



# Biscayne Park School & Early Learning Center Preschool Registration

DATE \_\_\_\_\_ CHILD'S NAME \_\_\_\_\_

Please check the appropriate line, which applies to your child:

- \_\_\_\_\_ New Applicant
- \_\_\_\_\_ Returning Student
- \_\_\_\_\_ Sibling of Biscayne Park School & Early Learning Center Student

I am registering my child for the following:

- |                    |  |
|--------------------|--|
| _____ 12mos. - 3's | 9:00 - 12:00 _____ 5 days                          |
|                    | 9:00 - 2:00 _____ 2 days _____ 3 days _____ 5 days |
|                    | 8:00 - 5:30 _____ 2 days _____ 3 days _____ 5 days |
| _____ PreK 4's     | 9:00 - 2:00 _____ 5 days                           |
|                    | 8:00 - 5:30 _____ 5 days                           |

**\*\*ALL TUITION AND FEES ARE NON REFUNDABLE \_\_\_\_\_ (initial here)**

**\*\* NO COMPANY CHECKS ACCEPTED FOR PAYMENT**

**Registration is not considered complete until registration fee if paid.**

\*\*All children must be completely potty trained, with the exception of the 12-18 months & two-year-old class. Any child three & over not potty trained will be charged an additional \$50 a month until they are potty trained.

The school reserves the right to dismiss any student who does not meet the entrance requirements.

*BPS&ELC does not discriminate against applicants and students on the basis of race, color, and national or ethnic origin.*

**Please note that we cannot guarantee teacher requests. \_\_\_\_\_ (initial here)**

**Current health forms are required to start school. If not replaced prior to expiration, you will be charged \$100 and child will be excluded from school until current. \_\_\_\_\_ (initial here) The reason for this is DCF fines the school & it goes on our record against the school.**

**FOR OFFICE USE ONLY 2018-2019**

Child's Date of Birth \_\_\_\_\_ DCF Required Health Forms \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Registration Fee Date Paid \_\_\_\_\_ Ck. # \_\_\_\_\_

Class Assignment \_\_\_\_\_

(saved: 18-19 BPS registration PACKET)



## ENROLLMENT FORM

Child's Full Name: \_\_\_\_\_ Age \_\_\_\_\_  
(First) (Middle) (Last)

Preferred Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: Male or Female

Address Where Child Lives: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Name of person with legal custody of child\*: \_\_\_\_\_

***\*In order to enforce custody issues, the school must have on file, copies of all legal documentation.***

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Parent 1 Name: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Driver License #: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

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Parent 2 Name: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Driver License #: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

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Names of siblings and ages: \_\_\_\_\_

Child's previous preschool experience: \_\_\_\_\_



# Biscayne Park School & Early Learning Center Preschool Registration

## Medical Information

**Current health forms are required to start school**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

List all identifying **birthmarks** your child has by size & location (Example: Mongolian birthmark):

\_\_\_\_\_

List any allergies, serious accidents, operations, etc. that your child has had:

\_\_\_\_\_

Has your child had any of the following illnesses?

Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_ Strep Throat \_\_\_\_\_ Scarlet Fever \_\_\_\_\_

Please list special cares concerning your child (fears, likes, dislikes, etc.) or any other significant information, which would further contribute to a better understanding of your child and his/her needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

Date \_\_\_\_\_

\_\_\_\_\_

Yes, I give permission for Biscayne Park School to use my child's picture on the school website, brochure, school newsletters & school advertisements.

No, I do not want my child's picture used on the Biscayne Park School website, brochure, school newsletters & school advertisements.

Yes, you may share my home phone and/or address with my child's classmates family.

No, you may not share my home phone and/or address with my child's classmates family.

\_\_\_\_\_

Date

Signature of Parent/Guardian



## EMERGENCY CONTACT FORM

*This form is very important to ensure the proper care of your child in the event of an emergency, this form must be filled out completely and accurately.*

Child's Name: \_\_\_\_\_

Parent 1/Guardian Name: \_\_\_\_\_

Parent 2/Guardian Name: \_\_\_\_\_

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**Child will be released only to the custodial parent or legal guardian and the persons listed below.**

\_\_\_\_\_ Parents Initials

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 parent or legal guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

List individuals *specifically not* authorized to pick up your child from school:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\* In cases of custody issues:** The school must have copies on file of all legal documentation regarding custody issues for enforcement.



# Biscayne Park School & Early Learning Center Preschool Registration

## PROCEDURES & POLICIES

Tuition is based on an annual amount. For your convenience, we **prorate the annual tuition over a ten-month period**. If your child is withdrawn prior to the end of the school year, you will still be responsible for the total annual tuition.

### **ALL TUITION & FEES ARE NON-REFUNDABLE**

1. Tuition for all of the Biscayne Park School & Early Learning Center Programs is payable on the first of each month. A late fee of \$15 a day will be added to bills not paid within five days of the due date.

### **ALL TUITION & FEES ARE NON-REFUNDABLE.**

2. There is no reduction of fees for absences, vacations, school breaks, or natural disasters. Tuition is based on an annual amount. **We divide the payments up in 10 monthly equal payments for your convenience. Payable August - May**
3. Children should be dropped off by 9:00 a.m. to avoid missing any classroom activities and projects.
4. All children are to be signed in and out on the sign in sheets in their classrooms. This policy is for the safety of the children. Any person picking up your child must have a picture I.D. with them and be on your pick up list.
5. **Children who are picked up late from the 12pm or 2pm dismissal will be charged the DAILY DROP IN RATE (\$12 per hour) for extended day services beginning 10 minutes past the hour. After 5:30 pickup is charged as follows: \$35 at 5:31, plus \$1 per minute.**
6. Children must be kept home if they have a fever of 99 degrees or higher, vomiting, diarrhea, constant cough, wheezing, green runny nose, or contagious illness. Children cannot return to school until they are fever free for 24 hours. This policy is non-negotiable. \_\_\_\_\_ **Parent initials**
7. No medication can be administered to a child without written authorization from a parent. All medication must be given to the child's teacher. **(Do not put medication in child's lunch box)**.
8. Our designated Emergency Evacuation relocation site is located across the street in the church parking lot located on 113<sup>th</sup> Street.
9. In the event of an emergency, including off site relocation you will be notified via text message, if text is not available you will receive a phone call.

(cont'd on page 6)



10. All After School children need a complete change of clothing including shoes & socks left at school in case of accidents. All items must be marked with the child's name.
11. Children who are napping need a crib sheet, blanket, and any other item they need to help them sleep. All nap items must be taken home on Friday for laundering and returned on Monday morning.
12. The Director is to be notified *one month in advance* before a child is to be withdrawn. Parents are required to pay for that one month regardless of when the child leaves the school.

**ALL TUITION & FEES ARE NON-REFUNDABLE.**

13. If, after a reasonable period of time, a child is unable to adjust to the School, the School reserves the right to request withdrawal of the child. This decision is left to the discretion of the Director and Teacher.
14. Parents need to inform the School of changes in addresses, phone number, employment, emergency information or any changes in family situations.
15. It is a state mandatory requirement that current health forms are required to start school. If not replaced prior to expiration, you will be charged \$100.00 and child cannot attend school until current forms are turned into the office. The reason for this policy is the school is fined by DCF for not having up to date records.
16. I hereby give my consent for child care personnel to have access to my child's records.

**ALL TUITION & FEES ARE NON-REFUNDABLE**

\_\_\_\_\_

Parent Signature

Date

(Signature signifies acknowledgement and agreement to follow Policy & Procedures of School)



# Biscayne Park School & Early Learning Center Preschool Registration

## POLICY ON DISCIPLINE

In accordance with the state rule Section 65C-22.006(3)(c) 2., F.A.C., which requires child care facilities to notify parents in writing concerning the disciplinary practices used by the facility, the following policy applies:

To insure a safe and successful program, discipline is a must. Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over reflect upon his or her behavior. We will encourage children to choose alternatives to improper behavior.

The following steps will be used for behavior modification:

1. Children will be corrected and asked to change their behavior.
2. Children will be re-directed from situation.

The following practices are **prohibited** at Biscayne Park School & Early Learning Center:

1. Discipline that is severe, humiliating, or frightening.
2. Discipline associated with food, rest, or toileting.
3. Spanking or receiving any other form of physical punishment.
4. Be denied active play as a consequence of misbehavior.

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Signature of Parent or Guardian

Date



### ACKNOWLEDGEMENT OF RECEIPT

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. The parents or legal guardian's signature verifies compliance.

Parent Initials

Section 402.3125 (5), F.S., requires that parents must receive a copy of the childcare facility brochure, KNOW YOUR CHILD'S DAY CARE CENTER. The parents or legal guardian's signature verifies receipt of the childcare brochure.

Parent Initials

Section 65C-22.006 (3) (c) 2., F.A.C., requires that parents/guardians be notified in writing of the disciplinary practices used by the childcare facility,

or

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

Parent Initials

I have read and will abide by the Biscayne Park School & Early Learning Center Procedures and Policies.

Parent Initials

Your signature below indicates that you have received the above items and the information on the entire registration packet is complete and accurate.

Child's Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

Date





# Biscayne Park School & Early Learning Center Preschool Registration

## ANNUAL TUITION AND FEES CONTRACT 2018 - 2019

Registration Fee	\$830 annually
Sibling Registration	\$600 annually

12 mos.—Prek 4	
9 am - 12 - 5 days	\$680 Monthly
9 am - 2 - 2 days	\$575 Monthly
9 am - 2 - 3 days	\$680 Monthly
9 am - 2 - 5 days	\$830 Monthly
9 am - 5:30 - 3 days	\$830 Monthly
9 am - 5:30 - 5 days	\$990 Monthly

Early Arrival 8:00 to 8:45 (monthly)	\$60.00
Early Arrival Daily Drop In	\$ 5.00

*Registration Fees are due upon registration, \$830 first child and \$600 second child (if applicable). Child is not considered registered until these fees are paid in full.*

**\*\*Tuition is based on annual amount. For your convenience, we prorate the annual tuition over a ten-month period (Payable August - May)** If your child is withdrawn prior to the end of the school year, you will still be responsible for the total annual tuition.

No portion of any fees are subject to adjustments or refunds because of absence, illness, natural disaster, or withdrawals. **Missed days may not be exchanged for alternate days.**

**ALL TUITION AND FEES ARE NON-REFUNDABLE**

**DELINQUENT PAYMENTS**

Tuition and all fees are past due if it is not paid by the 5th of each month. A late fee of \$15.00 a day will be automatically charged to your account. Children of parents who are considered "delinquent" after 15 days will no longer be able to attend school. **Parent Initial**  
 Parents/Guardians agree that in the event of default in payment, they shall be responsible for all collection costs, including but not limited to agency costs, court costs and reasonable attorneys' fees incurred by Biscayne Park School & Early Learning Center related thereto.

**PLEASE SIGN THE SECTION BELOW AND RETURN WITH YOUR PAYMENT.**

I have read, and fully understand the above instructions regarding the rates and due dates of tuition and fees. I agree to make the payments specified by the following dates: **All forms must be submitted with payment in order to be considered registered.** **\*ALL TUITION AND FEE PAYMENTS ARE NON-REFUNDABLE.** A late fee of \$15.00 a day will be charged to your account after the 5th of each month. If a check is used and returned a check fee of \$35.00 will be charged to your account and a \$15 a day fee will be added until balance is paid in cash. Please make all payments by Venmo, Zelle, \*Credit Card (\*convenience fee applies). If you need an alternative payment method speak with the director to make arrangements.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Child's Name

\_\_\_\_\_  
 Printed Name of Parent/Guardian

\_\_\_\_\_  
 Date



**CHILD DAY CARE LICENSING ALTERNATE NUTRITION PLAN AGREEMENT**

**Name of Facility: Biscayne Park School & Early Learning Center**

**BPS is a Nut Free Environment. Any products made with nuts, peanut butter, or any other type of nut will be confiscated.**

**Child's Full Name:** \_\_\_\_\_ **Age** \_\_\_\_\_  
**(First) (Last)**

**List any special dietary requirements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to abide by the following meals and snacks to meet my child's nutritional and dietary needs:**

**Parent Provides – Breakfast, Snacks, Noon Meal, Dinner, Evening Snack and, when applicable, Formula**

**I understand and approve the use of the Alternate Nutrition Plan.**

\_\_\_\_\_

**Signature of Parent or Guardian Date**

**We agree to provide the parent with a suggested meal pattern and menus and to discuss any problems, which might develop in the use of the Alternate Nutrition Plan.**

*Sandi Busta*

\_\_\_\_\_

**Signature of Owner/Operator**

**Date**

**HRS-CYF Form 5019, May 82 (Replaces HRS-SES Form 4084; obsoletes DFS-S-2052) (Stock Number: 5749-000-5019-4)**



# Biscayne Park School & Early Learning Center Preschool Registration

## Policy for Exclusion of Ill Children

1. **Fever:** Auxiliary temperature over 99  
If a child enters the center and is known to have had a fever during the previous 24 hours, the staff will take the child's temperature to determine admission. **Children should not return to school until they are fever free for 24 hours.**
2. **Behavior:**  
If a child looks or acts differently: awake all night and crying, unusually tired, pale, lack of appetite, irritable or restless.
3. **Respiratory:**  
Breathing difficulties, e.g. wheezing.  
Initial onset of colds with watery eyes and clear nasal drainage along with sneezing.  
Cold with yellow green nasal discharge and/or prolonged cough.
4. **Vomiting:**  
More than usual infant "spitting up".
5. **Diarrhea:**  
Is characterized by frequent watery or green-colored bowel movements, which are not related to medications or food reactions. If child has more than 1 loose bowel movement they will be sent home.
6. **Rash:**  
Undiagnosed rash other than mild diaper rash.
7. **Sore Throat:**  
Sore throat that needs culturing because other signs are present.
8. **Eyes:**  
Redness, swelling and/or discharge in eyes.
9. Re-admittance to school for the following communicable diseases shall be:
  - a. Chickenpox – all lesions are dry and crusted.
  - b. Impetigo (blisters covered with honey-colored crusts) at least 24 hours after the start of medication. If there is no improvement in 48 hours, the child should be reassessed by the physician.
  - c. Conjunctivitis ("pink eye" – redness of eye with burning and thick purulent discharge) – at least 24 hours after the start of medication and no drainage present.
  - d. Lice and Scabies – No Nit Policy.
  - e. Pin worms – no restrictions following the start of treatment.
  - f. Hepatitis – Physician's statement required for re-admittance.
  - g. Strep throat – no sooner than 48 hours after the start of oral medication or 24 hour after an injection.
  - h. Hand, Foot & Mouth – Blister Free & Physician's statement required for re-admittance.

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

\_\_\_\_\_  
Date



## PROBATIONARY AGREEMENT

BISCAYNE PARK SCHOOL & EARLY LEARNING CENTER believes in supporting and facilitating our students in every way possible in order for each individual to reach their potential. It is with great pleasure to accept your child into our school. However, there is a minimum **10-DAY PROBATIONARY PERIOD** where the students are evaluated and a final decision is then concluded. We reserve the right to extend the time frame beyond 10 days at our discretion, which includes the dismissal of a student at the 10-day mark or beyond.

I have read and understand the Probationary Agreement of BPS&ELC School and agree to abide by this policy.

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Print Name

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Signature



# Biscayne Park School & Early Learning Center Preschool Registration

Dear Parents,

BISCAYNE PARK SCHOOL & EARLY LEARNING CENTER is **Nut Free Environments**. We are asking that parents not provide peanuts, peanut butter, or any type of nut in their child's lunch. If any child brings any type of food containing nuts, they will not be allowed to eat it and we will replace it with something else.

**NO TYPE OF NUT PRODUCT SHOULD BE BROUGHT INTO THIS BUILDING BY ANYONE.**

This practice has been implemented to address the needs of several children in our program who have a life-threatening allergy to nuts. Simple contact with peanuts or any nuts or their oils could be potentially fatal to these children, and we have a responsibility to care for these children and address their needs. Be aware that our program restricts all nut products including peanuts and peanut butter and any types of nut spreads. If your child has anything with nuts in their lunch box it will be taken out and they will be given something else to eat. If this occurs, you will be given a notice regarding the incident, and your account will be billed **\$4.00** for a lunch that we will provide.

Please realize how important this policy is, and we want to thank you in advance for your cooperation in this matter.

Sincerely,

Sandi Busta  
Director

I have read and understand the nut free policy of BPS&ELC Schools and agree to abide by this policy.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

# Know Your Child Care Facility

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect.

When evaluating the quality of a child care setting, the following indicators should be considered:

### Quality Caregivers

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

### CF/PI 175-24, 10/2007

#### Quality Environments

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

#### Quality Activities

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

## Licensing Standards

This child care facility is licensed according to 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: C11MD0848

License Issued on 9/6/08

License Expires on 9/5/09

For more information regarding the compliance history of this child care provider, please visit: [www.myflorida.com/childcare](http://www.myflorida.com/childcare).

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch.65C-22, F.A.C., which include, but are not limited to, the following:

### General Requirements

- ✓ Valid license posted for parents to see.
- ✓ All staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:
  - Under 1 yr. old 1:4
  - 1 yr. old 1:6
  - 2 yrs. old 1:11
  - 3 yrs. old 1:15
  
  - 4 yrs. old 1:20
  - 5 yrs. old & older 1:25
- ✓ Maintain appropriate transportation vehicles (*if transportation is provided*).



# Biscayne Park School & Early Learning Center Preschool Registration

- ✓ Provide parents with written disciplinary practice used by the facility.
- ✓ Provide access to the facility during normal hours operation.

## **Physical Environment**

- ✓ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ✓ Provide space that is clean and free of litter and other hazards.
- ✓ Maintain sufficient lighting and inside temperatures.
- ✓ Equip with age and developmentally appropriate toys.
- ✓ Provide appropriate bathroom facilities and other furnishings.
- ✓ Provide isolation area for children who become ill.
- ✓ Practice proper hand washing, toileting, and diapering activities.

## **Training Requirements**

- ✓ 40-hour introductory child care training.
- ✓ 10-hour in-service training annually.
- ✓ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ✓ Director Credential for all facility directors.

## **Health Related Requirements**

- ✓ Emergency procedures that include:
- ✓ Posting Florida Abuse Hotline number along with other emergency numbers.
- ✓ Staff trained in first aid and Infant/Child CPR on the premises at all times.
- ✓ Fully stocked first aid kit.
- ✓ A working fire extinguisher and documented monthly fire drills with children and staff.
- ✓ Medication and hazardous materials are in accessible and out of children's reach.

## **Food and Nutrition**

- ✓ Post a meal and snack menu that provides daily nutritional needs of the children

*(if meals are provided).*

## **Record Keeping**

- ✓ Maintain accurate records that include:
- ✓ Children's health exam/immunization record.
- ✓ Medication records.
- ✓ Enrollment information.
- ✓ Personnel records.
- ✓ Daily attendance.
- ✓ Accidents and incidents.
- ✓ Parental permission for field trips and administration of medications.

This brochure was created by the Department of Children and Families, Child Care Program Office pursuant to s. 402.3125(5), F.S.,  
**For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:**  
**To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.**

## **Parent's Role**

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

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

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

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.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

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

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



**What is the influenza (flu) virus?**

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

**How can I tell if my child has a cold, or the flu?**

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

**What should I do if my child gets sick?**

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

**CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:**

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



**How can I protect my child from the flu?**

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

**What can I do to prevent the spread of germs?**

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



**When should my child stay home from child care?**

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

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

CF/P1 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.





# Biscayne Park School & Early Learning Center Preschool Registration

## Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child’s participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_ (Parent or Guardian)  
(circle one) (Child’s Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

\_\_\_ My children **DOES NOT** have a food allergy or dietary restrictions. He or she **MAY** participate in activities.

\_\_\_ My child **DOES NOT** have a food allergy or dietary restrictions. He or she **MAY NOT** participate in activities.

\_\_\_ My child **DOES** have a food allergy or dietary restrictions. He or she **MAY** participate in activities, but may not eat or handle the following items (please list below):

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

\_\_\_ My children **DOES** have a food allergy or dietary restrictions. He or she **MAY NOT** participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child’s enrollment.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)



Credit Card Authorization For 2018-2019 for Non-Payment of Tuition

I \_\_\_\_\_ authorize Biscayne Park School to charge my monthly tuition amount plus 3.5% fee will be added to the credit card listed below each month or a one-time charge for accounts that are in default (1 month behind in payments).

Please Print Legibly

Today's Date: \_\_\_\_\_

Credit Card Account Type: (Check One)  Visa  MasterCard  Discover  AMX

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 Digit Security Code (CVV on back of Card or Front of AMX Card) \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name of Student(s)

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