After School Alliance of Polk County

Checklist

Date: _____ Child: _____

- o Parent/Child contact form
- o Policy Form
- o Permission Photo Form
- o Animal Disclosure Form
- o Payment Agreement Form
- o Food Form
- o

After School Alliance of Polk County Child's File Checklist

Date Completed : _____ Date Enrolled: _____ Child's Name:_____

Child care application for enrollment, form CF-FSP 5219 Or Equivalent

Parental consent statement to access files

Signed statement acknowledging receipts of :

"Know Your Child Care Facility": Brochure CF/PI 175-28

Allergy Documentation and/or Special Diet Order with Sample meal plan

Permission slips for transportation

Authorization for food activities / permission form

Expulsion policy Discipline policy

Food and Nutrition policy

Accident/ Incident reports- retain for a year

State of Florida

Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ **Sex:** ___ **Date of Enrollment:** _____

Full Name: _____

Last First Middle. Nickname

Child's Physical Address _____

Primary Hours of Care: From: _____ To _____

Days of the Week in Care: M T W TH F

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack

Family Information: Child Lives With: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Relationship to the child: _____ Relationship to the child: _____

Custody: Mother: _____ Father: _____ Both: _____ Other: _____

Medical Information:

Please list allergies, special medical or dietary needs, or other areas of concern:

_____

_____

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable):

_____

_____

Emergency Contacts:

Child will be released only to the custodial parent(s) or legal guardian(s) and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parents or legal guardians cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- 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 off the disciplinary and expulsion policies used by the family day care provider.

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.

Signature of Parent/Guardian_____ Date: _____

After School Alliance of Polk County

Child Information Consent Form

I _____agree to the terms that all After School Alliance of Polk county employees have access to my child's personal information

Child's Name:_____
Parent Signature:_____
Date : _____

Food Allergy Form

It is important to list any food allergies to keep your child safe. Please list any food allergies below.

Child Name _____

_____

_____

_____

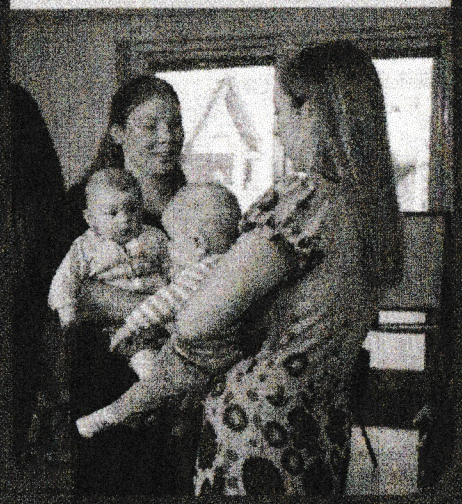
Child's Name:_____

Parent Signature:_____
Date : _____

Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.



More information and free resources:

MyFLFamilies.com/ChildCare

This child care facility is licensed accordingto the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).
License Number: _____
License Issued on __/__/__
License Expires on __/__/__
For more information regarding the compliance history of this child care provider, please visit: MyFLFamilies.com/childcare

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

OFFICE OF CHILD CARE REGULATION AND BACKGROUND SCREENING
MyFLFamilies.com

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

CF/PI 175-24, 03/2014
This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S..

Know Your Child Care Facility

MyFLFamilies.com/ChildCare

After School Alliance of Polk County

PARENTAL PERMISSION FOR SPECIAL ACTIVES

I grant my permission for my child, _____, to participate, in special occasions and learning activities which include food consumption. I understand that I will be informed of all planned food related activities at least TWO days in advance and that I may withdraw my permission for the activity if I so desire.

CIRCLE YES NO

I grant my permission for my child, _____, to be included in school pictures and give permission for those pictures to be used by the center.

CIRCLE YES NO

I grant my permission for my child, _____, to participate in the activities and in the use of the equipment at the center.

CIRCLE YES NO

Child's Name:_____

Parent Signature:_____

Date : _____

After School Alliance of Polk County

EXPLOSION POLICY

NAME OF CHILD: _____
SIGNATURE OF PARENT:_____
DATE: _____

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the children in order to prevent this policy from being enforced.

When a child is having a problem in the classroom

Staff will try to redirect the child from negative behavior.

Staff will reassess the classroom environment, appropriate of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time the to regain control.

Child's disruptive behavior will he documented and maintained in confidentiality.

Parent/guardian will be notified verbally.

Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation.

SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.

The parent/guardian will be informed regarding the length of the expulsion policy.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

Failure to pay/habitual lateness in payment.

Failure to complete required forms including the child's immunization records.

Verbal abuse to staff.

Parent threatens physical or intimidating actions toward staff members.

CHILD'S ACTIONS FOR EXPULSION

Failure of child to adjust after a reasonable amount of time.

Uncontrollable tantrums/angry outbursts.

Ongoing physical abuse to staff or other children.

A CHILD WILL NOT BE EXPELLED

If child's parents.

Made a complaint to the Office of Licensing regarding a school's alleged violation of the licensing requirements.

Reported abuse or neglect occurring at the school.

Questioned the school regarding policies and procedures.

Without giving the parent sufficient time to make other child care arrangements

After School Alliance of Polk County

DISCIPLINE POLICY

1. Age appropriate, constructive disciplinary practices are used for children in our care

    A. Redirect Child

    B. Discuss with the child about appropriate behavior

2. Children are not subjected to discipline which is severe, humiliation or fighting

3. Discipline is not associated with food or toileting.

Parent Signature : _____

Date _____

After School Alliance of Polk County

FOOD AND NUTRITION PLOCIY

Kinder Kollege does not allow any junk food of any kind. At Kinder Kollege, we teach our students the importance of eating right and with the right proportions. NO soda, chips, candy or any other junk food will be allowed in the center. If you choose to pack your child's lunch you must meet the MY PLATE requirements. Theses food requirements can be found at https://www.myplate.gov/myplate-plan. Any food that is brought into the center and is not permitted will discard in the trash.

Child's Name:_____
Parent Signature:_____
Date : _____

After School Alliance of Polk County

Please sign below agreeing you have read and understand the policies of After School Alliance of Polk County.

Child's name: _____

Parent signature: _____

Date:_____

Please Initial the following statements

I understand the following about Payments with After School Alliance of Polk County

There Will be care offered for the following breaks if I choose to sign my child up, I will be charged the full amount, if I do not need care, I will still be responsible for a week tuition rate. _____

Thanksgiving Break _____
Christmas Break _____
Spring Break _____

ASAP is a Weekly Charge, regardless of if my child attends or not I will be charged the weekly Tuition Fee. ____

Early Release Days are 5$ extra if my child attends care _____

Summer Camp and Break camps are offered at our South Pointe Location ____

CREDIT CARD AUTHORIZATION FORM

AfterSchool Alliance of Polk County, Inc | (863) 978-8761

Please complete this form to authorize AfterSchool Alliance of Polk County, Inc to charge your credit card for childcare tuition and applicable fees.

Parent/Guardian Name:	
Child(ren) Name(s):	
Phone:	
Email:	
Billing Address:	
City / State / Zip:	
Cardholder Name:	
Card Type:	
Card Number:	
Exp. Date:	
CVV:	
Billing Zip:	
Authorized Amount & Frequency:	
Start Date:	
Signature:	
Date:	

I authorize AfterSchool Alliance of Polk County, Inc to charge my credit card for childcare tuition and related fees. This authorization remains in effect until written notice of cancellation is provided.

After School Alliance of Polk County

Child Care Payment Agreement & Authorization Acknowledgment

Forms of Payment

After School Alliance of Polk County accepts **credit cards and debit cards only**.

We do not accept:

- Cash
- Personal checks
- Money orders
- Cashier's checks

All credit and debit card transactions are subject to a card processing fee charged by the payment processor.

Parents may either:
- Receive a secure payment link each week to pay online.
- Complete a payment authorization form to have tuition automatically charged.

Payment Schedule

- Tuition is due every Friday for the upcoming week of care.
- If payment is not received by Monday morning of the week of service, a $15 late fee will be added and care may be denied until the account is current.

Delinquent Accounts

- Accounts must remain current.
- Children with past-due accounts will be denied care until the balance is paid in full.
- A $45 registration fee is required before returning to care after removal for non-payment.

Parent Acknowledgment
By signing below, I acknowledge that I have read, understand, and agree to these payment policies.

Parent/Guardian (Print): _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____