**PARENT BROCHURE**

**COMPANY’S PHILOSOPHY:**

We (staff, management, and ownership) at the Academy of Tampa Inc provide quality care through focusing on giving nurturing attention and love to all children. Academy of Tampa Inc welcomes all children to our centers regardless of race, ethnic background, or nationality of the child. We hope that every child and parent that enters our centers leaves with feelings of love, appreciation, and happiness.

**COMPANY’S GOALS:**

Our program goals are designed to prepare children for school through early literacy, and understanding the need for respecting and following leadership. The program provides new activities through weekly lesson plans and routines through the daily schedule to help children discriminate between play time and work time. Our program also provides for emotional and social training through educating them on how to deal with each other’s feelings, respecting each other, and sharing.

**ENROLLMENT POLICY:**

Any child who is between the age’s infancy and twelve (12) years old is eligible to enroll in our centers. Some locations only take (1) year and older, please see the director for more information. Enrollment packet has to be filled out by the parent(s). Other than school age children, all children must have a shot record and physical to enroll. All of our centers will open at 6:00AM and close at 6:00PM Monday thru Friday. A staff member must receive the child(ren) in the morning and an authorized person must escort the child in and out of the center. There is no registration fee to enroll in the Academy Of Tampa Inc. Weekly rates will vary depending on the age of the child, please check with the director for current rates.

**CONFIDENTIALITY POLICY:**

All information submitted to the center for the purpose of enrolling a child such as social security number, phone numbers, addresses or any other privileged information about the parent(s) or child(ren) **WILL NOT** be used or shared with anyone else other than the purpose it was intended for.

**PAYMENT POLICIES:**

Tuition rates vary depending on the age of the child. Weekly fees are due every Monday and are late by Tuesday morning. If your payment is not received on time, your child will not be able to attend until payment is made. Payments are not prorated. You are paying for your spot, not the day, so a weekly fee will be assessed. An extra parent fee will be applied on top of School Readiness fees, fees will be explained to parent before enrollment. **If your child is not picked up by 6:00 p.m., a $1.00 per minute per child fee will be assessed**.

**REFUND/WITHDRAWAL POLICY:**

Parents who have paid in advance are entitled to a refund upon withdrawal for weeks not attended. Refund will not be given for any week that the child has attended.

**SCHEDULE OF OPERATING HOURS:**

The center is open from 6:00 a.m. until 6:00 p.m. Monday thru Friday. Children must be dropped off no later than 9:00 a.m. If your child will be late or absent, please call the center by 8:30 a.m. No children will be accepted after 10:00 a.m. If your child / children have a doctor’s appointment or any type of therapy the cut off time is 11:00am with a doctor’s note.

**HOLIDAYS AND BIRTHDAYS:**

All of our centers are closed on the weekend and major holidays. A written notice will be posted at the center at least one week in advanced for the parent’s convenience. A copy of all major holidays and the days the center will be closed for the whole contracted year (July 1st to June 30th) is usually posted next to the license in every center. Every child has the right to have a birthday party at the center. Advanced notice should be given to the director. It will be posted in the monthly newsletter.

**SIGN IN AND SIGN OUT PROCEDURES:**

All children must be signed in and signed out **daily** at the correct times. All children must be escorted in and out of the building by an authorized person over the age of 18. The sign in and sign out computer is in the front office and are separated by age of the child.

If a child is being picked up by someone who is not on their emergency card, valid photo identification will be required and a written notice from the parent must be given or the child will not be released. Parents cannot call over the phone and give a name for the pick-up unless you send an email with the person’s name.

If your school-age child will be picked up directly from their school or is absent from school, please call the center to let the director know.

**SCHOOL READINESS SIGN IN/OUT FORM:**

All children must be signed in and out DAILY. Parent is responsible for paying the full time daily rate for all days audited by School Readiness in which the child is not signed in or out. Transfers will not be completed until all balances are paid in full.

**OPEN DOOR POLICY:**

All parents are welcome to visit and inspect the quality of service that we provide to their children any time of the day. No appointments are required. As long as our door is open for business, the parents are welcome. Parents are also welcome to stay and spend some quality time with their children in our center if they choose to do so.

**MESSAGES AND COMMUNICATION POLICY:**

No verbal messages through the children will be accepted. If a parent needs to relay a message to the teacher, please put it in writing or contact the director of the center.

**SCREENING AND ASSESSMENT OF CHILDREN:**

All children enrolled in our program will be given an Ages and Stages Questionnaire Developmental Screening, varying by the age of the child. The child will be screened within their classroom environment to ensure that they are comfortable during this time. The director or staff will meet with parents where they will be given a copy of the screening and the results. Together the staff and the parent will make a plan of action to work on improving the skills of that child if needed. Screenings will be done at least twice a year for each child. All results from the screening will be kept confidential.

**HEALTH POLICY:**

No ill child(ren) will be allowed to come in and stay to protect the health of other children. However, if a child develops symptoms of illness during the course of the day, the child will be removed from the group until the child receives the necessary attention and is picked up by the parent. Parents or guardians are notified immediately in the event of any serious illness, accident, injury, or emergency. Any child that is suspected of having a communicable disease or show signs of a communicable disease will be:

1. Removed from the class and placed in isolation in full view of the director.
2. Temperature taken and recorded.
3. Condition reported to the parent or guardian.
4. Such children will be removed from the facility **and can only return with written verification from the treating physician after 24 hours** stating that the child’s illness is no longer communicable. Listed are some of the various symptoms and common signs of a communicable disease:
* Runny nose and watery eyes
* Severe coughing making whooping sound, difficult or rapid breathing
* A stiff neck
* Diarrhea (abnormal loose stool with a foul odor) or vomiting
* Fever (temperature of 100 degrees F or higher)
* Conjunctivitis (pink eye)
* Head lice
* Rashes
* Unusually dark urine and/or gray or white stool
* Yellowish skin or eyes

Please inform the center director and/or your child’s teacher of any accidents or incidents that may have happened at home or away from the center. A health check is performed by your child’s teacher daily upon entering the classroom. This is for the protection of all children.

**MEDICATION POLICY:**

Parents must complete a medical authorization form for all forms of medications, creams, ointments or nebulizer’s. We do not give medication’s that are not prescribed by a physician. No over the counter medications will be given. If your child must have medications such as “Tylenol or Motrin” then you will be responsible for administering it. A new medical authorization form must be filled out every 30 days if the medication is to be continued.

The following things must be done in order for us to give medications:

* Parents must fill out authorization forms, giving the time and date medicine is given.
* Medications must have the child’s name on it and that child only.
* Medication must be current with a clear expiration date on the original container.
* No early morning or late afternoon medications is given. **All medications can only be given between** **9:00 am and 4:00 pm**.
* Breathing treatments will be administered by the teacher at the designated time only. If a child requires more treatments or is not responding to the treatments, the parent’s will be notified immediately.
* Medication is stored in a locked box in the office.

**ALLERGIES:**

Please inform us of any allergies and the reactions that your child may have to both food and environmental allergies. If your child requires the use of an Epi-Pen, please make sure one is left at the center so we can put it in our locked box. Allergies of every child in our center is posted in their classroom and covered for privacy reasons. This is for the protection of all the children in our center.

**SANITATION AND HYGIENE POLICIES:**

*Hand Washing:*

1. Staff should always wash their hands:
	1. Upon arrival for the day
	2. Before eating handling food
	3. Before feeding a child
	4. After diapering and assisting a child with toileting
	5. After handling body fluids and after wiping noses, mouths, bottoms and sores
	6. After handling garbage or cleaning
	7. Before and after giving medication
	8. Entering the classroom, coming in from playground
2. Proper hand washing procedures are followed by adults and children and include:
	1. Use running water that drains, not contained water
	2. Use liquid soap
	3. Rub hands together vigorously for at least 15 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails. Friction helps remove germs.
	4. Rinse hands well under running water for 30 seconds
	5. Avoid touching the faucet with just-washed hands, as the faucet is considered dirty at all times. If touched, clean hands will become contaminated. Use the paper towels to turn off the faucet.

**PET POLICY**:

Due to allergies that may be in the center, outside animals of any kind are not permitted on premises or inside the center.

**MEALS AND NUTRITION FOOD POLICY:**

All centers participate with the Florida Child Nutrition Program. Children are provided breakfast, lunch and a snack daily. The times of serving varies between classes and centers. We follow an approved menu by the state that contains all nutritional needs for your child; we will also provide infant formula to families with infants when needed, please see the Director for what type and or brand that is provided. The menu will be posted on the parents’ board in every center. **If your child has certain dietary needs (including religious reasons), and you will be sending food from home, you must provide a doctor’s note or a note from your clergy stating the reason why**. All food that is brought in must meet the USDA guidelines. Please see the director for all guidelines and provide the note that will be kept on file for your child.

If there are no special dietary or religious needs, **food brought from home for breakfast, lunch or snack is not allowed** in the center.

**TRANSPORTATION POLICY:**

Academy of Tampa Inc does not offer transportation to and from homes. We only offer transportation to and from certain schools in the area and only to the children who are enrolled in our center, see director for list of eligible schools.

**SMOKING POLICY:**

Smoking is prohibited on center property. Please be considerate and put your cigarettes out in your car’s ashtray or refrain from smoking at all before coming on center property. This is mandated by Hillsborough County Child Care Licensing.

**ABSENTEE FEES**

Fees aren’t prorated or discounted, The weekly fees are to be paid even if Child is Out beyond the Two Weeks period. If your child was out sick, fees will be waived if a valid doctor’s note is presented. Payments are due every Monday morning. Private payments are due on Monday mornings. Tuesday a late fee of $25.00 will be applied to your fee. Early Learning Coalition parents have until Wednesday, Thursday a $25.00 late fee will be applied to your fee. Early Learning Coalition parents if you go into the second week without your pay for the previous week your child / children will not be excepted the following Monday with payment.

**PARENT VOLUNTERING/FAMILY INVOLVEMENT:**

Parents are welcomed into Academy of Tampa Inc. childcare facilities. We provide activities, field trips and social events for your child and the whole family. We welcome parents to volunteer with their child’s class. We not only provide your child with care we also support the entire family. We provide support by giving written communication about your child’s day, we provide attention to any concerns you may have regarding your child and offer parent-teacher conferences twice a year and on request. Academy of Tampa Inc. facilities are a resource for parents. We will provide a monthly newsletter which would include any policy changes, center events (i.e. Open House, Holiday Activities. Etc.) and parent take-home activities. The director and staff are always happy to support and work closely with all of our families. Notices will also be sent home and posted on the door to let you know of all upcoming activities! We welcome everyone to attend these events!

**STAFFING AND VOLUNTEER STAFF POLICIES:**

In the event of staff absences and classroom ratios cannot be met by current staff, Academy of Tampa Inc will use available staff from one of our sister company centers. All persons that volunteer at any location will be fully screened as mandated by Child Care Licensing before volunteering. All volunteers will be supervised by staff and never left in charge of a group by themselves.

**EMERGENCY PROCEDURES:**

The program has written disaster preparedness and emergency evacuation procedures.
These Procedures are posted in the office and each classroom.

**EMERGENCY EVACUATION POLICIES:**

All Emergency Evacuation Procedures are posted in the office and in each classroom. In the event of a Hurricane Warning, Tornado Warning, (a readiness condition when weather advisories indicate that hurricane force winds or tornado will probably strike the area within 24 hours or less) the center will announce closing on the local news.

We urge each staff member and parents to have radio or television news readily available at home to keep abreast of weather conditions as well as local, state or national news information.

**PARENT RESPONSIBILITY:**

* Fill out all necessary forms needed to enroll your child(ren) and update all of the necessary records such as health physical (yellow form) and shot record (blue form).
* Escort the child(ren) IN & OUT of the building.
* Sign the child(ren) IN & OUT DAILY at the correct times.
* Drop your children off by 9AM, you must call the center by 8:30AM if your child(ren) will be late or absent. Late children must be in by 11AM with a doctor’s note.
* Pick up your child by 6:00PM. A late fee of $1.00 per minute per child will be assessed if child(ren) are not picked up by 6:00PM.
* Inform center director of any changes related to child care such as emergency contact phone numbers, new addresses, authorized escort personnel (must be 18 or older), and custody. If a parent is sending someone to pick up the child(ren) that is not on the escort list, the parent must call the center director and give the name of that person. The escort person MUST have valid identification with a photo, otherwise the child(ren) will not be allowed to leave.
* If your child will be absent, please call center director. Remember to bring in a doctor’s note if your child is absent for an extended period of time due to an illness or injury.
* Label your children’s belongings. The center is not responsible for jewelry, toys, or other items lost.
* Inform the center director of any accidents or incidents that may have happened at home or away from the center.
* Call the center if you plan to pick up your school age child directly from school, or if your child is absent.
* Pick up your ill child when called upon.
* Title XX/School Readiness parents are to fill out an “extraordinary circumstance request for payment form” if their child(ren) is absent more than 3 days due to illness or other reasons. Comply with center rules and regulations and understand center’s health and medication policy.

**PARENT COMPLAINT PROCEDURE:**

**If you as a parent have a child attending our facility and have a complaint, the first step is to speak with your center Director. The director will bring it to the teacher’s attention immediately. The director is always the first step in the problem solving process.**

**DISCIPLINE POLICY AND PROCEDURES:**

 The goal of discipline it 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 expectations of the behavior of each child. His/her developmental age and stage must be taken into consideration.

**At our facility we encourage positive behavior in the following ways:**

* Allowing the child choices of activities, equipment and materials, giving him a feeling of control over his environment so that conflict with others can be avoided
* Guidance in developing language skills which will help them resolve conflicts with words and not inappropriate behaviors such as biting, hitting, kicking, etc.

**If a child is experiencing difficulty controlling his/her behavior:**

* He/she will be redirected to another play area which may prevent escalation of the problem.
* If a problem still exists, the child will be removed from the play area and given time away from the group to regain control. The time limits for this personal time are determined by the child. He/she may return to the group when he/she is ready.
* If continued unacceptable behavior occurs, the parent will be scheduled to discuss a team approach to remedy the problem.

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. **Hillsborough County Ordinance No. 03-25, 04-25, 09-57, 09-65, section 1.06, 05-9, and 09-58 “Child Discipline” requires that parents are notified in writing of the disciplinary practices used while in care prior to admission. Spanking or any other forms of physical punishment is prohibited. Discipline shall not be associated with food, rest or toileting.**

**I have received in writing the Disciplinary Practices and Procedures used at this facility.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT SIGNATURE DATE**

**CHILD’S ENROLLMENT / INFORMATION FORM**

CHILD’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PREFERRED NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE ENROLLED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY \_\_\_\_\_\_\_\_ STATE\_\_\_\_ ZIP CODE \_\_\_\_\_\_\_\_\_\_

CUSTODIAL PARENT (CIRCLE ONE) MOTHER FATHER JOINT GUARDIAN

MOTHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FATHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_ CELL \_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL \_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS# LAST 4 DIGITS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# LAST 4 DIGITS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PERSONS AUTHORIZED TO REMOVE CHILD (IDENITFICATION REQUIRED & MUST BE 18 YEARS OR OLDER)**

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.

Please indicate special dietary requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mark P for parent provides, or C for center provides, or N/A for not needed**

\_\_\_\_\_C\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_C\_\_\_\_\_ \_\_\_\_C\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

BREAKFAST A.M. SNACK NOON MEAL P.M. SNACK DINNER SNACK EVENING MEAL FORMULA

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

**HILLSBOROUGH COUNTY ORDINANCE** requires that parents must receive a copy of the “**KNOW YOUR CHILD’S DAY CARE FACILTY BROCURE/ FDHC”**, information on the **“INFLUENZA (FLU) VIRUS “**and the parent’s are notified in writing of the “**DISCIPLINARY PRACTICES**” used by the childcare facility. The parent’s or legal guardian’s signature certifies of the receipt of child care facility brochure, influenza information, disciplinary policies, agreement of the alternate nutrition plan, and that all the information on this form is complete and accurate.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE**

**MEDICAL ALERT (**Allergies, Asthma, Medical or Disabilities) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN OR PEDIATRICIAN (PREFERRED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOSPITAL (PREFERRED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any additional information which would be beneficial for the childcare staff to know about your child: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reminder Note: Immunization records should accompany your child when you enroll them. Children will not be allowed to attend without updated immunizations and physicals.**

**IN AN EMERGENCY, OTHER THAN THE PARENTS WHO CAN WE CONTACT**

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 the

**Name of Childcare Facility**

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

Should the facility 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 treatment necessary to ensure the health and safety of my child.

**I will accept all responsibility for payment of medical services rendered.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGANATURE RELATIONSHIP DATE**

**Health Questionnaire**

1. Does your child take any medications at home regularly? Yes\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

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

1. Does your child have any known allergies to food or environment? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reaction(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your child ever been diagnosed by a physician for ADD of ADHD? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ If yes, what medications does he or she take? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How often do you treat it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you know or have ever suspected your child to have seizures? Yes \_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ If yes, what was the cause? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does your child have eczema or any other skin rashes? Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

If yes, what do you do for it? Do you put on creams or ointments? What kinds and how often?

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

1. Does your child use a pacifier, sippy cup, suck thumb or use any other object to pacify themselves? Yes\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ If yes, what is it \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is there a time that they need it most? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does your child use special words or actions to communicate? Yes \_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, what and when do they use them\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How do you assess your child’s physical abilities? Normal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Advanced \_\_\_\_\_\_\_\_\_\_\_ Weak \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How do you best describe your child’s personality? Please check all that applies, we want to be able to meet all the needs of your child.

Affectionate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serious \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aggressive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fearful \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stubborn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Cautious \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friendly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sensitive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quiet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Determined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rebellious \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheerful \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Moody \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hugger ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Talkative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is anything else that we need to know about your child’s medical history, physical abilities, or personality, please let us know. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**FIELD TRIP AND ACTIVITIES PERMISSION FORM**

I grant permission for my child to participate in the center’s activities and full use of the center’s equipment and games.

I grant permission for my child to participate and be included in center pictures and give permission for the center to use those pictures for display or any other reason the center director may feel appropriate.

I grant permission for my child to participate and be included in center neighborhood walks, field trips, summer activities and all other educational trips the center may have planned for my child including but not limited to libraries, museums, and parks when deemed appropriate for his or her age.

I clearly understand that signing this document I’m authorizing the **Academy of Tampa Inc**. to transport my child to and from the location of these activities and where ever it may be with prior notice.

 I also authorize the **Academy of Tampa Inc**. to transport my child to and from school if my child is deemed eligible.

**By signing this document I have read and clearly understand that my child will participate in activities and it is my responsibility to let the daycare know when I do not want my child to participate.**

**Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**FOOD ACTIVITY/SPECIAL OCCASION FOOD PERMISSION FORM**

 I grant permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in any scheduled food activities at Academy of Tampa Inc. and understand that I will be notified at least three days in advance of the food items being served/prepared.

 I grant permission for my child to participate in special occasions/events that include outside food/drinks. (All outside food/drinks are unopened and prepackaged and have prior approval for center director.) I will be notified at least three days in advance of the food items being prepared/served.

**Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENT FOR SCREENING AND ASSESSMENT:**

As parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give my permission for my child to be screened with the Ages and Stages Questionnaire and to be assessed using the appropriate assessment tools. I understand that the results will be shared with me and will also be kept confidential. I understand I can receive a copy of these screenings if I would like them.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT SIGNATURE DATE**

**SCHOOL READINESS SIGN INOUT RESPONSIBILITY:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for Academy of Tampa Inc to sign my child in or out only for circumstances in which I am unable to. I also understand that I am responsible for paying the full time daily fee for my child for all days audited by School Readiness that are not signed in or out. School Readiness transfers will not be completed until all balances are paid in full.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT SIGNATURE DATE**

**PARENT AGREEMENT TO CENTER POLICIES AND PROCEDURES:**

By signing below I agree that I have received a copy of the policies and procedures for Academy of Tampa Inc. I also have been informed that a copy of the childcare licensing rules and regulations for childcare centers is available to review upon request.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT SIGNATURE DATE**

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

**My signature below verifies receipt of the Brochure on the Influenza Virus, the Flu, a Guide to Parents:**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PhotoGraph/Video Release**

 I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant\_\_\_\_\_ or deny\_\_\_\_\_\_ permission for photographs to be taken of my child’s activities at Children’s Discovery. I understand that my child’s participation confers on me with no ownership rights to the photographs or negatives whatsoever.

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

**Parent Signature**

**DISCIPLINE POLICY AND PROCEDURES:**

 The goal of discipline it 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 expectations of the behavior of each child. His/her developmental age and stage must be taken into consideration.

**At our facility we encourage positive behavior in the following ways:**

* Allowing the child choices of activities, equipment and materials, giving him a feeling of control over his environment so that conflict with others can be avoided
* Guidance in developing language skills which will help them resolve conflicts with words and not inappropriate behaviors such as biting, hitting, kicking, etc.

**If a child is experiencing difficulty controlling his/her behavior:**

* He/she will be redirected to another play area which may prevent escalation of the problem.
* If a problem still exists, the child will be removed from the play area and given time away from the group to regain control. The time limits for this personal time are determined by the child. He/she may return to the group when he/she is ready.
* If continued unacceptable behavior occurs, the parent will be scheduled to discuss a team approach to remedy the problem.

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. **Hillsborough County Ordinance No. 03-25, 04-25, 09-57, 09-65, section 1.06, 05-9, and 09-58 “Child Discipline” requires that parents are notified in writing of the disciplinary practices used while in care prior to admission. Spanking or any other forms of physical punishment is prohibited. Discipline shall not be associated with food, rest or toileting.**

**I have received in writing the Disciplinary Practices and Procedures used at this facility.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT SIGNATURE DATE**