



Little Scholars Child Development Center, Inc.

"Where early development is fundamental to the growth of your child."

Child Name: _____ Male Female

SS# _____ - _____ - _____ Date of Birth: ____/____/____ Start Date: ____/____/____

Attendance Hours: _____ to _____ (9 hour maximum) Program FT PT

Child lives with: Both parents Mother Father Other (_____)

Parent/Guardian Name _____ DOB _____ SS# _____

Address _____
 Street City State Zip

Cell: _____ Carrier: _____ Email _____ @ _____

Employer: _____ Phone: _____

Address _____
 Street City State Zip

Parent/Guardian Name _____ DOB _____ SS# _____

Address _____
 Street City State Zip

Cell: _____ Carrier: _____ Email _____ @ _____

Employer: _____ Phone: _____

Address _____
 Street City State Zip

Legal Custody: _____ Both parents _____ Mother _____ Father _____ Other (_____)

Copy of Custody Orders must be on file at LSCDC, Inc.

Please list the information of the persons authorized to pick up your child from the center. These people will also be called if you cannot be contacted in case of an illness, injury or emergency.

The last 4 of the SS number will be used for clocking children in and out.

_____	_____	_____	_____
Name	Phone	Relationship	Last 4 SSN

_____	_____	_____	_____
Name	Phone	Relationship	Last 4 SSN

Please list child's medical history information...

Illnesses/Injury: _____ **Date:** _____

Do you suspect your child may have a developmental delay? Yes NO **Explain:** _____

Has your child been diagnosed with Autism ADHA Other. Does your child have a IEP? Yes No

***Allergies:** _____/Reactions: _____ **Date:** _____

_____/Reactions: _____ **Date:** _____

Has your child tested positive for COVID-19? Yes, Date _____ No

Has your child been in contact with anyone with COVID-19? Yes, Date _____ No

***Continue on back (if needed)...**

Emergency Medical Release: This is to certify that I voluntarily furnished medical information on the above –designated child Little Scholars Child Development Center, Inc. I hereby request that in the event that I or the people I authorized for an emergency cannot be reached in a timely manner, that an official representative of Little Scholars Child Development Center, Inc. seek first aid or emergency medical care for my child. I further give my consent for an emergency medical facility or physician to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention.

Physician _____ **Insurance Co.** _____

Physician's Phone: _____ **Policy#/Group#** _____

Parent's Signature: _____, _____

By signing below, I will take full responsibility for payment of all medical services which might be rendered due to any emergency situation that may arise at Little Scholars CDC, Inc...

Parent's Signature: _____, _____.

Discipline Policy: _____ **Initial** The use of corporal punishment is never permitted at Little Scholars Child Development Center, Inc. separation from the group may be used. Our focus is to encourage positive behavior.

Alternate Meal Agreement: _____ **Initial** I agree to provide lunch when needed to meet my child (ren) nutritional needs

Parent Handbook: _____ **Initial** I understand and agree to all the above mentioned policies as well as those set forth in the Little Scholars Child Development Center, Inc. Parent Handbook of which I have received a copy or have or viewed on-line. I also understand that Little Scholars policies may be updated as needed.

Payment Policy: _____ **Initial** I understand that payments are due in advance on every Friday (weekly billing) or on the 1st of each month (monthly billing). I also understand that payments are only accepted only by ACH using my checking account or debit/credit card. Payments not received by Friday at 5:00pm (weekly) or by the 2nd of the month (monthly billing) will incur a \$50 late fee per child. After 1 week of non payment your child's slot will be in jeopardy or your child will be withdrawn. I further understand that I am not paying for my child's attendance and I am paying for the weekly childcare slot including paid holidays, also my registration fee is an annual fee due by August 1st of each year.

Childcare History

Has your child attended a childcare setting? Yes- Name of center _____

Attend Dates _____ to _____ No- Explain _____

Court Appearances: _____ **Initial** If for whatever reason any employee shall be subpoenaed by any family enrolled or previously enrolled, their testimony will be completed by deposition only.

Permission to Photograph: _____ **Initials** I give LSCDC, Inc., or their assistants, permission to photograph my child. I understand these photos or video recordings are for personal use and may be displayed on our social media or other sites connected with LSCDC, Inc.

Permission for Outdoor Play: _____ **Initials** I give permission for my child, to play outdoors with the other children. I am aware that the provider must be within sight or hearing of the children at all times.

Permission for Water Play: _____ **Initials** I give my permission for my child, to participate in water play activities (non-pool) at LSCDC, Inc. I understand that the children will be supervised at all times.

EXCLUSION POLICY: We take the health of children very seriously and take every precaution to keep them healthy. Gloves are worn during food preparation. Hand washing is mandatory by staff and children before and after eating, using the restroom, and playing outside. Gloves are available for diapering and the changing stations are sanitized after each use. Because we take all these steps to ensure a healthy environment, we ask that you do your part in keeping the spreading of illness to a minimum. Your child may not attend if he or she has had any of the following symptoms in the past 24 hours:

Temp of 101 °F or greater	Whooping Cough	Salmonella	Chicken Pox	Rubella			
Impetigo	Lice	Scabies	Hemophilic	Diarrhea	Influenza	Pertussis	Mumps
Undiagnosed Rashes	Measles	Shingles	Discolored Nasal Drainage	Conjunctivitis	COVID-19		
Bronchitis	Strep Throat	Hepatitis A	Shingles	German Measles	Vomiting	Tuberculosis	

If your child is sent home during the day with any of the above illnesses, please be advised that they may not return to school until their pediatrician discharges them or they have been symptom free for 24 hours **WITHOUT** medication. Children who are unable to participate in the class's activities will be excluded and sent home.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Parent Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

Additional requirements per DCF Administration Codes;

* Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. _____ **Initial**

* Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24) _____ **Initial**

* Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or** _____ **Initial**

* Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s). _____ **Initial**

* Section 65C-22.001 F.A.C., requires the parents to receive a copy of the "Distracted Adult Brochure" (CF/PI 175-12) _____ **Initial**

* Section 65C-22.001 F.A.C., requires the parents to receive a copy of the "Influenza Virus, Guide to Parents" (CF/PI 175-70) _____ **Initial**

By signing below I verify that I have received the above brochures in accordance with the F.A.C.

Parent Signature: _____

Date: _____

Director Signature: _____

Date: _____

Comments:



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Little Scholars Child Development Center, Inc to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
16 Digit Card Number	Expiration Date 3 Digit Security Code
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #
Address	City State Zip
Bank or Credit Union Name	Bank or Credit Union Address City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date

For Official Use Only

Date Received
Employee Signature



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

Child's Name: _____ Center Name & Address: Little Scholars Child Development Center, Inc 2721 NW Mall Cir, Jensen Beach, FL 34957

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (772) 934-6870

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

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

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

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

FAP/SNAP Case Number: _____ or TANF Case Number: _____

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

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

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

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

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

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

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

STEP 5: Contact information and adult signature

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

Home address (if available): _____ Daytime phone #: (_____) _____ - _____

Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

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

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

FOR CONTRACTOR USE ONLY:

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

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

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

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

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

Little Scholars Child Development Center, Inc

2721 NW Mall Cir

Jensen Beach, FL 34957

772-934-6870

Participation Agreement

to email and publish my child’s work, photographs or videos via Procare Parent Engagement, Teaching Strategies Gold, and ReadyRosie.

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for publishing children’s work, photographs, or videos through a software program called Procare Parent Engagement (the “Program”), Teaching Strategies Gold, and ReadyRosie. By signing this form you grant permission for us to photograph and/or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos, or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission. To learn more about the Program, visit procaresoftware.com/parent-engagement, family.teachingstrategies.com, and readyrosie.com/for-families/ . Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child’s Name: _____

My Name: _____

My Email: _____

Signature: _____

Date: _____

Note: Please complete the Participation Agreement for each parent / guardian of the child requesting account access.

Little Scholars Child Development Center Inc.
Biting Policy

SUBJECT: Biting

PURPOSE: To Protect the children at the Center and to encourage children to behave in a socially acceptable manner.

POLICY: Staff and Parents shall follow the following guidelines when a bite occurs.

PROCEDURES:

1. Staff recognizes that at times some children, for a variety of reasons, attempt to bite other children. Some reasons for biting are as follows:

Infants	Experimental, sensory pleasure, teething
Toddlers	Frustration, fatigue, attention seeking, confined spaces, inability to communicate
Preschoolers	Aggression, deliberate
2. Staff will use age appropriate behavior strategies for children who are biting. Staff will attempt to keep frustration levels of children low by providing plenty of stimulation to engage children's interests, having smaller groups of children (e.g. inside group/outdoor group), and using distraction techniques to minimize incidents.
3. Staff and Parents should recognize that a human bite, which breaks the skin, brings great risk of infection (e.g. Tetanus, Hepatitis B, etc...) to the victim. Families are required to keep their children's immunization up to date.
4. When a bite does occur, staff will check for broken skin. All bites, whether the skin is broken or unbroken, will be washed with soap and water and be treated with a topical disinfectant. A cold compress will be applied to the bitten area. Staff will inform the family as soon as possible when a bite occurs. At that time, the family may decide upon follow up medical attention. If the biter is known to be an Infections Disease carrier, or can be seen to have facial herpes, the Director will convey this information to the Family.
5. A record of all biting incidents will be kept. This is especially useful in determining any patterns of biting behavior and in anticipating incidents and preventing them.
6. When a child bites three times on a given day, the child's parents will be called and the child must be picked up from the Center **immediately**. This is to prevent further incidences and to calm the biter.
7. Staff will develop a behavior management program for "repeat offenders" in conjunction with parents, the Director, or other Health Care Professionals.
8. If, at any time, child's biting behavior becomes especially excessive or hazardous to the children or staff, the Director will expel the child from the Child Care Center in accordance with the "Discharge Policy".

My signature below verifies the receipt of Little Scholars Biting Policy.

Parent Signature _____ Date _____

Florida Administrative Code **requires** providers to have policies in place regarding the expulsion of children in their care.



Little Scholars Child Development Center, Inc

My signature below verifies receipt of the Expulsion, Suspension and Dismissal Policy.

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this left panel portion of the brochure to Little Scholars CDC to remain in your child's records.

EXPULSION, SUSPENSION, DISMISSAL POLICY

Unfortunately, there are sometimes reasons we must expel a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child (ren) to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from Little Scholars CDC.

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or him/herself.
- Parent threatens physical or intimidating actions towards staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.
- Behavior or developmental delays that were not disclosed at enrollment which causes supervision issues.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records
- Habitual tardiness when picking up your child
- Verbal abuse to staff

CHILD'S ACTIONS FOR EXPULSION

- Failure to adjust in a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting

DISCIPLINE POLICY

No corporal punishment is used at Little Scholars CDC. We use redirection or positive reinforcement and/or reflection time. Our focus is to encourage and reinforce your child's positive behavior. If you are unfamiliar with this concept, please feel free to speak with the Director.

Thanks for allowing our staff to support your child's development. We are committed to each child's social emotional development to avoid dismissing children from our program because of concerns of behavior. Behavior concerns tell us that children need more time, support, and practice to develop their social emotional skills. When serious concerns arise, we will partner with parents and professionals who specialize in supporting children's social emotional health. On occasion, we may work with families to seek the best care for their child if we can no longer meet the needs of an individual child.

Prior to expulsion, suspension, or dismissal a parent will be called, and correspondence will be sent home indicating what the problem is, and every effort will be made by both Little Scholars CDC and the parent working together to correct the problem. If after one or two weeks, depending on the risk of other children's welfare or safety, behavior does not improve, and the center finds that they can no longer accommodate the child, the parent will be asked to seek alternate placement in another preschool setting. The parent will be given a minimum of one week's notice to find another will be able to provide care for this child.