

Child's Enrollment/Information Form

CHILD'S NAME: _____ PREFERRED NAME: _____

DOB: _____ DATE ENROLLED: _____

ADDRESS: _____ ZIP CODE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

CUSTODIAL PARENT (CIRCLE ONE): MOTHER FATHER JOINT

HOME/CELL PHONE: _____ HOME/CELL PHONE: _____

EMPLOYER: _____ EMPLOYER: _____

WORK PHONE: _____ WORK PHONE: _____

SS# (optional): _____ SS# (optional): _____

LEGAL GUARDIAN NAME (if different than above): _____

PERSONS AUTHORIZED TO REMOVE CHILD (LEGAL IDENTIFICATION REQUIRED)

- | | | | |
|----|------|--------------|-------|
| 1. | | | |
| | NAME | RELATIONSHIP | PHONE |
| 2. | | | |
| | NAME | RELATIONSHIP | PHONE |

ALTERNATE NUTRITION PLAN AGREEMENT

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

Indicate any Special Dietary Requirements:

(Mark "P" for Parent Provides, or "C" for Center Provides)

<u>C</u>	<u>C</u>	<u>C</u>	<u>P</u>	<u>N/A</u>	<u>N/A</u>	<u>C</u>
Breakfast	A.M. Snack	Noon Meal	P.M. Snack	Dinner	Evening Snack	Formula

HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the "KNOW YOUR CHILD CARE FACILITY/FCCH BROCHURE", Information on the INFLUENZA (FLU) VIRUS, and the parent's are notified in writing of the "DISCIPLINARY PRACTICES" used by the child care facility/fch. The parent's/ legal guardian's signature certifies receipt of the child care facility/fch brochure, influenza information, discipline policies, alternate nutrition plan agreement and that all the information on this form is complete and accurate.

Signature of Parent or Legal Guardian

Medical Alert Information (i.e., allergies, medical and/or special needs/conditions): _____

List any additional information which would be beneficial for the child care provider to know about your child: _____

Preferred Physician: _____

Address: _____ Phone: _____

Preferred Hospital: _____

NOTE: Physical & Immunization Record should accompany child.

EMERGENCY CONTACT (OTHER THAN PARENTS):

1. _____
NAME RELATIONSHIP PHONE

2. _____
NAME RELATIONSHIP PHONE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or
CHILD'S FULL NAME

Injured at, _____, I understand that the
NAME OF FACILITY/PROVIDER

Child Care Provider will: (1) Contact me immediately and (2) Contact the person (s) I have designated if I cannot be reached.

Should the provider be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

SIGNATURE RELATIONSHIP DATE



Windsor Learning Academy
6920 Hanley Road
Tampa, FL 33634

Parents: Please help us get to know your child and family history better so that we can establish routines and activities that will help your child grow and develop while under our care.

Pre-Enrollment Questionnaire

Family

What are the names and ages of other children in your family/home?

What are the names of all people who live in your home and their relationship to the child?

List any family pets: (name and species)

Provide any other family information that might be helpful to your child's teacher:

Family Culture

What is your family's ethnic or cultural background?

What languages are spoken in your household?

Are there any important traditions or routines within your culture that we may be able to turn into a learning experience for the children in your child's class?

Meals

Does your child have any food allergies or difficulty eating?

What are some of your child's favorite foods?

Are there any foods that your child dislikes?

Social

Does your child spend time playing with children other than those living at home?

How can we help your child feel secure?

What are some of your child's favorite toys and/or activities?

How many times a week is your child read to?

Is there anything else about your child's play that your child's teacher should know?

Discipline

What concerns do you presently have about your child and/or their behavior?

How can we help address these concerns?

Strengths and Weaknesses

Please provide us with some of your child's strengths and weaknesses so we can help them achieve the most out of their learning environment. Strengths can include things they have fully accomplished, and weaknesses can include areas that they need assistance with or more attention until their skills fully develop.

Strengths

1.

2.

Weaknesses

1.

2.



Windsor Learning Academy
6920 Hanley Road
Tampa, FL 33634

Ages and Stages Questionnaire (ASQ) Consent

The first five years of a child's life is the most important time of development. Children develop at different rates and achieve different "milestones" as they develop such skills. In order for us to determine where each child is developmentally, we will be participating in ASQ testing for every child attending in our center.

The ASQ is designed to help parents and teachers identify each child's strengths and weaknesses, as well as emerging skills, so that we may focus on these areas and create lesson plans dedicated to developing each child's needs.

Permission is requested to monitor your child's development with the Ages and Stages Questionnaire. If your child exhibits any areas where his/her development is of concern, your child care centre will bring this to your attention immediately. The results of each ASQ will always be shared with a parent or guardian.

Only a parent or guardian may give permission for these evaluations. A parent only has to sign one consent form that will be valid for the entirety of your child's care with Windsor Learning Academy.

I, _____, give permission for Windsor Learning Academy to monitor my child's development using the Ages and Stages Questionnaire.

Parent or Guardian Signature

Date

Child's Name

Child's Date of Birth

**WINDSOR LEARNING ACADEMY
DAYCARE
FULL TIME CONTRACT**

This agreement is made by and between

Windsor Learning Academy, Licensed Child Care Provider (CHC 431732) and

_____, Parent/Guardian of

_____. The following has been agreed

upon between the two parties beginning _____:

- 1) I have read and agree to full contents of the Parent's Handbook. I understand that disregarding these policies can result in termination from child care enrollment.
- 2) I agree to the weekly rate of \$ _____, to be paid the Monday of each week no later than 6:00 pm.
- 3) A late fee of \$25.00 will be added to each late payment, and WLA will reserve the right to deny care to parents who incur an unpaid account balance
- 4) A late pick-up fee of \$1.00 per minute per child will be applied to each account for any pick-up that occurs after the center closing time of 6:00 pm. Late pick-up fees must be paid at the time of pick-up or care may be denied the next day.
- 5) Continual late pick-up may be cause for termination.
- 6) This agreement shall be in effect for a 6 month period from date of enrollment or until provider has given termination notice in accordance to the Parent Handbook policy. Upon concluding the 6 month contract parents will be provided the option to renew for an additional 6 month period.
- 7) I understand that I must follow the withdrawal or termination policy as it is written in the Parent's Handbook.*

"A parent's right to withdraw their child is respected at Windsor Learning Academy. We require a two-week written notice for termination of child care services within out center."

- 8) Failure to provide a two week written notice will result in a fee in amount of two weeks childcare as stated in this contract.
- 9) We participate in the School Readiness Childcare Assistance Program. Parents who receive services from this program must make their weekly co-payments and any other charges on Monday by 6:00 pm as stated above or incur late charges.
 - a. Parents/Guardians must sign the daily in/out sheets as required
 - b. In the event that payment is not received by WLA from School Readiness for any reason, the parent/guardian is responsible for any and all charges incurred for childcare services provided; including those in excess of your original copay.
- 10) Childcare is not pro-rated for any reason including scheduled days off, illness, or vacation. If your child is not in attendance the parent/guardian is still responsible for the weekly payment.

11) One week of non-paid vacation time will be provided for each child after one year of continuous enrollment has been satisfied. Parents are welcome to take a vacation; however, you will still be responsible for any payment during the weeks of care in which your child has missed.

I agree to pay a deposit of \$ _____ to hold a space until _____. This deposit will cover the first week of child care. In the event I choose not to enroll my child with this provider this deposit is non-refundable.

THIS AGREEMENT AND THE PARENT HANDBOOK WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

Licensed Child Care Provider

Date

BOTH PARENTS MUST SIGN OR PARENT/GAURDIAN WITH SOLE CUSTODY OF THE CHILD:

Parent/guardian

Date

Parent/guardian

Date

*This will include late penalties, as stated in the policy, from date due to date paid, plus legal fees if applicable.

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: _____

Center Name & Address: Windsor Learning Academy, 6920 Hanley Road, Tampa FL 33634

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (813) 243-1911

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

Child's Name (Last Name, First Name)	Date of Birth	Attends this center?	Foster Child?	Migrant?	Homeless/Runaway?
		Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
		Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
		Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

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

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

FAP/SNAP Case Number: _____

or TANF Case Number: _____

STEP 3: Household Income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

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

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

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

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

Total Household Members (children and adults): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 4: Contact information and adult signature

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

Home address (if available): _____ 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): Hispanic or Latino Not Hispanic or Latino

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

FOR CONTRACTOR USE ONLY:

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

Eligibility Determination: Free Reduced-Price Non-needy How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

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

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

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 4. If you are applying for foster and non-foster children, complete STEPS 1, 3, and 4. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** **A.** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **B.** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 4:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Salary, wages, cash bonuses • Net income from self-employment (farm or business) If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing	• Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money			
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules.

This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement.

Florida Department of Health

Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

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

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

OR

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

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

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____