



### New Parent Orientation Checklist

Dear Parent,

As you and your child begin the process of acclimating yourself to Kidz Planet, we strive to ensure that all your questions have been answered and addressed. We welcome any additional questions you may have at any time!

Please sign the bottom that you have been introduced to and/or given the opportunity to experience the following aspects of Kidz Planet:

- I have received a tour of Kidz Planet.
- I understand Kidz Planet admission requirements and procedure.
- I have been introduced to my child's teaching staff.
- I have had an opportunity to visit with my child's classroom teacher.
- I have been given an overview of Kidz Planet parent handbook.
- I understand the emergency preparedness plan.
- I have had the opportunity to discuss the expectations of our family, and the needs of my child.
- I have had the opportunity for a visit to my child's classroom for a period to allow both of us to be comfortable in the new surroundings.
- I understand that parent-teacher conferences are conducted twice each year, and anytime when requested by a parent.
- I realize that my support, influence, and involvement with my child, both in and outside of Kidz Planet will greatly contribute to my child's ability to learn and enjoy his or her experiences at the center.
- I understand that my family's participation in my child's Kidz Planet related activities are important to my child's success at the center.
- I understand that the curriculum that Kidz Planet utilizes Creative Curriculum
- I have read and understand the philosophy and program goals utilized by Kidz Planet.
- I have been provided and have signed Kidz Planet written policies and procedures, which are kept in my child's file at the center.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

## Miscellaneous Information

Is your child taking over the counter prescribed medication at home?

If yes, \_\_\_\_\_

Is your child taking vitamins regularly at home? Yes\_\_\_ No\_\_\_

If yes, \_\_\_\_\_

If your child has an allergy, what kind of allergic reaction should we look for?

\_\_\_\_\_

How is it treated? \_\_\_\_\_

Have you ever suspected your child of having seizures? Yes\_\_\_ No\_\_\_

What was the cause? \_\_\_\_\_

How was it treated? \_\_\_\_\_

How do you consider your child's physical development?

Normal\_\_\_ Advanced\_\_\_ Lagging\_\_\_

Comments: \_\_\_\_\_

Does your child use a pacifier, suck thumb, security object? Yes\_\_\_ No\_\_\_

Does your child use special or unusual words/names for objects, places, or people?

\_\_\_\_\_

Is there anything else medical or otherwise that we need to know about your child?

\_\_\_\_\_

Toilet trained\_\_\_ Diapers\_\_\_ Toilet training\_\_\_

Child's habits, fears, etc. \_\_\_\_\_

Other household members: \_\_\_\_\_ Children \_\_\_\_\_

Previous preschool or group experiences (include dates) \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Nutrition Policy**

We will be serving a free U.S.D.A breakfast, lunch, and afternoon snack. Breakfast will be offered from 8:00-9:00 a.m., lunch will be served from 11:15-12:15p.m., and snack will be served from 2:30pm - 3:30p.m. This applies to all the children that attend Kidz Planet.

All you must do is turn in your "food program participation" form. We need this form filled out for your child to be accounted for. The eligibility determination is based on free, reduced, or non-needy regardless of category your child will be receiving free U.S.D.A meals. The information on the form is strictly confidential. All children who are enrolled at Kidz Planet will be served U.S.D.A breakfast, lunch, and afternoon snack.

If you have any questions, please see management in the office.

Thank you for your cooperation.

Parent signature\_\_\_\_\_ Date\_\_\_\_\_





### **Policies and procedures agreement between parents and Kidz Planet**

These policies and procedures have been designed to ensure the safety, security and health of your child.

**Please initial next to each statement:**

☐ I understand my child needs a current Florida physical examination and a current immunization record on or before the first day of enrollment (shot records will not be sufficient). All one year olds **MUST** have their shot records on the first day of enrollment.

☐ I give permission for my child to be photographed while at school.

☐ I understand that the Center opens at 6:30 a.m. and closes at 6:30 pm, all children need to be picked up before 6:30pm.

☐ I understand that Kidz Planet follows the same "school closing" as HCSB regarding "severe weather conditions" or other "extreme conditions".

☐ I understand that the school's discipline policy is "redirecting behavior"

☐ I understand that the only medicine that is administered at school by the staff is prescription medication.

☐ I understand that I must sign my child in and out daily.

☐ I understand there is absolutely no outside food permitted in the school.

☐ Please be sure to label all of your child's belongings with a permanent marker, i.e.: clothes, blankets, diapers, and wipes

☐ We ask that your child wear appropriate clothes and shoes to school.

☐ Sneakers are the only shoes permitted on the playground.

☐ Kidz Planet **is closed** for the following holidays and a full week's tuition will be charged during the holiday weeks as these are paid days off for the staff. **Memorial day, Independence day, Labor Day, Thanksgiving, day after Thanksgiving, Christmas Eve, New Year's Eve, New Year's day, Martin Luther King day, Teacher training in August.**

☐ I will notify Kidz Planet by **10 a.m.** if my child is not attending for the day, also if my child will not be getting picked up by the bus/van.

\_\_\_\_ I understand that my child will leave their toys from home at home.

\_\_\_\_ Children who become ill may not remain in school. The parents will be called to pick up the child. Please do not send your child to school if the following conditions exist: 1. Fever within the past 24 hours, 2. Vomiting or diarrhea within the past 12 hours, 3. Any unexplained persistent coughing/wheezing/shortness of breath, 4. Runny green discharge from the nose.

\_\_\_\_ Each preschool child in the center will have an afternoon rest/nap period.

\_\_\_\_ Children will be permitted to play outside, except in inclement weather. If your child cannot play outside please bring in a signed note from your pediatrician.

\_\_\_\_ Children enrolled in Kidz Planet will be transported on planned field trips in the bus or van. (Ages 5 and up) By signing this agreement I hereby give my permission for my child to be transported on the school bus or van

\_\_\_\_ Although we request cooperation in not disrupting our program, parents are permitted access to all parts of our school.

\_\_\_\_ Parents must cooperate with the school in carrying out all governmental laws, rules and regulations affecting the operation of the school. This agreement may be changed at any time by Kidz Planet.

\_\_\_\_ **The school reserves the right to ask at any time to any student to withdraw from the program upon notification to parents or legal guardians.**

\_\_\_\_ All personnel at Kidz Planet may have access to the children's records and files.

\_\_\_\_ By signing this agreement, I agree to allow Kidz Planet to apply insect repellent, diaper cream, or sunscreen provided by me as needed to my child.

These policies and procedures have been designed to ensure the safety, security, and health of your child.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_





**I understand that tuition is due on Monday unless otherwise agreed upon.**

**I understand that a late payment of \$10 will be added if tuition is not paid by Wednesday.**

**I understand that tuition is due regardless of attendance.**

**I understand that if I am on school readiness that I must pay an ELC add on fee per age of my children.**

I give permission for my child to be photographed while at school.

I Understand that the center is sprayed for bugs and termites.

I understand that Kidz Planet has a 10 a.m. cut off and that my child needs to be here by then.

I understand that the school opens at 6:30am and closes at 6:30pm

I understand that Kidz Planet follows the same "school closing" as HCLB regarding severe weather conditions and extreme weather conditions.

I understand that the school's discipline policy is "redirecting behavior"

Kidz Planet prohibits children from being subjected to discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any form of physical punishment is prohibited by all childcare personnel.

**I understand that the late pick-up fee is \$1 a minute per child after 6:00pm.**

I understand that only life-threatening medication will be given to my child and that the school staff will need to be taught how to administer it.

I understand that if a parent pays advance tuition and then decides to remove their child that I will be reimbursed the tuition that was paid.

I have read the above and agree to comply:

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Kidz Planet**

### **Terms**

\_\_\_\_ I agree to pay a registration fee of \$50 and acknowledge it is non-refundable.

\_\_\_\_ I agree that if my child is absent for any of the days contracted to attend, I will still be liable for the full week's tuition, i.e., child is scheduled 5 days and only attends 3 full tuition is still due. If my account becomes delinquent, I will be responsible for all collection costs. This policy ensures a reserved space for your child at our center.

\_\_\_\_ I agree to pay a late fee of \$1 a minute per child if my child is left at school after 6:30pm closing time as described in the policies and procedures agreement.

\_\_\_\_ In the case of withdrawal of my child from this school, I agree to give Kidz Planet a full week's notice.

\_\_\_\_ In the event of emergency of illness or accident, Kidz Planet has my permission to administer emergency treatment and take the child to the nearest emergency facility. Parent will be phoned. In the event of illness while my child is in attendance, medical expenses are the responsibility of the parent.

\_\_\_\_ I agree to pay a \$35 NSF check charge for each check returned. All future tuition payments must be paid in cash or by credit card.

\_\_\_\_ My child will be allowed 2 free weeks of vacation per year. Your child will need to be enrolled for 3 months to use this free vacation, and payments must be current to receive the vacation time. Your child must be absent from school to take vacation time. Vacation time may not be carried over to the next year. After the free weeks are used, I agree to pay half of the regular week's tuition for each full week my child is out.

\_\_\_\_ I agree to carry out the parent's responsibilities under the policies and procedures agreement between the parents and Kidz Planet, and same may be changed from time to time. Written notification of any change will be given to all parents.

How did you hear about our center?                      Friend\_\_\_\_ Internet\_\_\_\_ Other\_\_\_\_

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

**Signature of Director**    B. Natasha Williams

### **Nondiscrimination Enrollment Policy**

\_\_\_\_ Kidz Planet does not discriminate against any student or parent on the grounds of race, color, religion, gender, national origin, or disability.

### **Biting Policy**

\_\_\_\_ Biting is a natural behavior for very young children. One- and two-year-olds bite because their gums hurt and they cannot express themselves. When biting becomes a problem, we will encourage positive behavior.

In the event that your child is bit, we will clean the bite with soap and water, put ice on the area for a short time and give tender loving care. Both the biter and the child who was bit will receive an incident report.

The Kidz Planet staff will remove the biter and remind them to use their words and that we use our teeth for food instead of on friends. We will tell the biter that biting hurts.

### **Kidz Planet Behavior Policy**

\_\_\_\_ The following behavior will not be tolerated at Primary Prep:

- Willful destruction of school property
- Disregard of school rules
- Violence to other children or teachers
- Disrespectful to staff

If any of this behavior occurs, the child will receive a written reprimand and suspension for one day. If behavior does not improve, child will be terminated from Kidz Planet immediately.



### **Discipline and Termination Policy**

The Hillsborough County Ordinance NO. 14-39, and associated Rules & Regulations regarding the regulation of Child Cre Facilities, Section 5.02(1)(B) and Hillsborough County Ordinance No. 14-40 for the licensing and regulations of Family Child Care Homes and Large Family Child Care Homes, Section 1.04(2)(b) "Child discipline" requires that parents are notified in writing of the disciplinary practices used while in care prior to admission. Spanking or any other form of physical punishment is prohibited. Discipline shall not be associated with food, rest, or toileting. Children shall not be subjected to discipline which is severe, humiliating or frightening. Children may not be denied active play as a consequence of misbehavior.

The goal of discipline is to help children see the sense in acting a certain way. Of course, this is a time-consuming task and it is important that we remain realistic in the expectation of the behavior of each child. His/her developmental age and stage must be taken into consideration.

1. The teacher will ask the child, "Why did you do that?" Then say, "We do not behave that way in our school. We have rules that we must follow."
2. If a negative action continues, we will remove the child from the group for a few minutes to think about what they did. This procedure is referred to as "Time Out" and is based on one minute per year of age.
3. In some situations, it may be necessary to take away the child's privilege of participating in a certain activity.
4. If discipline continues to be a problem, the parent will be called for a conference in the child's presence to discuss the possible solutions. Children need and want discipline and to reach the goal of self-discipline. Remember: be firm, consistent, and loving. You can stick to your discipline with a smile.

Extreme behavior such as kicking, biting, scratching, spitting, throwing objects, and using profanity can cause the child to be suspended on the first offense for one day, the second offense will be for two days, and the third offense, the parent(s) will be asked to remove the child from the center. This is for the safety of your child and all other children in the school.

I, \_\_\_\_\_ have received in writing the disciplinary practices and procedures used by Kidz Planet.





#### **Policy on Investigations by Outside Agencies**

\_\_\_\_ Family Services and law enforcement or any other agency with the proper authority shall be permitted to investigate any matter that is related to the school. Parents will be contacted as soon as feasible to be kept informed of the situation.

It is the policy of Kidz Planet to assess each situation on an individual basis and a course of action decided upon at the discretion of the management, always ensuring the welfare of the child and the protection of the school from false or unfounded accusations.

#### **No smoking Policy**

\_\_\_\_ I understand that there is a no smoking allowed at Kidz Planet at any time and that this includes E-Cigarettes and any type of Vaping.

**I have fully read the above policies and procedures and agree to comply:**

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



Dear Parents,

Please write your email address on this form so that we may add it to our contact information for you.  
This way we can email information to you.

Thank you

Kidz Planet Management

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



### Tuition Fees

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

\_\_\_\_\_ Private Pay      \_\_\_\_\_ School Readiness

Rate \_\_\_\_\_

ELC Add on \_\_\_\_\_

ELC Expiration date \_\_\_\_\_

Total tuition cost \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

## **Kidz Planet Health Policy**

Dear Parent/Guardian,

We at the Kidz Planet strive to give top quality childcare in a learning environment. Our center needs your full cooperation to adhere to our policies concerning health issues for sick children.

It is our responsibility as a childcare provider to ensure the health and safety of all children. We do understand that children can and do get sick, however, our center is not licensed for sick care. We have to adhere to guidelines that we must follow that are provided by our health care services readiness nursing staff, to ensure that we can prevent the spread of contagious disease and illness to others. See a list of guides to help us adhere to the policies that need enforced immediately.

### **If your child is sick in our facility**

You will receive a call, to arrange for child's immediate pick-up by you or a designated person. Upon pick-up we are requesting that all sick children be examined by a doctor and be kept at home for a 24-hour period; two days maximum, to ensure that child has an incubation period to be readmitted to the center. Please have a backup sitter if necessary. Your child will be placed on a cot and laid down by the office until your arrival, please note we will need your child to be picked up within the hour.

If an antibiotic is prescribed for your child, he/she must take medication for 24 hours before returning and have a doctor's note explaining the illness being treated, and the date the child is to return to school.

### **Dispensing Medication for your child**

We will dispense your child's prescribed medication by your doctor if it is life threatening medication I.E. EPIPEN, breathing machine, etc.

### **Symptoms of sick child**

Strep throat or sore throat with swollen glands, inflammation of the eyes with discharge, fever of 100.4 or higher, lice, unexplained rash, vomiting, diarrhea/watery stools more than once over a period of 24 hours, green or yellow mucous discharge, continuous cough, or other contagious diseases.

Rules need to be enforced to ensure the quality health and safety of all children under our care. We appreciate your full cooperation in keeping your child's/children healthy. Keeping a sick child at home will help reduce the spread of disease and illness. A Child should be physically able to take part in all school activities when returning to school.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_





State of Florida  
Department of Children and Families

## **CHILD CARE APPLICATION FOR ENROLLMENT**

### **Student Information:**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_

Days of the Week in Care: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

### **Family Information:**

Child's Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): \_\_\_\_\_

**Medical Information:** I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

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

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

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



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

**Child's Name:** \_\_\_\_\_ **Center Name & Address:** Kidz Planet 606 E Windhorst Rd Brandon FL 33510

**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: (813) 315-9327

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

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

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

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

**FAP/SNAP Case Number:** | | | | | | | | | | **or TANF Case Number:** | | | | | | | | | |

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

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

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

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

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

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

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

**STEP 5: Contact information and adult signature**

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

**Home address (if available):** \_\_\_\_\_ **Daytime phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address, City, State, Zip Code

**Signature of adult household member:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

**OPTIONAL: Child's ethnic and racial identities** We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.

**Ethnicity (check one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

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

**FOR CONTRACTOR USE ONLY:**

**Categorical Eligibility:** ☐ FAP/SNAP or TANF Household ☐ Foster Child **Total Household Size:** \_\_\_\_\_ **Total Household Income:** \$ \_\_\_\_\_

**Eligibility Determination:** ☐ Free ☐ Reduced-Price ☐ Non-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:** \_\_\_\_\_



## EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

### Please Print Information

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

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

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

### Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child  
\_\_\_\_\_, in the event of an emergency at which time  
(Child's Full Name)  
I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)  
by means of ☐ physical presence or ☐ online notarization by \_\_\_\_\_ who is personally known  
(Name of Affiant)  
to me or has produced \_\_\_\_\_ as identification.  
(Type of identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)

## Parent's Role

### A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, you should consider the facility's quality indicators related to activities, caregivers, and environment.

### Quality Activities

- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

### Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

### Quality Environments

- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)

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

Kitz Hanes Lic # 07310716



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

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



# KNOW YOUR CHILD CARE FACILITY

## Know Your Child Care Facility - General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

### Health Related Requirements

#### Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

### Ratios



Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

### Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

### Food and Nutrition

Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

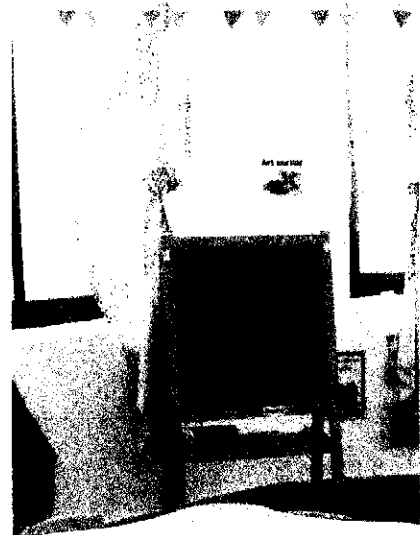
### Record Keeping

#### Maintain accurate records that include:

- Children's health exam/immunization record.
- Medication records.
- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and administration of medications.

### Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.



To report suspected  
or actual cases of child  
abuse or neglect, call the  
Florida Abuse Hotline  
1.800.962.2873



## Food Experience Permission Form

I give permission for my child \_\_\_\_\_ to participate in food related activities.

Please check one of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

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

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

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

\_\_\_\_\_  
Date

## 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 Centers 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.



## 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.



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

Parent/Guardian's Name: \_\_\_\_\_

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

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

Kidz Planet Lic # C13HI0716



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

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

# THE FLU

## A Guide for Parents



## 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 settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



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.

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

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

Parent/guardian name: \_\_\_\_\_

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

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



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

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

Kidz Planet Lic # C13H10716

## WHEN LIFE HAPPENS... DON'T BE A DISTRACTED ADULT



### Distraction 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.*



### 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.



**Child Care Facility**  
**Authorization For Prescription and Non-Prescription Medication**

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

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

1. **Medication Name:** \_\_\_\_\_  
**Amount to be Given:** \_\_\_\_\_  
**Time to be Given:** \_\_\_\_\_

2. **Medication Name:** \_\_\_\_\_  
**Amount to be Given:** \_\_\_\_\_  
**Time to be Given:** \_\_\_\_\_

**Record of Medications Given:**

1. **Medication Name:** \_\_\_\_\_

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **Medication Name:** \_\_\_\_\_

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*This authorization form must be maintained and is only valid for the duration of prescription.*

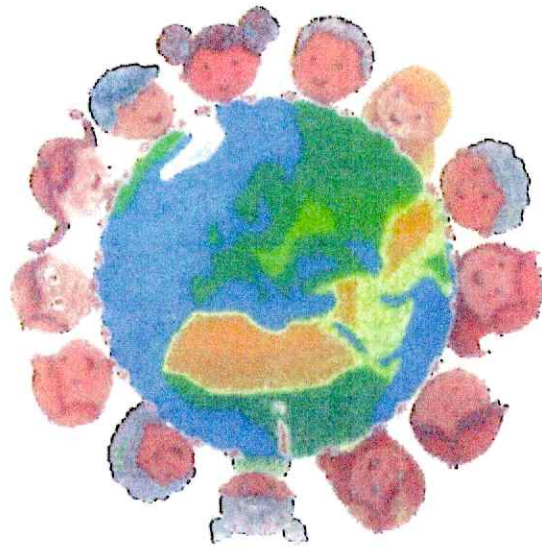
I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

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

**Date** \_\_\_\_\_

(Retain in child's file for a minimum of four months)





### **Kidz Planet Emergency Contact Information**

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

Birthdate: \_\_\_\_\_

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

Mother/Guardian Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Two emergency Contacts who can pick up as well:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Preferred Hospital if needed:** \_\_\_\_\_

**List any allergies:** \_\_\_\_\_



Dear Parents,

Welcome to Kidz Planet! We have an open-door policy, which means that you are welcome to stop by our facility anytime to visit with your child.

Please let us know if you are interested in volunteering in your child's class on party days and whenever we have special events planned. Extra hands are always appreciated!

We also encourage parents to be involved with their child's daily activities. Please check our monthly newsletter to see what is happening for the month. Look for activities that include arts, crafts, cooking, etc.

Also please don't forget that we are always open to comments and suggestions. We appreciate any information you are willing to share.

As your child learns and grows with us here, we will do periodic screenings using pre-test, post-test, and ASQ's to evaluate their level of development. We will provide activities centered on arts and crafts, reading stories, outside adventures, lunch, cooking, and open centers.

When dropping off and picking up your child please be sure to sign them in and out. You will find this binder located with your child's teacher.

If you ever have any questions regarding our center, please feel free to speak to the office personnel.

Thank you for choosing Kidz Planet!



Dear Parents,

Enclosed you will find enrollment forms and a medical release that we need to have completed by you. Please note that ALL areas on the form need to be completed. If there is an area that does not apply to you, please put a "dash" on the line or write "N/A" in the space. Please disregard the Notary requirement on the Medical Release Form.

Please note that in the enrollment forms, on the "In Case of Emergency" line, we must have a name, complete address, and phone number. This emergency contact person cannot be someone living at your address. This must be someone who will know how to contact you in the event we are not able to. This is also someone you would designate to pick up your child in case of an emergency. Please note we always contact the parents first.

All areas that ask for addresses must be completed with a street number, street name, city, state, and zip code. All areas asking for phone numbers should have the area code entered also.

If your child doesn't have a dentist yet, please fill in your child's pediatricians name, address, and phone number.

We cannot accept forms that have "blank spaces" on them, and we will ask you to please supply the information required by the Hillsborough County License Board. We cannot fill in the information for you.

If you should have any questions, please feel free to contact the office.



## **Kidz Planet**

### **Mission Statement:**

Our mission is to provide the highest standard of care and education to our students.

### **Beliefs:**

We believe that every child deserves a secure, safe, warm, and happy environment where they may learn and grow; giving them the chance to discover a world of excitement and enrichment. Our goal is to develop each child to his/her fullest potential in the social, academic, physical, and emotional areas.

### **Philosophy:**

Our philosophy is one that stimulates the desire to learn. Learning is the central theme in our curriculum.

1. Being is more important than knowing. Knowledge is a means to education; not its end.
2. Play is not distinguished from work as the predominant mode of learning in early childhood.
3. Self-confidence is directly related to the ability to learn and to make choices affecting learning.
4. Mistakes are essential to learning because they contain information essential to further learning.
5. Children learn and develop at their own rate and in their own style.
6. Children have both the competence and the right to make decisions concerning their own learning.
7. A good self-image is intrinsic to intellectual development and the acquiring of skills.



## **POLICY - CHILDREN'S JEWELRY, HAIR ACCESSORIES & FOOTWEAR**



For the safety of all our children enrolled at Kidz Planet, Kidz Planet children in the infant and toddler (one years) programs may NOT wear hair beads, small hair barrettes/bobby pins, pony-tail holders with balls (etc.) on the ends, jewelry (including dangling earrings, bracelets, necklaces, rings), or flip-flops/open-toed sandals or slide-on shoes with no back to any of the classrooms. It is normal for infants, toddlers and even preschoolers to put things in their mouths - especially pretty or interesting things. Children can choke on small objects and choking can lead to serious injury or even death. For creative ways to do your child's hair, you may use rubber hair bands, plain scrunchies (without beads etc. attached), plain fabric headbands and ribbons. We know no parent would want to be the one whose child wore something that caused a child to be hurt or injured. Thank you for your understanding. Please also be aware of the size of objects your child can reach in your home or car. According to sources such as [betterhealth.vic.gov](http://betterhealth.vic.gov), any object smaller than a ping-pong ball can be a choking threat to an infant or young child. This includes small lids, marbles, latex balloons, loose buttons, coins, tiny batteries, small stones [when outdoors], hard candies, and even whole grapes.) This policy always applies, including programs and graduations.



State of Florida  
Department of Children and Families

## CHILD CARE APPLICATION FOR ENROLLMENT

### Student Information:

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_

Days of the Week in Care: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

### Family Information:

Child's Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): \_\_\_\_\_

**Medical Information:** I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

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

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

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



Emergency Care Plan Instructions (if applicable):



**Emergency Contacts:** Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

**Helpful Information About Child:**

- 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 entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

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

\_\_\_\_\_  
Date