Academy of Lakeland
1038 Sunshine Dr E Lakeland, FL 33801
863-333-0289
Academyoflakeland@gmail.com

PARENT BROCHURE

Company Philosophy:

At Academy of Lakeland, our staff and leadership are committed to providing a safe, nurturing, and engaging environment where every child can grow, learn, and thrive. We welcome children and families from all backgrounds and strive to create a community built on respect, kindness, and support. Our mission is to provide a safe, nurturing, and engaging environment where children can grow socially, emotionally, and academically.

We proudly accept Early Learning Coalition (ELC) School Readiness, Voluntary Prekindergarten (VPK), and Step up (UA)

Programs Offered:

- Infant Care – nurturing care and early development activities
- Toddler Program – language, motor skills, and social interaction development.
- Preschool – early literacy, math, and kindergarten readiness.
- VPK - Florida's Voluntary Prekindergarten program for 4-year-olds.
- Before & After School – supervised care for school-age children.

What We Provide

- Meals & Snacks
- Curriculum
- Developmental Assessments
- Safe Learning Environment

Confidentiality Policy:

All information submitted to the center for the purpose of enrolling a child such as social security numbers, 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.

Tuition & Payment Policies:

• Tuition is due **every Monday morning**.
• Late payments will incur a **$20 late fee**.
• Tuition is not prorated for absences.
• School Readiness families must follow ELC attendance policies.

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There is a $75 registeration fee due before the first day of enrollment. This fee is charged annually in the first week of January.

If a child is absent due to illness:

• School Readiness families may submit a **doctor's note**.
• Private-pay families may be charged a **$50 holding fee**.

Services will be suspended after two weeks of non-payments.

Withdrawal Policy:

We require two weeks' notice prior to withdrawal. 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.

Hours Of Operation

Monday – Friday: 6:30 AM – 6:30 PM

Late pickup fee: $1 per minute per child after closing time

Children must be dropped off no later than 9:00 a.m. If your child is 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 & Birthdays:

Our center is closed on the weekend and major holidays. A written notice will be posted at the center at least one week in advance 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.

Sign In & 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 is separated by age of the child.

If a child is 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.

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School Readiness Sign in Policy:

All children must be signed in and out DAILY. Parents are 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:

Academy of Lakeland maintains an **open-door policy**. Parents are welcome to visit the center at any time during operating hours to observe their child's classroom.

We encourage parental involvement and participation in center activities.

Effective communication between parents and staff is essential.

Parents should:

• Communicate directly with teachers or the Director
• Provide written notes for important messages
• Avoid sending verbal messages through children

Academy of Lakeland utilizes ProCare messaging for communication between staff and parents throughout the day. Please see director on how to sign up.

Parent-teacher conferences are available **twice per year or upon request.**

Screening & Assessments:

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 parents will plan 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:

For the safety of all children:

Children should **not attend the center if they have:**

• Fever (100°F or higher)
• Vomiting or diarrhea
• Severe coughing

• Conjunctivitis (pink eye)
• Head lice
• Communicable diseases

If a child becomes ill during the day:

1. The child will be separated from the group.
2. Parents will be contacted immediately.
3. The child must be picked up promptly.

Children may return **24 hours after symptoms are gone** or with a **doctor's note**.

Medication Policy:

Medication will only be administered if:

• A **medical authorization form** is completed
• Medication is **prescribed by a physician**
• Medication is in the **original labeled container**

Medication may only be administered between:

9:00 AM – 4:00 PM

All medications are stored in a **locked container in the office**.

Meals & Nutrition:

Academy of Lakeland participates in the **Florida Child Care Food Program**.

Meals provided daily:

• Breakfast
• Lunch
• Afternoon snack

Menus follow **USDA nutritional guidelines** and are posted in the center.

Food from home is **not permitted** unless there is:

• A medical reason
• A religious dietary restriction

Documentation may be required.

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 are posted in their classroom and covered for privacy reasons. This is for the protection of all the children in our center.

Sanitation & Hygiene Policies:

Proper sanitation practices are followed to maintain a healthy environment.

Staff and children wash hands:

- Upon arrival
- Before meals
- After toileting or diapering
- After outdoor play
- After contact with bodily fluids

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.

Transportation Policy:

Academy of Lakeland 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.

Parent Volunteering/Family Involvement:

Parents are welcomed into Academy of Lakeland. 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, but we also support the entire family. We provide support by giving written information about your child's day, we pay attention to any concerns you may have regarding your child and offer parent-teacher conferences twice a year and on request. Academy of Lakeland. 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 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!

Emergency Procedures:

Academy of Lakeland maintains emergency plans for:

• Fire evacuation
• Severe weather
• Hurricanes
• Medical emergencies

Evacuation plans are posted in all classrooms.

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:

Parents are responsible for:

• Completing enrollment forms
• Signing children **in and out daily**
• Keeping emergency contact information updated
• Providing updated **immunization records (blue form)**
• Providing updated **physical forms (yellow form)**

Parents must notify the center of:

• Address changes
• Custody arrangements
• Authorized pick-up persons

Authorized pick-up individuals must:

• Be **18 years or older**
• Present **photo identification 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.**

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DISCIPLINE POLICY AND PROCEDURES:

Our goal is to guide children toward positive behavior through:

• Redirection
• Problem-solving
• Teaching appropriate social skills
• Providing structured choices

Children may be temporarily removed from a situation to regain control if necessary.

The following are **strictly prohibited**:

• Physical punishment
• Humiliating discipline
• Withholding food or restroom access

This policy complies with **Polk County Child Care Licensing requirements**.

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 having trouble 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.

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Parent Acknowledgement:

I acknowledge that I have received and read the **Academy of Lakeland Parent Brochure and Enrollment Policies**.

Parent Name: _____

Parent Signature: _____

Date: _____

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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: _____

Social Security # _____ Social Security # _____

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 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**

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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**

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Health Questionnaire

1. Does your child take any medications at home regularly? Yes_____ No _____
   If yes, what_____
2. Does your child have any known allergies to food or environment? Yes _____ No _____
   If yes what? _____Reaction(s): _____
3. 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? _____
4. Do you know or have ever suspected your child to have seizures? Yes _____ No _____
   If yes, what was the cause? _____
5. 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?
   _____
   _____
6. 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? _____
7. Does your child use special words or actions to communicate? Yes _____ No _____
   If yes, what and when do they use them_____
   _____
8. How do you assess your child's physical abilities? Normal _____Advanced ___ _____
   Weak _____
9. 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	_____

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_____

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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 Lakeland**. to transport my child to and from the location of these activities and wherever it may be with prior notice.

I also authorize Academy of Lakeland. 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 _____

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FOOD ACTIVITY/SPECIAL OCCASION FOOD PERMISSION FORM

I grant permission for my child, _____, to participate in any scheduled food activities at Academy of Lakeland. 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 Lakeland 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**

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PARENT AGREEMENT TO CENTER POLICIES AND PROCEDURES:

• 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.

By signing below, I agree that I have received a copy of the policies and procedures for Academy of Lakeland 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. 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.

_____ _____

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: _____

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PhotoGraph/Video Release

I,_____, the parent of _____, hereby grant_____ or deny_____ permission for photographs to be taken of my child's activities at Academy of Lakeland. I understand that my child's participation confers on me with no ownership rights to photographs or negatives whatsoever.

_____

Parent Signature