCPS has made to their schedule due to inclement weather. I understand that Countryside holds the right to close the school at any time deemed necessary due to inclement weather in the Homestead area. I agree that I will not receive a refund, credit, or any allowance for days the school is closed due to schedule changes.

AGREEMENT 4: POLICIES

____ **PARENT HANDBOOK:** I understand that Countryside provides a Parent Handbook online or a hard copy (when requested) with policies and procedures that are set into place for the facility. I have read and agreed to the parent handbook. I understand that Countryside holds the right to revise or change any policies at any time and that written notification will be provided if done so.

____ **NO ALTERATIONS TO AGREEMENT:** No terms of this agreement may be changed in any way. If changes of any sort are made to this agreement, the agreement will be null.

____ **UNIFORMS:** I understand uniforms are mandatory! Countryside requires that all students beginning with our Toddler group and above wear uniforms daily. New enrollment must have uniforms prior to starting. I understand that if my child arrives to school wearing inappropriate uniform that I will be asked to pick him/her up from school. I understand that detailed information regarding uniform policies is provided in the Parent Handbook.

____ **PLAYGROUND PLAY:** I understand that playground equipment and area is for school use only. Before drop-off or after dismissal, students are not allowed to use the playground equipment or area. I understand that Countryside is not responsible for any injuries suffered on playground equipment and/or area.

____ **TOYS/ VALUABLE ITEMS:** I understand that toys/valuable items are not allowed at school. Countryside is not responsible for any personal items (toys, jewelry, valuable items, etc.) that children bring to school. I understand that if any of my child's items are misplaced, lost, or broken, Countryside is not liable.

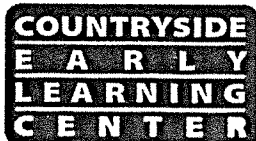
____ **FOOD PROGRAM:** I understand that Countryside is part of the Miami Dade Health Departments Food Program, and a completed application must be submitted with my enrollment form. I understand that my application is not a qualifying application, but it is necessary to have in my child's file. I understand that if my child is allergic to any food or requires accommodations with foods that I am responsible to provide the facility with a completed Special Dietary Conditions Form signed by my child's physician. I understand that foods that must be brought from home for my child may not be stored at the center. I understand that if anything changes regarding my child's eating habits and/ or conditions, it is my responsibility to contact the office and make the appropriate changes to the enrollment form.

____ **RENEWAL FORMS:** I understand that many forms may need to be renewed yearly. I agree to comply with all renewal dates and requirements for processing renewal forms.

Countryside's policies have been reviewed with me. I have received and read the Parent Handbook and agree to abide by all policies included in the Enrollment Form and Handbook

PARENT/GUARDIAN SIGNATURE

DATE



MEDICAL INFORMATION

1. Is your child under special medication? _____ If so, what medication is your child taking?

2. Is your child allergic to: (If allergic in any category, please write the name of the item and the reaction to the allergy.)
Medication: _____
Food: _____
Other: _____
3. Does your child have any medical condition? _____ If so, please write the name of the condition and any special instructions that need to be followed.

4. Other : (Please use this section to provide any other important medical information, religious information and/or food related information. Details that require more than the line provided can be written in the back.)

PHYSICIAN'S INFORMATION

1. Primary/ Guardian Initials: _____
2. Physician Address: _____
3. Physician's Phone: _____ 4. Family Hospital: _____

I understand that medical records are to be provided together with the Enrollment Packet and that it is my responsibility to maintain current medical forms in my child's records. I also understand that my child may be prohibited to attend school without current medical records. Per state regulations an Exemption Form, provided by your child's physician, is required for waiver of medical records. Copies of medical records are accepted.

Child's Name: _____

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____



Student Name: _____
Student DOB: _____
Classroom: _____
Enrollment Date: _____

Official Use: Weekly Fee: _____ Discount: _____ (N/A IF NOT APPLICABLE)

FORMS

- ENROLLMENT FORM
(Each section must be filled out. If not, a line should be put through. Initials should be on each line.)
- TUITION AGREEMENT
- H1N1
- DISTRACTED ADULT FORM
- EXPULSION POLICY
- FOOD APPLICATION
- INFANT FEEDING FORM. (IF NEEDED)
- MEDICAL STATEMENT (IF NEEDED)
- STUDENT PHOTO RELEASE FORM Yes or No
- TOOLS FOR SUCCESSFUL CONFLICT RESOLUTION
- AUTHORIZATION OF DIAPER OINTMENT
- PARENTAL (GUARDIAN AUTHORIZATION FORM)
- RILYA WILSON ACT FORM
- GET TO KNOW YOUR INFANT FORM (IF NEEDED)
- SICK POLICY SIGNED
- THRIVE BY FIVE CONSENT AND PHOTOGRAPHY Yes or No

FORMS TO BE PROVIDED BY PARENT/GUARDIAN

- IMMUNIZATION FORM 680/681 EXPIRATION DATE: _____
- PHYSICAL FORM 3040 EXPIRATION DATE: _____
- BIRTH CERTIFICATE (MUST BE EMAILED BY PARENT-NO COPIES)

DATA ENTRY

- ACCOUNT SUMMARY
(To include primary payer and secondary payer. Driver's license should be included under identification number and employment information under comments. Include cell phone network provider in text messaging tab and save.)
- CHILD INFORMATION
(To include all information for child. No identification number or email. Allergies to be written in comments section. Picture to be included for child.)
- CHILD CLASSROOM
- CHILD STATUS
- CHILD TRACKING
(To include all checkmarks pertaining to child)
- CHILD INFORMATION AND RELATIONSHIPS
- IMMUNIZATIONS AND REQUIREMENTS DATES
- CHILD BILLING BOX ENTERED
- LEDGER CARD ENTERED (REGISTRATION FEE CHARGE AND PAYMENT AND TUITION)

DATA TO PRINT AND PROVIDE STAFF

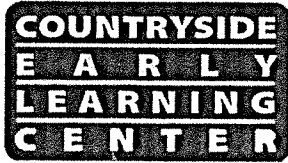
- CHILD INFORMATION SHEET (BE SURE TO INCLUDE START DATE ON PAGE)
- INFANT FEEDING FORM. (IF NEEDED)
- MEDICAL STATEMENT (IF NEEDED)
- STUDENT PHOTO RELEASE FORM
- AUTHORIZATION OF DIAPER OINTMENT
- GET TO KNOW YOUR INFANT FORM (IF NEEDED)

CREATE A FILE AND LABEL FOR CHILD. FILE.

STAFF RECEIVED ENROLLMENT PACKET _____ DATE _____

STAFF COMPLETING REGISTRATION/DATA ENTRY _____

ENROLLMENT PACKETS MUST BE COMPLETE TO RECEIVE AND ENROLL.



Countryside Philosophy

"To lead, serve and guide the children of our community."

Tuition Agreement

I understand that if my child is enrolled at Countryside Early Learning Center during the school year, tuition is due regardless of attendance, school closings and/or holidays. Tuition payment plan is determined at the time of enrollment. Payment plans available are weekly (Tuition Express only), bi-weekly or every four weeks.

___ Tuition Express: a weekly payment through an automated software. Payments can be made using a credit card, debit card or bank account. Payments are deducted on Mondays. A 4% administrative fee is issued for credit card/debit card payments. The administrative fee is subject to change without notification. A Tuition Express Electronic Funds Transfer Authorization Form is required for this payment plan. Returned payment fee is \$30.00 for each returned item.

___ Bi-weekly Plan: payment plan is due on Monday of the first week of service and must include the second week of service. A late fee of \$30.00 will apply after Tuesday of the first week and issued weekly if payment is not received. Payments accepted are credit card, debit cards, checks, money orders and cash. A 4% administrative fee is issued for credit card/debit card payments. The administrative fee is subject to change without notification. Returned payment fee is \$30.00 for each returned item.

___ Every four weeks Plan: payment plan is due no later than the 5th of the month. Due determine accurate payment amounts Mondays should be counted within the month. A late fee of \$30.00 will apply on the 6th of the month and will be issued weekly if payment is not received. Payments accepted are credit card, debit cards, checks, money orders and cash. A 4% administrative fee is issued for credit card/debit card payments. The administrative fee is subject to change without notification. Returned payment fee is \$30.00 for each returned item.

Countryside reserves the right to withdraw any student from their program due to lack of payment of tuition and late fees. If withdrawn, the registration fee will need to be paid again. No tuition refund, credit or allowance will be given for days absent.

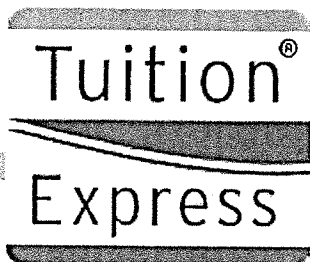
Tuition includes breakfast, lunch, and a snack. Please refer to the Parent Handbook and or Enrollment Packet. School hours are from 6:30pm-6:00pm. Tuition is subject to change without notice. Increase in tuition is annually.

I have read, understood, and agreed with the above information regarding tuition and payments for my child. I agree that I will pay tuition according to this agreement and school policy.

Date: _____

Child Name: _____

Parent Name: _____



We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) Countryside Early Learning Center to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature _____ Date _____

For Official Use Only

Date Received

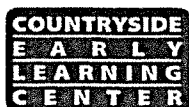
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555.555.5555	00226
Pay to the order of: <u>Attach Voided Check Here</u> \$		
Deposit slips not accepted _____ Dollars		
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of



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LICENSE #C11MD1586

Tuition is subject to change without notice. There is an annual tuition increase.

TUITION INFORMATION

Payment plans are determined at the time of enrollment. Payment plans available are bi-weekly, every 4-week and Tuition Express (weekly) **ONLY**. Bi-weekly payment plans are due on Monday of the first week of service and must include the second week of service. A late fee of \$30.00 will apply after Tuesday of the first week if payment is not received. Weekly late fees apply if payment is not made. Every 4-week payment plan is due by the 5th of the month and must include all payments for all **weeks** in the month. Mondays should be counted to determine the weeks in a month. A late fee of \$30.00 applies after the 5th of the month. If the 5th of the month falls on a weekend, payment must be made on the working day before/prior to the 5th. Tuition Express payers will have an auto draft from either a bank account or credit/bank card. Credit/bank card payments accrue 4% administration fee per transaction. **Countryside reserves the right to withdraw any student due to lack of payment of tuition and/or fees. If withdrawn, a registration fee is required to re-enroll. No tuition refund, credit or allowance will be given for days absent/school closings.** School hours are from 6:30 am to 6:00 pm.

Registration Fee – (MUST BE PAID ONCE A YEAR & IT IS NON-REFUNDABLE): \$258.00 (CASH ONLY)

Tuition – Infants: (3 months up to 1 year): \$865.00 Every 4 weeks (Payment option: \$432.00 biweekly)
Half Day (picked up by 12:30 pm) \$618.00 Every 4 weeks (Payment option: \$309.00 biweekly)

Tuition – Two-year-Old: \$762.00 Every 4 weeks (Payment option: \$381.00 biweekly)
Half Day (picked up by 12:30 pm) \$618.00 Every 4 weeks (Payment option: \$309.00 biweekly)

Tuition – Three to Kindergarten: \$721.00 Every 4 weeks (Payment option: \$360.00 biweekly)
Half Day (picked up by 12:30 pm) \$576.00 Every 4 weeks (Payment option: \$288.00 biweekly)

Tuition – Special Needs: (3 months up to 5 year): \$865.00 Every 4 weeks (Payment option: \$432.00 biweekly)
Half Day (picked up by 12:30 pm) \$618.00 Every 4 weeks (Payment option: \$309.00 biweekly)

For each additional child within the immediate family, a fifty (40.00) dollar a month (\$20.00 biweekly) discount is granted on the lesser tuition rate. (Tuition in this category includes special needs students)

School Age Tuition:

Full Time \$155 weekly/\$52 daily
Part Time \$119 weekly/\$42 daily
After School Care: \$ 93 weekly

VPK Program: Voluntary Pre-Kindergarten Program

(Please note the VPK Program follows Miami Dade County Public Schools schedule. The VPK Program does not include a full day of tuition. This program includes service from the hours of 9:00 am – 12:00 pm free to all students).

Full day- 8:50-3:00 (Every 4 weeks) (daily charge is \$38.00) \$ 515.00

Morning Care- 6:30-9:00 (Every 4 weeks) (daily charge is \$29.00) \$ 350.00

After School Care- 3:00-6:00 (Every 4 weeks) (daily charge is \$36.00) \$ 200.00

VPK Non-payment Days within a VPK week (Daily charge in addition to weekly fee) \$ 42.00/180.00 weekly

On VPK non-payment **day** (teacher planning days) the Early Learning Coalition does not cover tuition for our VPK students. If your child attends school on a VPK non-payment day this charge applies.

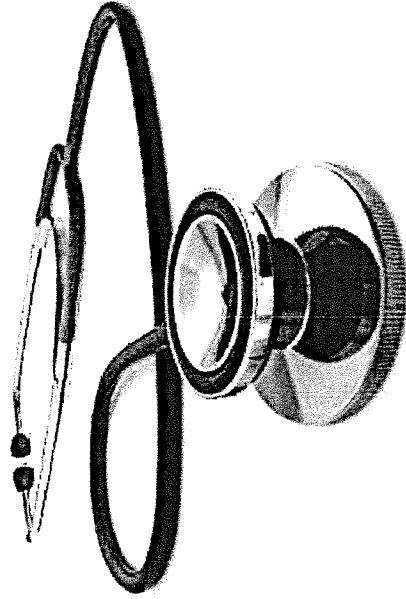
School Readiness/Thrive by Five (TCT)

A registration fee is required. The Early Learning Coalition (ELC) grants a one-time discount on registration for the TCT Program. Fee schedule is assigned by the ELC. Tuition is due promptly and within the payment plan chosen at the time of enrollment. Countryside holds the right to charge families the tuition not covered through the program your child is enrolled in. **No tuition refund, credit or allowance will be given for days absent/school closings for all programs.**

Revised February 2023

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

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.

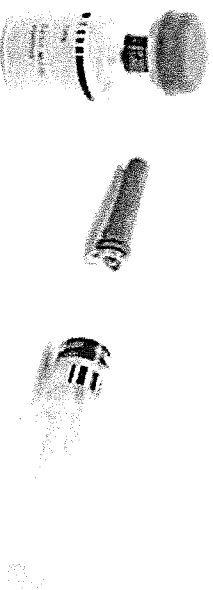


What should I do if my child gets sick?

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.

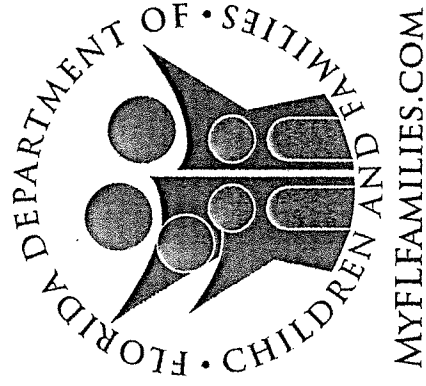


When should my child stay home from child care?

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.

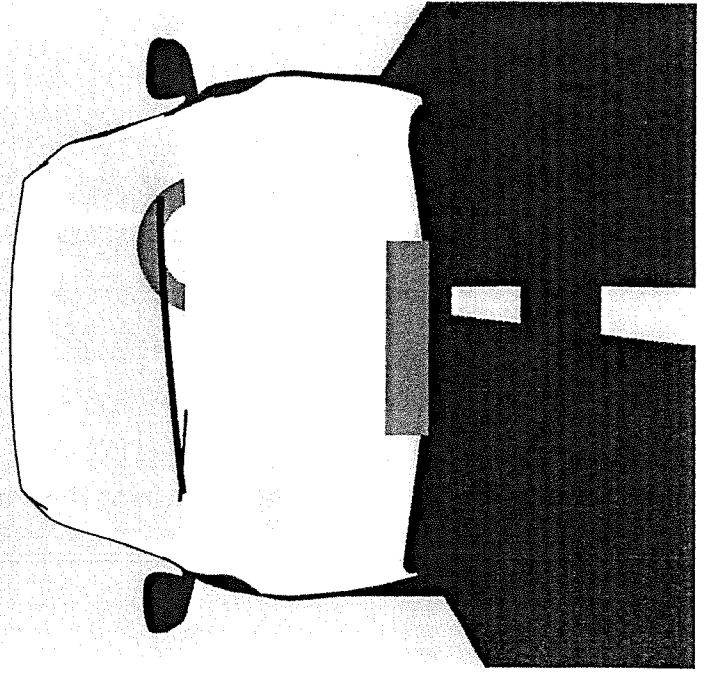
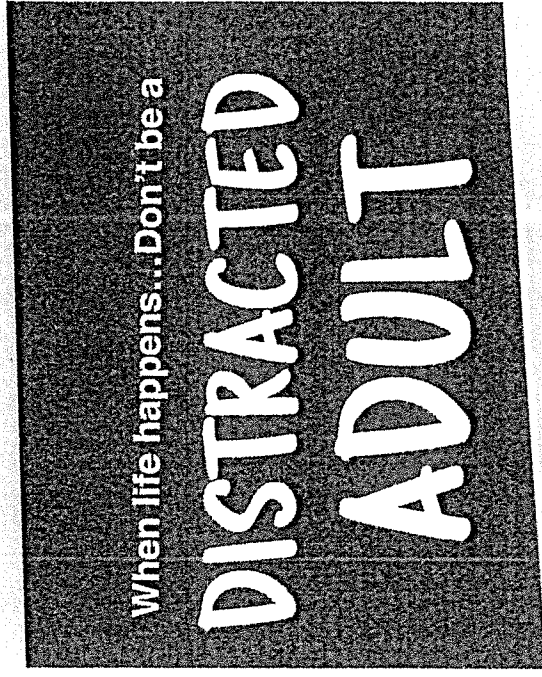
For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

A change in daily routine,
lack of sleep, stress, fatigue,
cell phone use, and simple
distractions are some things
parents experience and can be
contributing factors as to why
children have been left
unknowingly in vehicles...



Developed by:
The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2019



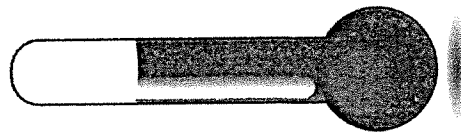


FACTS ABOUT HEATSTROKE:

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:

April 1, 2022

Date:

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



Countryside Philosophy

"To lead, serve and guide the children of our community"

Expulsion policy

Students within the age group that we service are not normally expelled from school for known or familiar reasons such as; poor behavior, defiance, and/or having the ability to harm themselves and/or others. As mandated by the Department of Children and Families, below we provide the reasons Countryside may have to terminate/suspend services to students enrolled at our school. **Expulsion is used only as last resort in extraordinary circumstances where there is a determination of a serious safety threat that cannot otherwise be reduced or eliminated with reasonable interventions.**

Parental Actions for child expulsion

Please note that termination for parental actions is not limited to the below points mention. Countryside Early Learning Center reserves the right to expel/terminate a student for any Parental action deemed pertinent for termination/suspension.

- Failure to pay tuition and/or fees charged
- Failure to maintain required documents up to date, such as, but not limited to; H1N1 Form, Medical Records, CCFP Application, etc.
- Habitual tardiness when picking up your child.
- Physical and/or verbal abuse to staff.

Child Actions for expulsion

Please note that termination for parental actions is not limited to the below points mention. Countryside Early Learning Center reserves the right to expel/terminate a student for any Parental action deemed pertinent for termination/suspension.

- Failure of child to adjust within a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Physical or verbal abuse to staff or other children or themselves

Guidance strategies and support prior to expulsion

- 1st occurrence: Phone call to parent indicating concern
- 2nd occurrence: Schedule a conference and follow-up phone call (provide parent with resources)
- 3rd occurrence: Behavior plan/strategies (referral of agencies)

The well-being of every child enrolled is of primary concern to Countryside Early Learning Center. We want to ensure that all children are safe and secure while in attendance. Countryside reserves the right to provide remedial action when deemed necessary and appropriate. **In the event of an expulsion, Countryside administration will work together with the family for a seamless transition.**

The parent will be given a minimum of one week's notice to find another center to provide care for the child.

I have read and understand the above statement.

Date: _____

Child's Name: _____

Parent Name: _____

Parent Signature: _____



Countryside Philosophy

"To lead, serve and guide the children of our community"

Student Photo Release Form

I, _____ (parent/guardian) give Countryside Early Learning Center permission to use my child's photograph or photographic image in official Countryside Early Learning Center business, including: school web site, newsletters, graduation slideshows, etc. I understand that photographic images or video may be used for news organizations and promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

- ☐ Yes, I agree with the release form.
- ☐ No, I do not agree with the release form.

Date: _____

Child's Name: _____

Parent Name: _____

Parent Signature: _____



Countryside Philosophy

"To lead, serve and guide the children of our community"

Tools For Successful Conflict Resolution

Dear Parents,

We are required by Children and Families to provide parents with a written conflict resolution policy. Although our conflict resolution policy is provided on our Enrollment Form and our Parent Handbook, below is a detailed step by step approach for behavior modification.

Our program insures that age-appropriate, constructive disciplinary practices are used for your child. alternatives to improper behavior. To insure a safe and successful program, discipline is a must.

Steps to behavior modification:

- 1 Children will be corrected and asked to change their behavior.
- 2 Children will be re-directed from situation.
- 3 Children will be placed in "Time in" with the use of the cozy area.
- 4 Children will reflect in the cozy area: self-soothe, breathing exercises, and relaxation techniques with the help of the teacher.
- 5 Parents will be contacted if behavior is not corrected.
- 6 Children shall not be subjected to discipline which is severe, humiliating, or frightening.
- 7 Discipline shall not be associated with food, rest or toileting.
- 8 Spanking or any other form of physical punishment is strictly prohibited.
- 9 Children may not be denied active play as a consequence of misbehavior.

If you have any questions or concerns regarding the discipline policy please contact our office.

Thank you.

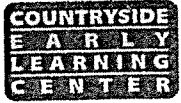
Date: _____

I, _____ have received in writing the disciplinary practices used by Countryside Early Learning Center.

(Name of Child)

(Signature of Parent)

REV 07242019



Countryside Philosophy

"To lead, serve and guide the children of our community"

Authorization Form for Diaper Ointment

Date: _____

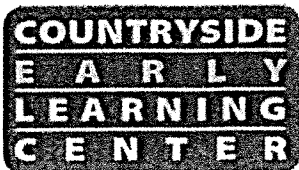
I authorize Countryside Early Learning Center to apply diaper cream, provided by
myself, on my child _____ as needed.
(Print Child's Name)

If there are any questions please call me at _____.

Sincerely,

(Parent Signature)

(Parent Name-Please print.)



Countryside Philosophy
"To lead, serve and guide the children of our community"

Parental (Guardian) Authorization Form

Provider Name: _____ Provider ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Name: _____

Child's Name: _____ Child's last 4 of SS# _____

Child's Name: _____ Child's last 4 of SS# _____

Child's Name: _____ Child's last 4 of SS# _____

Authorization is given to release the child(ren) listed on this page to the following named individuals.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

The above individuals are also authorized to:

☐ Sign-in and sign-out on the Early Learning Coalition of Miami-Dade and Monroe's Parental Signature Sheet & Attendance Verification Form for my child(ren).

☐ To transport my child(ren) to and from home/school to my child care provider.

I am aware that all individuals granted permission to drop off or pick up my child(ren) must be at least 18 years of age.

Parent Signature: _____ Date: _____

Parent Print Name: _____ Telephone: _____

Signature of Provider: _____ Date: _____

Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

Rilya Wilson Act Requirements:

- ✓ Protective services children MUST be enrolled to participate 5 days per week.
- ✓ Protective services children MAY NOT be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider MUST notify the appropriate community based care staff.
- ✓ The Department and child care providers MUST follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver MUST work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<http://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf>

** If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE**

My signature below verifies receipt of the Flyer on the Rilya Wilson Act from the Department of Children and Families.

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

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

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95 YEARS
STRONG

Child Name: _____

Program Name: _____

Teacher: _____

Consent and Photography

Your child's teacher is participating in Connecting Assessment with Intentional Teaching (C.A.I.T.), a program funded by the Children's Trust with the intention of improving overall teaching practices and monitoring children's physical, social-emotional, cognitive and language development. C.A.I.T. will work in collaboration with the United Way of Miami-Dade in order to provide each teacher with coaching, trainings, and the required materials in order to develop professionally and give each child a more intentional learning experience. This program will utilize Teaching Strategies GOLD™, an on-going, observation-based assessment. This assessment requires your child's teacher to use photographs and videotaped recordings to document and evaluate each child's learning.

I consent to the staff of United Way of Miami Dade and The Children's Trust of Miami-Dade County to take/ use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of my child, or my wards for educational, research, documentary, and public relations purposes. Any such Recordings may reveal his/her identity through the image itself without any compensation to you and shall be the sole property of United Way Miami-Dade. I also consent to the above recordings of my child being uploaded onto the Teaching Strategies GOLD™ assessment system.

With regard to the use of any Recordings taken of your child or wards, you hereby waive any and all present and future claims you may have against United Way Miami-Dade, their staff, service providers, employees, agents, affiliates and Board members.

_____ Yes, I give my consent.

_____ No, I do not give my consent.

Date: _____

Guardian/Parent Signature: _____

(Print)

(Signature)

Nombre de niño: _____

Nombre del programa: _____

Maestra: _____

Consentimiento y Fotografía

El maestro de su hijo participa en el programa (C.A.I.T.) Conectando la Evaluación con la Enseñanza Intencional, un programa de United Way of Miami-Dade financiado por The Children's Trust con la intención de mejorar las prácticas de enseñanza, monitorear el desarrollo físico, social y emocional, cognitivo y del lenguaje de los niños. C.A.I.T. trabajará en colaboración con United Way of Miami-Dade para proporcionar a cada maestro entrenamiento, capacitación y los materiales necesarios para desarrollarse profesionalmente y brindar a cada niño una experiencia de aprendizaje más intencional. Este programa utilizará Teaching Strategies GOLD™, una evaluación continua basada en la observación. Esta evaluación requiere que el maestro de su hijo use fotografías y grabaciones en video para documentar y evaluar el aprendizaje de cada niño.

Doy mi consentimiento para que el personal o empleados de United Way of Miami Dade y The Children's Trust pueda tomar/ usar fotografías fijas, fotografías digitales, películas, transmisión de televisión y / o grabaciones en video (en adelante, "grabaciones") de mi hijo o niño bajo de mi tutela para propósito educativo, de investigación, para documentales y de relaciones públicas. Cualquiera de estas grabaciones puede revelar su identidad a través de la imagen sin compensación alguna y será propiedad exclusiva de United Way of Miami-Dade. También doy mi consentimiento para que las grabaciones anteriores de mi hijo o niño bajo de mi tutela se puedan se puedan subir a el sistema de evaluación Teaching Strategies GOLD™.

Con respecto al uso de cualquier grabación tomada de su hijo o niños bajo su tutela, usted renuncia a todas y cada una de las reclamaciones presentes y futuras que pueda tener contra United Way of Miami-Dade, su personal, proveedores de servicios, empleados, agentes, afiliados y miembros de la Junta Directiva.

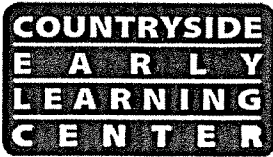
_____ Sí, doy mi consentimiento.

_____ No, no doy mi consentimiento.

Fecha: _____

Firma del tutor / padre: _____

La subvención de Conectando la Evaluación con la Enseñanza Intencional de United Way of Miami-Dade está financiada por The Children's Trust. The Children's Trust es una fuente dedicada de ingresos establecida por referéndum de votantes para mejorar las vidas de niños y familias en el condado de Miami-Dade.



Countryside Philosophy

"To lead, serve and guide the children of our community."

SICK POLICY

When your child is sick it is important to know when they should stay home from school. If they have a contagious disease, keep them at home. Under no circumstance may a parent bring a sick child to school. The following illness policies will be strictly enforced, for the health, well-being and safety of all students, their families, and staff members.

Fevers are common in young children. CELC's method for examining child temperature is axillary thermometry. Axillary temperature is extremely easy to measure but has been found, by the American Academy of Pediatrics and National Center for Biotechnology Institute (NCBI), to be the worst estimate of core temperature in children. CELC adds one degree to all axillary temperatures recorded. Policies are implemented as follows:

-If your child has a fever of 101 F or higher, please keep him/her home. Please have your child free of fever for over 24 hours before bringing him/her back to school.

-If your child, at the center, develops a fever of 101 F or higher, you will be called to pick him/her up. Please have your child free of fever for over 24 hours before bringing him/her back to school.

-If your child has a fever less than 101 F you will be notified and to pick him/her up. CELC reserves the right to request parent pick up for low temperatures if a child's overall condition seems abnormal.

*Fever controlling medication will not be administered. CELC reserves the right to administer medication for any reason deemed necessary.

Diarrhea can be highly contagious if it is due to illness. If your child has diarrhea, please do not bring him/her to school. If your child has 2 or more diarrhea episodes while at school, you will be called to pick him/her up. If your child vomits while at school, you will be called to pick him/her up. Please have your child free of vomiting for a minimum of 24 hours.

A **rash** on a child can mean many things. Some rashes caused by illnesses can be highly contagious. Please do not send your child to school with a rash unless their doctor has provided written consent. If your child develops a rash while at the center, you will be called to pick him/her up.

Parents are responsible to pick up their child promptly if notified that their child is sick. Parents are also responsible to notify the school if their child contracts a contagious disease. A physician's notice for clearance is required for their child to return to school. Dates listed on the physician's notice must align with current dates.

CELC reserves the right to deny a child the ability to return to school, even when a doctor's note is provided, if the child's overall condition seems abnormal and/or uncomfortable.

**Sick policy is unrelated to COVID-19 Guidance in place. Countryside ELC reserves the right to alter the COVID-19 policy for any reason deemed necessary. It is the parents' responsibility to know the COVID-19 guidance provided on www.cdc.gov.*

Child Name: _____

Date: _____

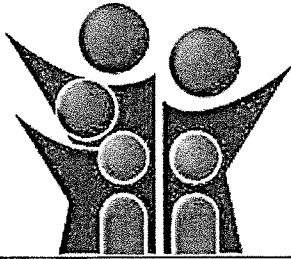
Parent Name: _____

Parent Signature: _____

Printed Name of Parent: _____

Signature of Parent: _____

Message from the Florida Department of Children and Families, Office of Child Care



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES

MYFLFAMILIES.COM

Today, the Department of Children and Families released updated child care information in line with updated guidance from the Florida Department of Health.

COVID-19 Guidance for Child Care Facilities and Providers:

- Children who have a COVID -19 exposure or close contact, but have no symptoms, are not required to quarantine and can remain in the classroom.
- If a child is COVID-19 symptomatic or COVID-19 positive, they should stay home while symptoms persist. The child will be able to return to the classroom after 5 days have passed since the onset of symptoms and are fever free for 24 hours.
- After an exposure, close contact, or positive COVID-19 diagnosis, a negative COVID-19 test is not required for a child to be able to return to school.
- Masking Guidance - Children in a child care facility are not required to wear a mask or face covering.
- Child care facilities are encouraged to continue to routinely clean classrooms and high traffic areas.
- Children and staff are encouraged to practice routine handwashing throughout the day.

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

Child's Name: _____ Center Name & Address: _____ Country/side Early Learning Center, 15395 SW 288 ST, Homestead, FL 33033

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

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

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

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

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

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

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

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

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

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

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony Tax (\$ 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

STEP 5: Contact information and adult signature

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

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): _____ Street Address, City, State, Zip Code _____ Daytime phone #: () - _____

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): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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

Category Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child ☐ Total Household Size: _____ Total Household Income: \$ _____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needly ☐ 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-needly Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

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

Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	Countryside Early Learning Center
*Formulas offered at this facility:	Good Start
Milk-based: Please circle one if you choose to participate.	Good Start
Soy-based:	

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 such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ 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.

Parents please complete the following:

Baby's full name: _____ Date of Birth: _____

Please check ☒ this box ☐ if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk ☐

Visit facility to nurse ☐

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 6 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: 10/01/2020

Printed Name of Parent: _____

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food



Medical Statement

A state licensed healthcare professional who is authorized to write medical prescriptions under state law must complete Parts 2 and 3 and sign this form. In Florida, this includes a Physician, Physician's Assistant or Nurse Practitioner (ARNP). The parent or guardian must complete Part 1.

PART 1: GENERAL INFORMATION - Completed by the parent/guardian

First and Last Name	Date of Birth
Name of Center/Care Provider Countryside Early Learning Center	
Name of Parent/Guardian	Telephone Number

PART 2: ACCOMODATIONS - Completed by a licensed medical professional

How does the participant's physical or mental impairment restrict their diet?

What food(s)/type(s) of food must be omitted? Please be specific.

List food(s) to be substituted for omitted food(s). (Avoid specific brand names, if possible)

Additional comments:

Texture modification (Complete if needed):

<input type="checkbox"/> Pureed	<input type="checkbox"/> Ground	<input type="checkbox"/> Bite-Size Pieces	<input type="checkbox"/> Other (specify)
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PART 3: SIGNATURE - Completed by a licensed medical professional

Licensed medical professional's name	Title: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner (ARNP) <input type="checkbox"/> Physician Assistant
Signature of licensed medical professional	Date signed
Medical office name and address	Phone number

**Child Care Food Program
Medical Statement for Meal Modifications**

Child care facility staff must complete the following information:

Child's Name: _____ Date: _____

Name of Child Care Facility: **Countryside Early Learning Center**

Facility Address: **15395 SW 288 ST, Homestead FL** Phone Number: **305-246-5315**

Child Care Facility Director Name: **Elisabet Ferreyra/Marilyn Lopez**

Dear Parent/Guardian and Recognized Medical Authority:

Reasonable modifications *must* be made for children with disabilities that restrict their diet. A person with a disability means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such a disability, or is regarded as having such a disability. Major life activities are broadly defined and include, but are not limited to, eating, digestion, and feeding skills. A physical or mental impairment does not need to be life threatening to constitute a disability. Examples of a disability may include diabetes, food allergy or intolerance, developmental delay, or autism.

When substitutions are made and the meal pattern is not met, a medical statement is required and must be signed by a physician, physician's assistant (PA), or nurse practitioner (ARNP).

Please return this completed form to the child care center. If you have any questions, you may contact the facility.

A recognized medical authority must complete the following information:

Describe the physical or mental impairment that restricts the child's diet:

Foods to be Omitted:	Foods to be Substituted:
_____	_____
_____	_____
_____	_____

Describe any textural modification, adaptive equipment, or other modifications required:

Signature of Physician or Recognized Medical Authority (For a disability – a Physician, PA, or ARNP must sign)	Date
_____	_____
Printed Name	Phone Number
_____	_____

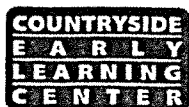
A parent or guardian must complete the following information:

☐ Check box if request is regarding a religious or dietary *preference only* (medical authority signature not required)

I certify that this facility has not requested or required me to provide special food(s) for my child. I understand that my child care facility *is required* to provide special food(s) for children with disabilities. Requests for modifications due solely to preference are encouraged but not required.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____ Parent Phone Number: _____



Countryside Philosophy

"To lead, serve and guide the children of our community."

School Uniforms

All uniform bottoms and jumpers must be uniform material. Uniforms are mandatory! NO DENIM, CARGO OR COTTON BOTTOMS!

Girl Uniform

Polo Shirt red, grey, navy, white (Embroidered with Countryside logo)

Bottoms Shorts: blue, black, khaki, grey

Pants: blue, black, khaki, grey

Skirts/skorts: blue, black, khaki, grey

Jumper: blue, black, khaki, grey (Embroidered with Countryside logo)

Shoes Sneakers, Loafers (closed toe and heel shoes only)

Students must wear socks with sneakers or loafers.

Boy Uniform

Polo Shirt red, grey, navy, white (Embroidered with Countryside logo)

Bottoms Shorts: blue, black, khaki, grey

Pants: blue, black, khaki, grey

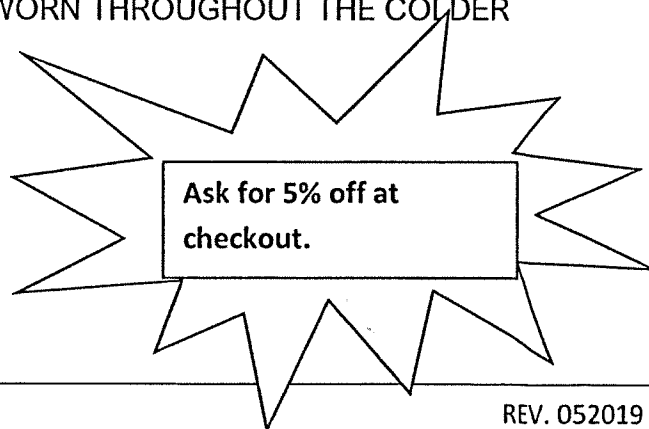
Shoes Sneakers, Loafers (closed toe and heel shoes only)

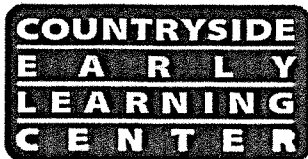
Students must wear socks with sneakers and loafers.

For cooler days, students can wear thermal or tights under their clothing. Sweaters and jackets can be worn with uniform. UNIFORMS MUST BE WORN THROUGHOUT THE COLDER MONTHS.NO EXCEPTIONS.

Where can you get your child's uniform?

Ibiley Uniform
30340 Old Dixie Hwy
Homestead Florida 33033
305-625-8050





We Want to Know your Infant

It is important to have details about your child. Please complete and provide to your child's teacher.

Date: _____

Baby's Name: _____ Nickname: _____

Date of birth: _____ Premature/Full Term? _____ Birth Weight: _____

Baby's General Mood: Happy Fussy Colicky, or _____

Is your child bottle or breast fed: _____ if bottle, what does your baby drink? _____

How do you give bottle: room temperature warmed cold

If you warm the bottle, what procedure do you use? _____ (We use a bottle warmer at Countryside!)

Does baby hold his own bottle? _____ If baby is on formula, name of formula _____

Does baby eat purees? Yes No If yes, what has baby tried? (name veg, fruit and cereals) _____

Does baby eat solid table food? Yes No If yes, what would you want us to exclude from solid table foods? _____

List the baby's favorite foods (puree or solids): _____

List baby's food schedule: TIME

FOOD ITEM

Will your baby eat before arriving to school? If so, what will they eat? _____

Will your baby need breakfast upon arrival? Yes No

Does your baby need a pacifier? Yes No If so, when is the pacifier used? _____

Does your baby use a comfort object to fall asleep with? Yes or No If yes, what? _____

Does your baby nap well at home? Yes No If yes, what times are naps? _____

Does your baby fall asleep alone at home? Yes No Does your baby turn over? Yes No

Does your baby sit? Yes No Does your baby go from a laying position to a sitting position? Yes No

Does your baby crawl? Yes No Does your baby stand? Yes No

Does your baby walk? Yes No Does your baby stand in the crib? Yes No

Does your baby hold toys and other items? Yes No

What is the first language spoken at home? _____ Second language? _____

When your baby is fussy, what is usually the reason? _____

Does your baby have frequent bowel movements? Yes No Do you use diaper ointment? Yes No

Does your baby drink water throughout the day? Yes No

If yes, what do you use to serve water to your baby? _____

Is your baby allergic to anything (food, material, smells, etc.)? Yes No

If yes, please name items in detail. _____

If your baby is soiled (food, milk, bowel movement, etc.), we will change your baby. Is this ok with you? Yes No If no, please explain _____

Please list any other information you feel is important for us to know about your baby. Keep in mind that we will care for your baby for the first time. Any information is helpful to ensure a smooth transition. _____

Baby schedules are tentative when they are in a new environment. Baby may take time to adapt to their new environment.

We communicate and post information on the Procare APP to keep parents informed. Please note that posting information is secondary to the care and attention given to babies. Information may be posted later throughout the day. However, times will be provided exact when posted so that continuation of care at home is made easy. Thank you.

I have completed this document and understand the process explained regarding the Infant class.

Parent Signature: _____

Print Parent Name: _____ Date: _____