

Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DIVISION/Child Care Licensing and Enforcement Section
CHILD ENROLLMENT INFORMATION

CHILD'S NAME _____ DATE OF ENROLLMENT _____

ADDRESS _____ BIRTH DATE _____

SEX _____ PREFERRED NAME _____

NAME HOME ADDRESS PHONE

MOTHER _____

FATHER _____

GUARDIAN _____

PLACE OF EMPLOYMENT BUSINESS ADDRESS PHONE

MOTHER _____

FATHER _____

GUARDIAN _____

CHILD'S PHYSICIAN _____

MAY THE CENTER CALL ANOTHER PHYSICIAN IF UNABLE TO CONTACT THE ABOVE? _____

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

PERSONS PERMITTED TO REMOVE CHILD MOTHER YES NO FATHER YES NO

NAME _____ ADDRESS _____ RELATIONSHIP _____

NAME _____ ADDRESS _____ RELATIONSHIP _____

609L-21 (Rev 5/94)

SIGNATURE OF PERSON ENROLLING CHILD _____

ALTERNATE LUNCH SCHEDULE

Dear Parent:

In accordance with Broward County Child Care Ordinance, parents and the child care facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility.

Please read the following carefully, sign, and return as soon as possible.

The facility agrees to provide a nutritious:
 (Director checks those which apply)

- breakfast
- mid-morning snack
- mid-afternoon snack
- no meals or snacks

The parent agrees to provide a nutritious:
 (Parent checks those which apply.)

- mid-morning snack
- lunch
- mid-afternoon snack

I have read the preceding and agree to meet the child's nutritional needs as defined above.

Director's Signature _____ Date _____

Parent's Signature _____ Date _____

PARENT QUESTIONNAIRE

Dear Parents:

This questionnaire was developed to help us better understand and meet your child's needs. Please take a moment to answer the following questions. We thank you for your time and know that as a team we can help to give your child a GREAT foundation to grow and become productive young adults.

1. How many people live in your household? _____
2. Do you live in an apartment or a house? _____
3. What time does your child:
go to bed? _____
wake up? _____
4. Does he/she usually sleep the night _____
5. Is your child potty trained? _____
6. If yes, what words does your child use for:
urinating _____
bowel movement _____
7. What frightens your child? _____
8. What are his/her favorite foods? _____
9. What foods does your child dislike? _____

PLEASE CHECK ALL THAT APPLY

10. My child can or is good at:
 zipper zippers button snap tie shoes climbing feed his/herself
 use a cup express oneself clearly go to bathroom by his/herself
11. Most of the time my child is:
 happy sad excitable content cheerful quiet
 cries easily gets frustrated in a hurry
12. Has there been any hospitalizations? _____
13. If yes, when? _____
14. Any known allergies? _____
15. If yes, to what? _____
16. Has your child ever been in daycare/preschool before? _____
17. If yes, where and when? _____
18. When you are out, who cares for your child? _____
19. Do you have any concerns about your child? _____
20. As a parent, what would you like to see your child get out of preschool? _____
21. Can we be of help addressing any concerns regarding your child? _____
22. Have you ever had any dealings with the H.R.S.? _____
23. If there is any additional information you think we should know about your child, please list it now.

CHILD RELEASE FORM

FOR: (Child's Name) _____

PLEASE NOTE THE FOLLOWING:

1. It is legal for either parent to pick up their child, unless we have a copy of the court order restricting visitation.

Persons permitted to pick up child:

Mother: Yes No

Father: Yes No

2. Is there any court order restricting visitation of your child? If so, please list person or persons restricted from picking your child up:

Name _____ Relationship _____

Name _____ Relationship _____

3. Think of a code word of 4 to 6 letters and list below to be kept on file at Lil' Rascals Academy. When you are unable to get your child, call the center to notify the director.

The director of the school will ask for this code word to verify your identity. Please keep this code word confidential. The authorized pick-up person will be asked to show a photo ID upon arrival at the center.

The Code Word to be used is: _____

If necessary, you can change the code word and we will update our files to reflect your decision.

4. List persons permitted to pick up your child. Please keep their phone numbers current.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Parent's Signatures

Date _____

X _____

X _____

Director's Signature

Date _____

X _____

MEDICAL RELEASE FORM

I hereby grant permission for my child, (Name) _____

to use all the play equipment and participate in all activities of the center.

(Parent's Signature) X _____

In the event of an extreme medical emergency situation, as deemed by the Director or Acting Director, paramedics or medical personnel will be notified IMMEDIATELY to escalate medical attention for my child. All efforts will be made to notify me (or the guardian), immediately as well.

Due to insurance regulations, injured or ill children must be transported to a hospital, when necessary, by paramedics or ambulance. They cannot be transported by school bus or school personnel.

**Any expense for medical care or transportation
involved with a medical emergency, which is an inherent risk,
"WILL BE BORNE BY THE PARENT".**

The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Medical Authorization for (Name) _____

List All Allergies:

1. _____
2. _____
3. _____

List All Medical Conditions:

1. _____
2. _____
3. _____

Hospitalization Insurance:

Name of Company _____

Policy Number _____ Group Number _____

Hospital Preference _____

Upon immediate need for medical attention for your child, the undersigned hereby gives consent to any X-ray examinations, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act.

The undersigned further authorizes the above named school to have the above named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used ONLY in extreme EMERGENCY.

Date _____

Signature of Parent or Legal Guardian X _____

MEDICAL EXPENSE AGREEMENT

Due to the nature of our business there is a degree of inherent risk of injury to the children. As in any other school environment or place of activity where children are involved these injuries do take place.

Due to Insurance Regulations and a lawyer driven litigious society this Release is an Agreement that **ALL EXPENSES** as the result of injuries, medical care, transportation, or legal fee involved with medical care or a medical emergency **“WILL BE THE RESPONSIBILITY AND BORNE BY THE PARENTS”**.

CHILDREN'S NAME _____

DATE _____

Signature of Parent or Legal Guardian

FINANCIAL AGREEMENT

We, the parents of (Child's Name) _____

understand and agree to abide by the following financial terms and procedures:

- a) Tuition payment is due in advance on the **Monday** (and no later than **Tuesday**) for that week (after **Friday** expulsion.)
- b) Any checks returned by the bank will have a **\$50.00 (Fifty dollars)** charge assessed. Two consecutive returned checks will revoke check writing privileges. Any further payments **must be paid in cash.**
- c) Tuition payments made after Tuesday are considered late and a late fee of \$30.00 (thirty dollars) will be assessed.
(Reference: Page 3 of the Handbook.)
- d) Tuition may be paid in advance for more than one week.
- e) No tuition reimbursement or credit will be given for a child's absence, except for pre-approved vacations.
(Reference: Page 4 of the Handbook.)
- f) Tuition will be charged until a student is formally withdrawn from Lil' Rascals Academy.
(Reference: Page 3 of the Handbook.)
- g) Registration fees are non-refundable.
- h) All delinquent accounts or returned checks will be submitted to the **credit bureau and collection agency.**

Parent's Signatures: _____

Father's Social Security Number: _____ - _____ - _____

Mother's Social Security Number: _____ - _____ - _____

Director's Signature: _____

OPTIONAL INSURANCE AGREEMENT

Dear Parents:

Lil' Rascals Academy is pleased to offer optional accident insurance coverage thru Standard Life and Casualty Insurance Company. Please be reminded that as per our "Medical Release Form" and "Medical Expense Agreement" **ALL EXPENSES** as the result of injuries **WILL BE THE RESPONSIBILITY OF THE PARENT.**

To avoid this situation it is recommended you purchase the optional insurance for as little as \$6 per year, (see attached information sheet).

PLEASE CHECK THE APPROPRIATE ONE

Yes No

 I currently have medical insurance for my child/children

MUST CHECK ONE OF THE FOLLOWING

Accept optional insurance

* Decline optional insurance

Name of parent _____
print and sign

Name of child/children _____

Date _____

Director _____
sign

*Lil' Rascals medical expense agreement applies



Voluntary Pre-School and Day Care Center Accident Insurance

THIS IS A LIMITED BENEFIT POLICY

PLAN A, SCHOOL - TIME ONLY COVERAGE

Premium, per student or school employees \$6.00

This option provides coverage for accidents occurring on the school or Day Care Center premises during the regular sessions, and while participating in supervised activities. This policy also covers travel directly and uninterrupted to and from Insured's home and scheduled sessions. It also covers travel to and from other school-sponsored activities in a vehicle furnished, supervised and operated by the school-excluding overnight or social activities after regular school hours. Coverage is for 12 months.

PLAN B, 24 - HOUR COVERAGE

Premium, per student, teacher, administrator or clerical personnel \$41.00

Around-the-Clock coverage at home, at school, at play. A one-time fee provides year-round accident insurance protection anytime, anywhere. Coverage begins when your premium is paid to your school or to Standard Life and Casualty Insurance Company. Coverage continues until the beginning of the following school year. Covers all school supervised activities.

PREMIUM PAYMENT: Coverage will begin upon the date premium is paid to your school or postmarked to Standard Life. There is no premium reduction for any individual who enrolls late in the year.

STUDENT TRANSFER: This policy continues in force anywhere in the United States if the insured should relocate prior to expiration of coverage. No provision for refund of premium is provided.

COVERAGE: Policy provides benefits for expenses incurred for treatment received within twelve months from the date of accident provided treatment commences within 30 days after the accident. For purposes of determining coverage, injuries shall mean bodily injuries which require treatment by a legally qualified physician and are caused solely by accident and sustained independently of all other causes.

BENEFITS: This insurance has scheduled benefits. **Medical charges in excess of benefits paid are the responsibility of the Insured.**

POLICY: This is only a partial description of the plan of insurance. The exact benefit payable in connection with a particular injury is determined in accordance with the terms, conditions, limitations and exclusions set out in the Policy which is on file with your school or District office.

POLICY EXCLUSIONS AND LIMITATIONS: (a) suicide, any intentionally self-inflicted injury or injury intentionally inflicted upon the Insured by any other person when provoked by the Insured; (b) play, practice or travel in connection with any form of organized football in which any 10th, 11th or 12th grade student participates; (c) artificial aids such as crutches, braces, artificial limbs, hearing aids and eyeglasses or prescription therefor, orthodontic treatment and appliances, or dental treatment except for injury to natural teeth, except as specifically provided for in the policy. Damage to teeth caused by biting, chewing or grinding is not covered; (d) disease, mental or bodily infirmity, aggravation of an existing condition, or hernia, regardless of cause; (e) injuries occurring while under the influence of or affected by intoxicants or narcotics; (f) insect bites, poison oak, poison ivy, warts, blisters, ingrown nails, food poisoning or any other similar condition; (g) bacterial infections except infections occurring through an open wound; (h) injuries sustained while operating or while a passenger in or on any two or three wheel motorized vehicle, or any 4-wheel motorcycles; (i) injuries resulting from fighting and/or activities in violation of any law are not covered; (j) outpatient prescription drugs and medicines; (k) elective surgery except cosmetic surgery made necessary as a result of a covered injury; (l) any loss covered under the Worker's Compensation Act or similar law; (m) loss resulting from non-commercial air travel, skydiving, hang-gliding and bungee-jumping; (n) confinement in a governmental hospital, unless there is a legal obligation to pay for treatment; (o) loss which is covered by insurance carried or provided by the state of South Carolina for students who ride the school bus; (p) injuries suffered in automobile or motorized boat accidents shall be limited to \$2,500.00. This plan will pay against unpaid balances according to the schedule of benefits. No benefits are payable for any expense which is paid or payable by other valid and collectable insurance, including automobile insurance policies. This exclusion applies only to automobile or motorized boat accidents.

STANDARD LIFE AND CASUALTY INSURANCE COMPANY
P.O. Box 1514 **Fort Mill, South Carolina 29716**

DESCRIPTION OF BENEFITS

Maximum Medical And Dental Expense Benefits	\$100,000.00
Policy Provides Payment For The Following Medical And Dental Benefits:	
	Not to exceed
Inpatient	
Room & Board, daily	\$130.00
Intensive Care Unit, daily \$250.00 not to exceed	\$1,250.00
Hospital Misc., scheduled as follows:	
1st day \$300.00, 2nd through 10th day, \$100.00 daily, each succeeding day \$50.00	\$5,000.00
Nurse, limit 3 R.N.'s per day, each at	\$70.00
Outpatient	
Emergency Room Fee	\$50.00
X-ray, per 1997 PRVS	
Cast, per 1997 PRVS	
Ambulatory Care Unit	\$435.00
Suture Tray Allowance	\$16.75
Other	
Ambulance, \$100.00 each trip	\$200.00
Doctor Visits - non-surgical first visit	\$20.00
each visit thereafter	\$12.00
Orthopedic Consultation	\$40.00
Neurological Consultation	\$60.00
Consultation Fee, not shown above	\$40.00
Surgical, per 1997 PRVS	
Anesthesiologist, 30% of surgical benefit	
Physiotherapy, (by a licensed therapist), \$10.00 per visit to	\$100.00
Dental Schedule, in accordance with dental insert 5-B, not to exceed	\$600.00
Automobile or motorized boat accidents, according to schedule, up to	\$2,500.00
Accidental Death , for loss of life within 90 days of accident	\$2,000.00
Accidental Dismemberment , as scheduled below, or any combination, but not to exceed	\$10,000.00
One hand or one foot	\$2,500.00
Sight of one eye	\$1,000.00
One finger or toe	\$150.00
Two or more fingers or toes	\$250.00
One amount, the greatest, will be paid for loss resulting from any one injury, providing death benefit does not apply.	
Optional Extended Dental Coverage pays for expenses in excess of those paid under base plan, ACCIDENT ONLY , to	\$5,000.00
Additional Premium for Optional Dental Coverage	\$5.00

THIS INSURANCE, LIKE THAT USED IN MOST BUSINESSES AND INDUSTRIES, HAS SCHEDULED BENEFITS AND MAY NOT COVER ALL MEDICAL CHARGES IN EVERY INSTANCE. WE BELIEVE A REVIEW OF THE BENEFITS WILL HELP YOU TO UNDERSTAND THE POLICY.

THIS POLICY PAYS REGARDLESS OF OTHER INSURANCE YOU MAY CARRY - WITH NO DEDUCTIBLE.

MEDICAL CHARGES IN EXCESS OF BENEFITS PAID ARE THE RESPONSIBILITY OF THE INSURED.

THERE WILL BE NO DUPLICATION OF BENEFITS BETWEEN ANY INSURANCE POLICIES ISSUED BY THIS COMPANY.

CLAIMS

Accidents must be reported to the school within 48 hours and claims must be submitted to Standard Life within 90 days of the accident. Claim filing is the Insured's responsibility.

Claim forms may be obtained from your school or Standard Life. A completed and signed claim form is **required** for processing of each claim. Only one claim form is required for each accident. All subsequent bills not filed with the claim should be sent to Standard Life and identified with the student's name, school name and date of accident. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service.

RETAIN THIS DESCRIPTION OF COVERAGE FOR YOUR RECORDS. INDIVIDUAL POLICIES AND I.D. CARDS WILL NOT BE ISSUED. YOUR CANCELLED CHECK OR MONEY ORDER WILL BE EVIDENCE OF PAYMENT.

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, the following indicators should be considered:

Quality Caregivers

- ✓ Are friendly and eager to care for children.
- ✓ Accept family cultural and ethnic differences.
- ✓ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ✓ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ✓ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ✓ Allow children to play alone or in small groups.
- ✓ Are attentive to and interact with the children.
- ✓ Provide stimulating, interesting, and educational activities.
- ✓ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ✓ Communicate with parents.

Quality Environments

- ✓ Are clean, safe, inviting, comfortable, and child-friendly.
- ✓ Provide easy access to age-appropriate toys.
- ✓ Display children's activities and creations.
- ✓ Provide a safe and secure environment that fosters the growing independence of all children.

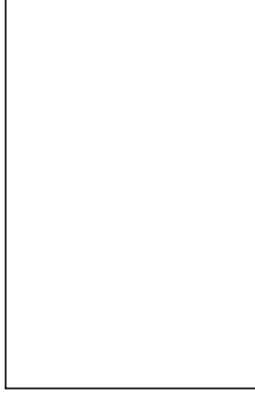
Quality Activities

- ✓ Are children initiated and teacher facilitated.
- ✓ Include social interchanges with all children.
- ✓ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ✓ Include exercise and coordination development.
- ✓ Include free play and organized activities.
- ✓ Include opportunities for all children to read, be creative, explore, and problem-solve.



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:



Know Your Child Care Facility



CF/PI 175-24, 7/2005

This brochure was created by the Department of Children and Families, Child Care Program Office pursuant to s. 402.3125(5), F.S.,

Licensing Standards

General Requirements

- ✓ Valid license posted for parents to see.
- ✓ All staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:

Under 1 yr. old	1:4
1 yr. old	1:6
2 yrs. old	1:11
3 yrs. old	1:15
4 yrs. old	1:20
5 yrs. old & older	1:25

- ✓ Maintain appropriate transportation vehicles (*if transportation is provided*).
- ✓ Provide parents with written disciplinary practices used by the facility.
- ✓ Provide access to the facility during normal hours of operation.

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.
- ✓ Maintain sufficient lighting and inside temperatures.
- ✓ Equip 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.

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.

Health Related Requirements

- ✓ Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and monthly fire drills with children and staff.
- ✓ Locked storage place for storing medication and hazardous materials.

Food and Nutrition

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

Record Keeping

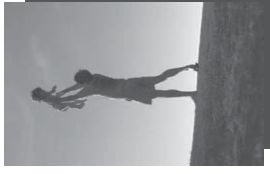
- ✓ Maintain accurate records that include:
 - Children's health exam/immunization record.
 - Medication records.

- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and medications.

Parent's Role

The parent's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:

- ✓ Familiarize themselves with the child care standards used to license the child care facility.
- ✓ Inquire about the qualifications and experience of child care staff, as well as staff longevity.
- ✓ Know the facility's policies and procedures.
- ✓ Communicate with the caregiver.
- ✓ Visit and observe the facility.
- ✓ Participate in special activities, meetings, and conferences.



- ✓ Talk to their child about their daily experiences in child care.
- ✓ Arrange alternate care for their child when they are sick.

To report non-compliance with state licensing standards, please contact your local licensing office.

Child Care Facility Brochure Statement

(Chapter 402.3125, F.S.)

On, ____/____/____

I, _____
(Name of Parent or Legal Guardian)

received a copy of the Child Care Facility Brochure.

(Signature of Parent or Legal Guardian)

(Name of Child)

This information is for the child care facility file.