



PARENT CONTRACT
& Forms

Island Kids
Child Care Center
Preschool & Pre-K
Lakewood Ranch

6230 Lake Osprey Dr., Lakewood Ranch, FL 34240
941-241-9003 • info@islandkidsfl.com



Parent Contract
 (Contract may be amended at any time with notice)

This contract is between Island Kids Child Care Center and _____
 (Parent/Guardian first & last name)

Who do the children/child reside with? _____
 Address: _____
 Home Phone: _____ Cell Phone: _____
 Employer: _____ Employer Phone: _____
 Employer Address: _____

Name and age of each child/children attending *Island Kids Child Care Center*

Child's name: _____	DOB: _____	Rate: \$ _____
Child's name: _____	DOB: _____	Rate: \$ _____
Child's name: _____	DOB: _____	Rate: \$ _____
Child's name: _____	DOB: _____	Rate: \$ _____

TOTAL agreed rate for children/child: \$ _____

START DATE: _____

Days enrolled, please circle days: Monday Tuesday Wednesday Thursday Friday

Estimated time of drop off: _____ **Estimated time of pick up:** _____

Please note: Children may attend anytime between 6am-6pm. Times above do not mean that you must follow them. We just need an estimated time so we can staff appropriately.

Payments are due by Friday at 6pm the week before care is provided. If payment is not made by Friday at 6pm, the week before care, a \$35 late fee will automatically be applied to your account.



Hours of Operation

Island Kids Child Care Center's hours are from 6:00 AM until 6:00 PM, Monday through Friday. Hours of care will be contracted from child to child. Childcare will not be provided on Saturdays, Sundays or on the following holidays:

Labor Day
Thanksgiving
Christmas Eve
Christmas
New Years Eve
New Years Day
Memorial Day
Independence Day (July 4th)

All holidays are paid for by the responsible party on contract.

Please note: Children must be dropped off by 9am, unless other arrangements have been made with the director. Please call if your child will be late.

Late Arrival fee: \$3.00 per minute. Island Kids Child Care Center closes at 6:00pm. If you are late, the fee will be assessed on your billing invoice. If you have an emergency, please call to inform the office that you are going to be late.

Tuition Rates

Ages 6 weeks to 12 months, Infants:

Full-time: \$415
Daily rate: \$105

Age 1:

Full-time: \$405
Daily rate: \$98

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Age 2:

Full-time: \$375

Daily rate: \$95

Ages 3 to 5 Preschool/Pre-K:

Full-time: \$369

Daily rate: \$89

Half Day: 9am-12pm, ages 3-5 years old: \$75

Half Day: 9am-3pm, ages, 3-5 years old: \$80

Nanny Care, Room 1: "Nanny Care, Room 1" is personalized care for one family

Full-time, Monday-Friday, one child: \$1100

Full time, two children: \$1400

Full time, three children: \$1600

At Island Kids we offer "Nanny Care" in two of our classrooms. One of our classrooms is reserved for immediate family members who enroll together or for one signal family.

Nanny Care, Room 2: All children enrolled must be in the same age range to adhere to all DCF ratio guidelines. "Nanny Care, Room 2" children can only enroll for full time, Monday through Friday.

Per child: \$985 per week

"Nanny Care, Room 2" is dedicated for families who only want their child with two other children who are in the same age range. Please note: In "Nanny Care, Room 2" there is not a choice of who your child will be with. Island Kids will enroll these children upon request.

School-age care: Drop off begins at 6am

Daily: Before school: \$30 per day

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Daily: After school: \$30 per day

Weekly: Before and After School: \$220

Weekly: Before or After School: \$115

School age children, Camps, Summer Camp, Half day of school:

Full week of school-age camp (ages 5-12): \$349

Full day, school age camp: \$92 (Open 6am to 6pm, can utilize any of the 12 hours)

Half day of school: \$65 (when school is let out early)

Please note:

ALL RATES ARE SUBJECT TO CHANGE WITH PRIOR NOTICE

A 10% discount will be deducted from the oldest child's tuition rate. Both children must be full-time to receive the discount. For families with more than two children, a discounted rate will be determined upon registration.

A 10% discount will be given if annual tuition payment is made in full. If you are interested in paying in full, please talk with your director and she will give you the rate. If you have two children, you will still receive the 10% discount off the oldest child and the 10% discount off the total cost for the year. Payment in full will be determined at the time of request. Payments made in full will not be refunded.

Breakfast- 6am to 8am: Parents must supply breakfast for their child before bringing their child to the center or parents can send their child with breakfast that can be eaten before 8:30am.

Lunch-11am to 12pm: All rates include a cold lunch for children over the age of 2. Lunch examples are: Turkey, ham, bologna, or chicken sandwiches, wraps, or roll ups, dairy, grain, fruit, and vegetable. **Parents/guardians can supply lunch for their child if they choose. Please note: Food provided by parents/guardians cannot be warmed or stored in a refrigerator. Please send food in an insulated lunch box with a cold pack to ensure the food doesn't spoil. If your child prefers warm food, please send their meal in a thermos or insulated container. Please complete attached lunch form.**

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Friday is Pizza Friday! All children will still be offered an Island Kids cold lunch if they do not participate in Pizza Friday. If families choose to have their child participate in Pizza Friday, the cost per child is \$4. This will include two slices of pizza, fruit and a vegetable. If your child will participate in Pizza Friday's, a permission form will need to be completed and your Procure account will be billed weekly.

Children between the ages of 6 weeks- 2 years old:

Parents/guardians must supply breakfast, lunch, and snacks. Included but not limited to baby food, people food, formula, breast milk, and regular milk.

If your child has an allergy to any food items, all food must be provided by the parent/guardian.

Snacks: Parents must provide a AM and PM snack for their child to enjoy during snack time. Some great snacks to send include; yogurt, fruit, vegetables, grains, etc.

Also included in our tuition are Program Incentives. Island Kids Program Incentives are programs that are integrated into our daily routines, such as: Music, art, dance, fitness, yoga, and more. Program Incentives can change annually to incorporate different healthy activities.

Fees:

Late Payment Fee: \$35 per week will be assessed if payment is not received the week before care, by 6pm on Friday.

Registration fee:

Start Date within One Month of Registering: \$150, ONE TIME, NON-REFUNDABLE REGISTRATION FEE, PER CHILD + FIRST WEEKS TUITION, NON-REFUNDABLE

Start Date Within One Year: \$250, ONE TIME, NON-REFUNDABLE REGISTRATION FEE, PER CHILD + FIRST WEEKS TUITION, NON-REFUNDABLE

Upon registration, your account will be billed a one-time registration fee and first week's tuition. Both payments are due at the time of registration. Please note, the registration fee and first



week's tuition are NON- REFUNDABLE. If you decide that you are not going to attend, your money will not be refunded.

Absences:

If your child will not be attending, a one-hour notice of absence is required. Payment is still due when a child is absent. If your child is out for numerous days due to illness or hospitalization, please inform the director so that proper arrangements can be made for nonpayment.

Payments:

All payments are due by 6pm on Friday prior to childcare services being provided. After 6pm, the late fee of \$35.00 will be assessed. If payment is not made within 7 days, your child will not be accepted into care until payment, including all late fees, is made. Each week that payment is not made, a \$35.00 late fee will be added. If a period of two weeks passes, without payment received, the contract will be terminated, and the position filled.

Childcare fees are due regardless of whether your child attends. You are paying for a position, as well as a service. A position will be considered open until the first week's fees are received.

Payments will be due regardless of:

- Vacation
- Illness
- Closure due to inclement weather, including but not limited to hurricanes, flooding, tornado, or tropical storm
- Closure due to a State of Emergency
- Holidays the center is closed
- Covid

- Loss of electricity or other utilities

If Island Kids loses electricity or any other utility necessary for providing care, we will notify families via Procure regarding closure or delayed start.

All childcare services will be contracted. The contract is a legal document obligating *Island Kids Child Care Center* to provide a service for you and obligating you to pay *Island Kids Child Care Center* for that service. There are other requirements in the contract. *Island Kids Child Care Center*

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urges you to thoroughly read the contract and realize that it is legal, and you will be held liable for each item of the contract. By signing, you are accepting it in all its terms.

- Regardless of your child's absence, your contracted tuition must be paid for that week
- For your convenience, the center accepts cash and checks, and ACH payments made through ProCare with a convenience fee of \$1.
- A bounced check fee of \$35.00 will be charged for any bounced check
- A bounced ACH fee of \$38.50 will be charged on Procure

Drop Off/Pick Up:

Children must be dropped off by 9:00am. If your child is going to be late, please call or email to inform Island Kids.

Please do not leave your car running and unattended in the parking lot. Please do not allow your child to play near vehicles at any time.

No child will be allowed to leave with anyone except the parent(s) or guardians(s). If your child is going to be picked up by another person, a written letter, email, or phone call giving Island Kids permission to release your child must be given. Anyone unfamiliar to *Island Kids Child Care Center* will be required to show proof of identification. Please make the alternate pick-up person aware of the requirements.

It is normal for your child to cry on arrival, especially for the first few weeks. Please make your goodbye brief and tell your child you will be returning later or in a little while. IF your child is crying, they will usually stop within seconds of your departure. Please do not stay in the classroom with your child, it will make your child more upset once you leave.

Pick up and drop off

Students will be dropped off at the main entrance of Island Kids. For the beginning of the school year, you may bring your child to their classroom.

For pick up, parents may walk to their child's classroom. Both drop off and pick up are subject to change at any time. Notice will be given.



If you have a guest, friend of the family, grandparent, or anyone who usually does not pick up, they **MUST** remain in the main entrance and cannot enter the main building. If you would like to take your guest with you to your child's classroom, please inform the office for a pass.

Enrollment/Disenrollment Requirements:

Children are accepted for enrollment from the ages of 6 weeks to 12 years old. The center requires the following to be submitted to the director prior to enrollment:

- You will be required to sign an Island Kids Contract that indicates you have read, understand, and agree to ALL the Policies as outlined.
- A completed medical form (completed by the child's physician) for your child must be on file. This form must not be dated earlier than 6 months prior to admission. The medical report will be valid for one year. Please be sure to give updated proof of immunizations as they occur. Your child cannot attend if he/she does not have the appropriate immunizations up to date and on file.
- Emergency contact information form
- First week's tuition
- A one-time, per child registration fee
- All appropriate forms must be completed, signed and on file **PRIOR** to admission. All necessary forms/consents will be given to you in your admission package.

Island Kids Child Care Center reserves the right to terminate care at any time. The center reserves the right to ask parents/guardians to make alternative arrangements for care of a child enrolled at the center if any situation occurs that *Island Kids Child Care Center* does not agree with. (See Expulsion policy.)

Island Kids Child Care Center reserves the right to terminate this contract without cause or reason.

Two weeks' notice **MUST** be given to the director when services are no longer needed. If notice is not given and you do not bring your child, you will be billed for two weeks of contracted tuition with late fees.

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Please be advised: If your family has been dis-enrolled from Island Kids due to non-payment and payment arrangements have not been made with Island Kids, your account will be sent to our Attorney. They will contact you to make proper payment arrangements. If those arrangements cannot be made, the attorney will place your account in collections where they will collect 9% interest on the funds until paid.

Illness Policy

Island Kids Child Care Center cares for children that are well or mildly ill. A mildly ill child presents symptoms that do not represent a significant risk of serious infection to other children, such as a slight cough or clear runny nose.

Children will be excluded from care if they exhibit any of the following symptoms:

- Fever of 99 degrees or above
- Diarrhea- three loose stools in an hour or throughout the day
- Vomiting
- Contagious illnesses such as scabies, chickenpox, strep-throat, mouth sores (HFM), Covid, Flu, etc.
- Head lice: your child may return after treatment
- COVID- following OCFS isolation guidelines
- The child is too ill to participate in program activities
- Illnesses that result in a need for care that is greater than the staff can provide
- Acute change in behavior- i.e. lack of responsiveness or a quickly spreading rash

If a child exhibits any of the above symptoms, they must remain out of school until they are symptom-free & fever-free for 24 hours without medication. If they are sent home with any of the above symptoms, they cannot return to school until they are symptom-free & fever-free for 24 hours without medication.



Grace Day Policy:

- One Grace Day credit is 50% of your child's average daily tuition rate
- Grace Days expire every 6 months and are offered in two 6-month periods, January 1 - July 2 and July 5-December 21
- Requests must be given at least two weeks in advance and must be approved by the director. Once approved, your account will be credited the week after and the credit will reflect in the tuition for the following week
- Grace Days CANNOT be used for Holidays
- If your child is enrolled for one day only, there are zero grace days allotted
- You will receive one grace day for each day enrolled per week to use every six months.
 - 5 days = 5 grace days
 - 4 days = 4 grace days
 - 3 days = 3 grace days
 - 2 days = 2 grace days
 - 1 day = 0 grace days

Termination of Care:

After a TWO-WEEK TRIAL PERIOD, either party can only terminate care with notice. *Island Kids Child Care Center* reserves the right to immediately end care for any reason. Some examples are non-payment, behavior of the child which is harmful to the physical or emotional well-being of the other children, classroom environment or childcare property, or failure to abide by *Island Kids Child Care Center* policies. If you terminate care without giving two weeks' notice you will be responsible for payment of the final tuition for two weeks of care plus late fees whether your child attends or not. Please be advised that you will be charged your scheduled rate until you notify *Island Kids Child Care Center* that your child will not be returning. Two-week notice needs to be given to the director, in writing, when services are no longer needed.

Parent/Guardian: _____

Date: _____

Director/Assistant Director: _____

Date: _____



Child Care Emergency Contact Information

Child's Name: _____ Birthdate: _____

Home Address: _____ Parent
 or Guardian: _____

Telephone Numbers:
 Home: _____ Work: _____

Cell Phone/Pager: _____ E-mail Address: _____ Home

Address: _____ Place of

Employment: _____ Department: _____

Contact person at work (who usually knows your whereabouts):

Phone Number: _____

Parent or Guardian: _____

Telephone Numbers: Home: _____ Work: _____

Cell Phone/Pager: _____ E-mail Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

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Emergency Contacts (when attempts to reach parents are not successful and who may pick child up)

#1) Name: _____

Telephone Numbers: Home: _____ Work: _____

#2) Name: _____

Telephone Numbers: Home: _____ Work: _____

Person's authorized to pick child up

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Child's Usual Source of Medical Care

Physician's Name: _____ Phone #: _____

Address: _____

Hospital to take child in case of an emergency: _____

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Child's Health Insurance

Name of Insurance Plan: _____

Certificate Number (or ID) #: _____ Group#: _____

Policy Holder's Name: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Infant Feeding Schedule/Parent Agreement

Name of child:

Date of Birth:

Name of Parent or Guardian:

My child drinks: Breast Milk _____ Formula _____ Brand of formula _____

- Parents are responsible for supplying formula.
- If the formula is in powder form, staff will add the correct amount of water specified to the bottle when preparing to feed.
- If formula is in liquid form, staff will store bottles in the refrigerator located in the classroom.
- If supplying breast milk, you may supply a daily or monthly supply. Please label with your child's first and last name and date

Please list your child's feeding schedule below and any other pertinent feeding information:



I have read and understand the above statement and will abide by the statements listed above. If there are any changes to my child's schedule or introduction of new foods, I will inform Island Kids Child Care Center.

Parent/Guardian signature: _____ Date: _____

Director's signature: _____ Date: _____



Holiday Party & Photography Form/Parent Agreement

Island Kids Child Care Center must have parent/guardian permission for the following items below. Please complete the form and sign, date and return with the Child Care packet.

Holiday Parties:

For your child to be able to participate in any special holiday events and activities we must have permission from a parent/guardian. Below, please complete the appropriate section for your child.

I give my child _____ permission to participate in all holiday events. (Child's first and last name)

I do not give my child _____ permission to participate in any holiday event. (Child's first and last name)

Child Photo Permission form:

I give my child _____ permission to be photographed at school. Photos will be used in classrooms, hallways, on our Island Kids Child Care Center Facebook page, and sent through ProCare.

I do not give my child _____ permission to be photographed.

Parent/Guardian signature: _____ Date: _____

Director's signature: _____ Date: _____



Diaper Cream and Sunscreen Parent Agreement

Name of child: _____

Date of Birth: _____

Name of child: _____

Date of Birth: _____

Name of Parent or Guardian: _____

Please list creams or topical ointments that you will supply:

- Island Kids will keep your child's supplies in your child's cubby. Please label with your child's first and last name.
- Parents are responsible for supplying sunscreen & diaper cream.

I have read and understand the above statements and give permission to Island Kids Child Care Center to use the above ointments on my child.

Parent/Guardian signature: _____ Date: _____

Director's signature: _____ Date: _____



Napping Parent Agreement

All parents must sign a Napping Agreement. This agreement states where your child will rest during their time at Island Kids Child Care.

Please check the appropriate line for the class your child attends. Please sign and date.

My child is in:

Pre-K: _____ Your child will rest on cot, rest time: 1:00-3:00

Preschool: _____ Your child will rest on a cot, rest time: 1:00-3:00

Age 2-3: _____ Your child will rest on a cot, rest time: 12:30-2:30

Age 1-2: _____ Your child will rest in a crib or on a cot, schedule varies due to age and child's schedule

6 weeks to 12 months: _____ Your child will rest in a crib, as per child's schedule

Parent/Guardian signature: _____ Date: _____

Director's signature: _____ Date: _____



Expulsion Policy

At Island Kids Child Care Center we strive to provide the utmost support and flexibility for our children and families. We will provide the best care possible to all children who attend our program. Unfortunately, there will be times that we are unable to continue care when unfortunate circumstances occur.

Below is a list of reasons that may be relevant for expulsion from Island Kids. The expulsion period could be short, long term, or permanent depending on the circumstances.

Immediate Cause for Expulsion include but are not limited to:

- Child is at risk of causing serious injury to other children or him/herself
- Parent threatens physical or intimidating actions towards staff members
- Parent exhibits verbal abuse towards staff in front of enrolled children

Parental Actions for Child's Expulsion include but are not limited to:

- Failure to pay/excessive late payments
- Failure to complete required forms including the child's immunization records
- Excessive tardiness when picking up your child
- Verbal abuse towards staff

Child's Actions for Expulsion include but are not limited to:

- Uncontrollable tantrums or outbursts



- Ongoing physical or verbal abuse towards staff or children
- Excessive biting

In most instances, prior to expulsion, parent/guardian will be called, incident/accident reports will be sent home, conferences will be conducted, and correspondence will be sent home indicating what the problem was/is.

If possible, Island Kids will make every effort to support the child and family to help rectify and render the problem before expulsion.

After a two week period; depending on the risk to other children's safety and well being, behavior does not improve, and/or the provider finds that they can no longer accommodate the child, the parent will be informed that their child may no longer attend Island Kids.

Care can be terminated at any time, with no warning, if the child's behavior is unacceptable and causes immediate harm to others.



By signing below you acknowledge your understanding of the above Expulsion Policy.

Parent signature:

Date:

Parent print first and last name:

Date:

Director signature:

Date:

Director print first and last name:

Date:



Discipline Policy

While many behaviors such as: biting, hitting, tantrums, etc., are age appropriate, we feel it is best to redirect the child and always reward positive behavior. We will redirect any child who is causing harm or distracting the other children. They will be asked to “Take a Break” to regain their composure so they can rejoin the group. While “Taking a Break” the teacher will assist the child in looking at our “Take a Break” book and talking about what was bothering them.

If your child is unable to use words, the teacher will show them pictures to help determine what is bothering the child. If your child’s behavior becomes a constant concern, a conference will be requested to help correct the issue.

If a child bites someone, staff will respond by making sure the child that was bit gets the medical attention needed. After the bite is taken care of properly, staff will sit down with both children and explain to them that it is not appropriate to bite others; it is hurtful, and dangerous. Both parents will be notified of the incident.

These guidelines explicitly prohibit any form of corporal punishment. This includes spanking, slapping, paddling, or any other physical form of discipline. Island Kids and DCF's stance aims to protect foster children, many of whom have experienced significant trauma.

The Florida Department of Children and Families (DCF) and Island Kids encourages positive discipline as a way to teach and guide children. DCF's discipline policy for children includes the following guidelines:

- Spanking, hitting, or biting, are not acceptable forms of discipline
- No confinement
- Children should not be confined in a closed area, such as a closet, bathroom, or locked room.
- No verbal abuse



- Children should not be subjected to derogatory remarks, threats, profane language, or other verbal abuse
- No punishment for accidents
- Children should not be punished for toileting accidents or for failing to eat or sleep
- No withholding of necessities
- Children should not be punished by withholding food, rest, or use of the toilet

Parent signature:

Date:

Parent print first and last name:

Date:

Director signature:

Date:

Director print first and last name:

Date:



Island Kids Pizza Friday!

Every Friday, Island Kids will have Pizza Friday! Children ages 2 and up can buy pizza for \$4. If you would like for your child to have pizza every Friday, please complete the form below. Your child will receive up to two slices of pizza, a fruit, and a vegetable. If a child does not want pizza, they will be served the Island Kids lunch or lunch that a parent/guardian has supplied.

Pizza Friday permission slip

My child will participate in Pizza Fridays.
Check the box above.



Child's first and last name

Parent/guardian first and last name

Parent signature

Your Procure account will be billed \$4 per week for pizza. Please do not send cash or check unless arrangements have been made with the office.



LUNCH FORM

Island Kids will provide a cold lunch for each child daily. Lunch will include a sandwich served on whole wheat bread, a wrap served on a whole grain quesadilla, or roll ups with American Cheese and meat . Each meat will rotate daily: Ham, turkey, chicken, or bologna and fresh fruit and vegetables.

Please check one and return

My child will enjoy an Island Kids cold lunch daily.
Check the box above.

I will provide my child with a home packed lunch daily.
Check the box above.

Please note: Lunches brought from home cannot be refrigerated, please keep a cold pack in your child's lunch box. Meals from home cannot be cooked or heated. If you send your child with a lunch that is warm, please send it in a thermos. Food sent from home cannot be warmed or cooked.

Child's first and last name

Parent/guardian first and last name

Parent signature



Clear

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____
(mm/dd/yyyy) (mm/dd/yyyy)

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 Sa Su
Press space bar once to check a box; press space bar once to uncheck a checked box.

Family Information: Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____
(including area code) (including area code)

Custody: Mother Father Both Other (specify): _____

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

Doctor: _____ Address: _____

Phone Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

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



Emergency Care Plan Instructions (if applicable):

Emergency Contacts: Child will be released only to the custodial parent or legal guardian 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 parent or legal guardian cannot be reached:

(including area code)

Name	Address	Work Phone	Home Phone

Helpful Information About Child:

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- 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 entitled “Know Your Child Care Facility” (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFFormsInternet/Search/OpenDCFFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled “Selecting A Family Day Care Home Provider” (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFFormsInternet/Search/OpenDCFFForm.aspx?FormId=841>].
- 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.

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

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 child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

___ My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.

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

___ My child DOES have a food allergy or dietary restriction. 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)



STATE OF FLORIDA School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any “Yes” answers in the space provided below.)

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

Signature of Parent/Guardian Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ <i>(check one)</i> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



RELIGIOUS EXEMPTION FROM IMMUNIZATION

Exención Religiosa Para La Inmunización

Eksepsyon Pou Kwayans Relijyon Pou Pa Nan Pran Piki Ak Vaksen

Child's Name (printed)

Nombre Del Niño (con letra de imprenta)

Non Timoun Nan (an gran karaktè)

Date of Birth

Fecha De Nacimiento

Dat Li Te Fèt

Child's SS# (optional)

Número De Seguro Social

Del Niño (opcional)

Nimewo Sekirite Sosyal

Timoun Nan (si ou vie)

Name of Parent or Guardian

Nombre Del Padre O Guardián

Non Paran Oubyen Moun Ki Reskonsab Li Ya

(English) I am the parent or legal guardian of the above-named child. Immunizations are in conflict with my religious tenets or practices. Therefore, I request that my child be enrolled in school, preschool, child day care facilities, or family day care homes without immunizations required by sections 1003.22, F.S., 402.305, F.S., and 402.313, F.S.

The presence of any of the communicable diseases for which immunization is required by the Department of Health in Florida schools, preschools, child day care facilities, or family day care homes shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from the facility by the district school board or governing authority until such time as is specified by the county health department director or administrator.

(Spanish) Yo soy uno de los padres o el guardián legal del niño mencionado anteriormente. Las inmunizaciones están en conflicto con mis principios o prácticas religiosas. Por lo tanto, pido que mi hijo se matricule en el colegio, preescolar, guardería infantil o servicios de cuidado para familias sin las inmunizaciones requeridas por las secciones 1003.22, F.A., 402.305, F.S., y 402.313, F.S.

La presencia de cualquier enfermedad contagiosa para la cual el Departamento de Salud en los colegios, preescolares, guarderías infantiles o servicios de cuidado para familias de la Florida requiere inmunización permitirá que el director o el administrador del departamento de salud del condado o el oficial de salud estatal declare una emergencia de enfermedad contagiosa. Aquellos niños que sean identificados como no inmunizados contra la enfermedad para la cual se ha declarado la emergencia serán excluidos temporalmente de las instalaciones por parte de la junta del distrito escolar o las autoridades gobernantes hasta que el director o el administrador del departamento de salud del condado lo especifique necesario.

(Creole) Mwen menm se paran oubyen moun ki reskonsab devan laiwa timoun sa ke nou sot baw non li ya piwo wa. Sa yo ap fè nan san yo tankou piki, seròm ak vaksen pa mache ak prensip oubyen ak pratik ki gen nan legliz mwèn yan. Poutèt sa, mwèn mande ke timoun mwèn yan enskri nan lekòl, lekòl matènèl, jaden danfan, oubyen kote yo fè gadri pou timoun, san ke yo pa bezwen pran vaksen yo jan atik 1003.22, F.S., 402.305, F.S., ak 402.313, F.S. yo mandel. Prezans nenpòt ki maladi kontajyez ki bezwen pou moun nan pran piki ak vaksen kan mèm dwe rekòmande pa Sèvis Sante ki nan lekòl yo ki anndan eta Florid la, lekòl matènèl, kote ke yo fasilite swen pou timoun, oubyen nan kay fanmi ki ap bay swen yo pou ka pèmèt direktè oubyen administratè Sante zòn nan oubyen ofisye sante eta deklare ke ou geryen you maladi kontajyez ki gen ijans. Timoun sa yo ke yo idanfyi ki pa te pran piki, seròm ak lòt bagay nan san kont maladi kontajyez ke yo deklare ki gen ijans lan nou pral mete yo deyò pou you ti tan jiskaske direktè ya oubyen administratè sante zòn nan deklare ke le ya rive pou yo tounen.

Electronic Signature of Parent or Guardian

Firma del Padre o Guardián

Siyati Paran Oubyen Moun Ki Reskonsab Li

Date

Fecha

Dat

Electronic Signature of Director/Administrator

Date

County Health Department



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MO/DA/YR)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes" for information and instructions on form completion. Guidelines are available at: http://us.disease_ctrl/immune/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Td/Tdap	C	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G, H,	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	_____
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>	_____	_____	_____
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
PneumoConju		_____	_____	_____	_____	_____

**Select appropriate box(es)
Certificate of Immunization for K-12**

Part A-Complete

Part A (Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7th grade (and for grades kindergarten through 12.) I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance as documented above.) DOE Code 1

Temporary Medical Exemption **Expiration date:** _____

Part B-Temporary

Part B (For children in day care, family day care homes, preschool and kindergarten grades through 12 who are incomplete for immunization in Part A) **Invalid without expiration date.** DOE Code 2

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)
DOE Code 3 _____

I certify the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name

Physician or
Authorized Signature: _____
Issued By: _____
Date: _____



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-22.011 Florida Administrative Code

PATIENT	TEST		01/01/2006
Last Name	First Name	MI	DOB
MOM PATIENT		9900001032	
Parent or Guardian	Child's SS# (optional)	State Immunization ID#	

Directions:
 * For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Td/Tdap	C	_____	_____	_____	Booster	_____
Polio	D	_____	_____	_____	_____	_____
HIB	E	_____	_____	_____	_____	_____
MMR (Combined)	F	_____	_____	_____	_____	_____
(Separate)	G,H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	_____
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>	_____	_____	_____
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
PneuConju		_____	_____	_____	_____	_____

Certificate of Immunization for K-12
PART A (Immunizations are complete for school entry and attendance for grades kindergarten through 12.) DOE Code 1
 I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name BUREAU OF IMMUNIZATION 2585 MERCHANTS ROW BLVD TALLAHASSEE, FL 32399	Physician or Authorized Signature: TEST DOCTOR Electronic Certification: MD4N6GWBLG9 Date: 07/03/2007 Issued By: TEST USER
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Form DH-680, 01-07 State Number: 174009906800

Child Care Facility Authorization For Prescription and Non-Prescription Medication

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: _____ Age: _____

1. Medication Name: _____
 Amount to be Given: _____
 Time to be Given: _____

2. Medication Name: _____
 Amount to be Given: _____
 Time to be Given: _____

Record of Medications Given:

1. Medication Name: _____

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Medication Name: _____

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization form must be maintained and is only valid for the duration of prescription.

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

Parent/Guardian Signature

Date



Island Kids Child Care Center

2024-2025 CALENDAR

TBA, Island Kids Carnival



AUGUST 2024						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY 2024						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

Feb 14, Valentine's Day Party
Feb 19, Presidents' Day



Sept 2, Labor Day- IK CLOSED
Sept 25, Open House & Ice Cream Social



SEPTEMBER 2024						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MARCH 2025						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Mar 14, St. Patrick's Day Party



Oct 14, Columbus Day
Oct 31, Center Halloween Party & Parade



OCTOBER 2024						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL 2025						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Apr 18, Spring/Easter Classroom Celebration
Apr 20, Easter Day



Nov 11, Veterans Day
Nov 15, Family Fall Fest
Nov 27, Friendsgiving (child only)
Nov 28, Thanksgiving Day- IK CLOSED



NOVEMBER 2024						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY 2025						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

May 9, Muffins with Mom
May 16, Preschool & Pre-K Graduation
May 26, Memorial Day- IK CLOSED



TBA, Visit from Santa
Dec 24, Christmas Eve, CLOSED
Dec 25, Christmas- IK CLOSED
Dec 31, New Years Classroom Celebration, CLOSE @ 12



DECEMBER 2024						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE 2025						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Jun 13, Donuts with Dad
Jun 27, Welcome Summer Picnic, family event

Jan 1, New Year's Day- IK CLOSED
Jan 20, Martin L. King Day



JANUARY 2025						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JULY 2025						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Jul 3, Independence Day Classroom Celebration
Jul 4, Independence Day- IK CLOSED

