****

**CHILDCARE APPLICATION**

**Welcome to Little Angels Christian Based Academy! To provide you and your family with the best services, we need the following information at enrollment:**

* + **Completed Enrollment form.**
  + **Items needed for Enrollment.**
  + Copy of ID
  + Copy of Health Exam
  + Copy of Immunization
  + Copy of Child/Children Birth Paper
  + Completed Payment Application
* **$100 Non-refundable registration fee**
* **Large Bag pack with full name on it. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Change of clothes with full name on it.**
* **Blanket to sleep with full name on it.**
* **Diapers/wipes**
* **Facial Tissue**

HOW DID YOU HEAR ABOUT ALIVE CHRISTIAN DAYCARE? ***(PLEASE CHECK ALL THAT APPLY)***

|  |
| --- |
| ☐ Facebook ☐ Agency ☐ Our Website ☐ Drive-by/Walk-in ☐ Local Ad ☐ Education Fair ☐ Relative/Friend  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If from an Agent or Student enrolled in school, please specify the name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Explanation of Payment break down and Schedule Fee**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration Fee (non-refundable)**  **$ 110.00 (per child)** |  | **What your being Charged For** | **Calculations** |
|  | **Little Angels Rate** | **Little Angels Rate** | **$** |
| **Weekly Rate** | **Child/Children** | **ELC RATE** | **$\_\_\_\_** |
| * **Before Care only** * **After Care only** * **Before & After care** * **Full Day Childcare** * **Half Day Childcare** * **Summer Camp Only** |  | **Parent fee from ELC ---**  **LACBA extra Fee –** |  |
| **Total** |  | **Weekly Payment-----------🡪** | **$\_** |

**You can find us on Facebook at Little Angels Christian Based Academy. You can keep up with our newsletters, upcoming events, and lots of other useful information.**

**Thank you so much for your interest in Little Angels Christian Based Academy. We look forward to serving you and your family soon!**

**Sincerely,**

**Janice Rangel, Director**

**3080 Jupiter Blvd S.E.**

**Palm Bay FL, 32909**

**Phone: (321) 914-3991 Fax: (321) 473-8512**

**Email:** [**Littleangelllc12@yahoo.com**](mailto:Littleangelllc12@yahoo.com)

**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 Sa Su**

**Family Information**: **Child Lives with**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Mother's Name: | Father's Name: |
| Address: | Address: |
| Home Phone: | Home Phone: |
| Employer: | Employer: |
| Address: | Address: |
| Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Phone: \_\_\_\_\_\_\_\_\_\_\_/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Custody: Mother \_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_ Both \_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_

**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:

Doctor: Address: Phone:

Dentist: Address: Phone:

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Emergency Care Plan instructions (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pick-up Authorization/ 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, emergency, if for some reason, the custodial parent or legal guardian cannot be reached: **These people will need to show photo ID before they will be allowed to pick up your child.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name Address Work # Home #

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name Address Work # Home #

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name Address Work # Home #

**Name Address Work# Home#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Address Work # Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Address Work # Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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, "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 parent(s) receive a copy of the family day care home brochure, “Selecting A Family Day Care Home Provider” (CF/PI 175-28).
* 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 childcare 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

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

Signature of Parent/Guardian Date

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

Signature of Parent/Guardian Date

Financial Enrollment Agreement

This AGREEMENT is made between Little Angels Christian Based Academy LLC and \_\_\_ \_ Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Sex\_\_\_\_\_\_ on this \_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_.

***Program: Please check program of your choice***

\_\_\_\_\_Full Time (5/4 days)

\_\_\_\_\_Part time (3 Days) ❏ M ❏ T ❏ W ❏ TH ❏ F

Approximate arrival time \_\_\_\_\_\_\_\_\_\_\_\_ am/pm.

Approximate departure time: \_\_\_\_\_\_\_\_\_ am/pm.

**Please initial each section listed below, then sign and date the last page.**

**SECTION 1: TUITION AND FEES**

\_\_\_\_ **Registration** --I agree to pay a one-time non-refundable registration fee of **$100.00** per child.

\_\_\_\_ **I agree to pay Little Angels the weekly fee for preschool / childcare services, with no discounts for Partial Absentees, Illness, Holidays or Withdrawals.**

\_\_\_\_ **Tuition**----I understand and agree that all tuitions fees are due on Monday’s and must be paid by **10a.m.** for services to be rendered and failure to comply could result in my child being dropped from enrollment.

\_\_\_\_ **I agree and understand that if payment** in full is not received when due, (**Monday 10:00am**) **I agree to pay a late payment fee of $50.00 per week** unless prior arrangements have been made with the management. All late fees are subject to change with reasonable notice. Little Angels follows state specific required time frames on tuition and modifications notices.

\_\_\_\_ I agree to pay a **$25.00 to $45.00** return check fee ***(varies according to bank charges)*** for any check returned and further understand and agree that this may result in future payments being made in cash, card or by money order.

\_\_\_\_ **One week vacation** is issued to each child that is enrolled per calendar year **after 1 year of attendance**.

Prior notice to the office is required, preferably written. ELC students must check with the office.

\_\_\_\_ **Late pick-up**- I agree to pay a fee of $1.00 for every minute I’m late to pick up my child/children after

closing time.

\_\_\_\_ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my

immediate family, **a 10% discount** from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate.

**I understand this is a legally binding contract, and I have read it and understand it.**

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

Mother/Legal Guardian Signature Date

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

Father/Legal Guardian Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Little Angels LLC, Authorized Agent signature Date

**SECTION 2: DAILY PROCEDURE**

**\_\_\_\_ At NO time should children be left unattended in a vehicle or should a vehicle be left running on the premises. This is against the Law**

**\_\_\_\_ At ALL times children should be in their appropriate car/booster seat when entering and leaving our premises. This is against the Law**

\_\_\_\_ **DAILY SIGN-IN / SIGN-OUT PROCEDURES:** I agree to sign my child in and out every day using the school’s attendance procedure. If I neglect to do so, I may be charged a maximum fee of **$5.00 per missed sign-in or sign-out.** I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will return with a clearance letter from the doctor.

\_\_\_\_ **All children** should be checked in no later than **10:00a.m** to ensure proper staff ratio for each class unless other arrangements have been made with management, or the child has an appointment and parents inform management.

\_\_\_\_ **MODEL RELEASE: LITTLE ANGELS CHRISTIAN BASED ACADEMY** **❏ may / ❏ may not** use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

\_\_\_\_ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on **LITTLE ANGELS CHRISTIAN BASED ACADEMY** property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I **agree to pay all tuition and fees for two (2) weeks, whether or not my child attends.** I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is re-enrollment and there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

**SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS**

\_\_\_\_ **HOLIDAYS:** I understand that the school is closed on the following holidays **which are subject to change with notice.** ***New Year’s Day, Martin Luther King JR. Memorial Day, Good Friday, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day.*** I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_ **ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness). My regularly contracted tuition is due for all weeks whether my child attends or not or attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation or otherwise, I will be required to pay a new non-refundable registration fee upon return.**

\_\_\_\_ ***EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION*:** I understand that it is the company’s intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that **in the event that** the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

\_\_\_\_ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

***We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.***

***These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents*.**

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

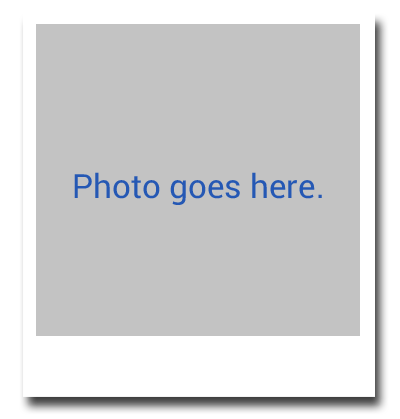
Mother/Legal Guardian Signature Driver’s License Number Date

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

Father/Legal Guardian Signature Driver’s License Number Date

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

Little Angels LLC, Authorized Agent signature Date

**CHILD’S PERSONAL INFORMATION**

Child’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_**

Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Family and Social History***

Has your child had group play experiences? ❏ Yes ❏ No

Has your child been enrolled in another childcare center? ❏ Yes ❏ No

If yes, please list centers attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have siblings? ❏ Yes ❏ No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

**Please help me get to know your child. What are his/her routines, likes, dislikes etc.**

Is your child right or left-handed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any speech difficulties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorites\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fears \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Likes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dislikes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any other problems of which we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your child’s personality? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What method of behavior control is used in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you feel we need to know in order that your child is given the best care possible? \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL HISTORY

1. Medication that will be administered regularly at the Daycare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Special Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is your child able to walk? ❏ Yes ❏ No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Can your child effectively communicate his or her needs? ❏ Yes ❏ No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Is your child toilet trained? ❏ Yes ❏ No

6. What word child use for urination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Bowel movement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Please provide special instructions concerning any other illnesses, as necessary**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Allergies** *(please check and list all that apply)*

❏ **Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Reaction: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

❏ **Food Allergies**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reaction: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

❏ Other Allergies: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Reaction: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are any of the allergies severe or life-threatening? ❏ Yes ❏ No**

**If YES, please provide** **Emergency Care Plan instructions (if applicable):**

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

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Per state regulations, a written statement is required for waiver of immunization requirements

***Little Angels*** *Christian Based Academy* ***Discipline Policy***

Discipline is an essential part of child rearing, and when used positively it contributes to the healthy growth and development of a child. Positive discipline establishes acceptable patterns of behavior that promote behaviors beneficial to the child’s development and welfare. It changes or eliminates behaviors which are injurious to the child’s well-being. Positive discipline is encouraged as an important part of child rearing for children whom Little Angels Daycare provides services too.

If unacceptable behavior is displayed, we explain to the child/children why the behavior is inappropriate. If the behavior continues the child/children will be redirected to another activity. If the child/children continue to have difficulty after being redirected the child/children will be removed from the situation and sent to the quiet area to relax and regain self-control.

If the child/children display chronic disruptive behavior that causes physical or emotional harm to self or others, it will be bought to the attention of the parent. The Director will meet with the parents so that they can work together to find a solution to the problems.

**------------------------------------------------------------------------------------------------------------------------------------------------------------------**

***Smoke-Free Policy***

Due to acknowledged hazards to young children arising from exposure to secondhand smoke, it is the policy of Little Angels Day care LLC to provide a “smoke-free” environment for children, staff and parents.

This policy covers the smoking of any and all tobacco product and applies to both employees and non-employees, parents, family members or relatives of children enrolled at this Facility. Everyone will adhere to our Smoke Free Environment Policy.

In accordance with Florida Statutes, Chapter 65-C22.002, Physical Environment smoking is prohibited throughout the workplace, both indoors and outdoors (on the playground, in the parking lot and/or in the view of the children).

A butt found on our ground could be interpreted as a violation of this policy. Emptying off ash trays anywhere on the grounds of our facility or within the confines of our facility is strictly prohibited.

**This policy applies equally to all employees, customers and visitors.**

**By signing below, you indicate that you have received, read, understand and agree to abide by our Smoking policy and Chapter 65C-22.002, Florida Statutes.**

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

**Parent or guardian signature** Date

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

**Parent or guardian signature** Date

* Section 65C-22.002(1)(b)(d)(e)(g), F.A.C, requires that parents are notified in writing that smoking is prohibited on the premises of the childcare facility.

Expulsion Policy

Unfortunately, there are some reasons we will have to expel a child from our program, either on a short or permanent basis. We want you to know that we will do everything possible to work with your family in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

**Causes Immediately Resulting in Expulsion**:

* The child is at risk of causing serious injury to other children or him/herself.
* Parent threatens physical or intimidating actions towards staff members.
* Parents exhibit verbal abuse to staff in front of enrolled children.

**Parental Actions Resulting in Childs Expulsion**:

* Failure to pay/habitual lateness in payment.
* Failure to complete required forms including the immunizations records.
* Habitual tardiness when picking up your child.
* Verbal abuse to staff.

**Child Actions Resulting in Expulsion**:

* Failure of child adjusting after a reasonable amount of time.
* Uncontrollable tantrums/angry outbursts.
* Ongoing physical or verbal abuse to staff or other children.
* Excessive biting.

Prior to expulsion, Parent’s will be called, and correspondents will be sent home indicating the reasoning for expulsion. Prior to expulsion every effort will be made by both Little Angels Christian Based Academy and the parent to correct the reasoning leading up to the expulsion. If after one or two weeks depending on the severity of the risk of other children and or staff member’s safety and welfare, The said behavior does not improve, and the center finds that they can no longer accommodate the child , Then will the parent be asked to remove him/her . At that time the parents will be given a minimum of one weeks’ notice to provide alternative care for the child.

**Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Little Angels LLC, Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Permission to Participate in Activities at Little Angels***

I hereby grant permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to use all of the play equipment and participate in all of the activities offered at Little Angels Daycare LLC including water sensory play.

In the event I do not wish for my child to participate in an activity, I will contact both the Director and the child’s teacher in advance.

Inherent risks are associated with any activity and by granting permission for my son/daughter to participate, I acknowledge that such risks exist. However, I believe that the opportunity for learning outweighs these risks and I hereby grant permission for my son/daughter to participate.

***Permission to Transportation Agreement***

This is to certify that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/legal guardian) give Little Angels Christian Based Academy permission to transport my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to and from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ elementary School for before care /after care.

Also, it certify that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/legal guardian) give **Little Angels Christian Based Academy** permission to transport my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on special events/field trips.

Parents will be advised at least two days in advance of each field trip /activity including the date of the trip, cost, approximate time of departure / arrival and destination.

In the event that my child is not to be transported as outlined above, I agree to notify Little Angels Daycare at least 2 hours in advance of my child’s pick-up time.

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

Signature of Parent/Guardian Date

***Influenza virus***

During the 2009 legislative session, a new law was passed that requires childcare 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:

**Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication Administering**

The Little Angels Christian Based Academy will only administer **prescription medication as directed by a physician.** In order to do so, we must have the following:

* Written instructions from a licensed physician
* Written permission from the parent/guardian
* The medication in its original container

***All prescription medication must have an affixed label with:***

* Child’s first and last name
* Name of medication
* Date of issue of prescription
* Instructions for administration
* Instructions for storage
* Dispensing physician’s name
* Medicine is prescribed from a non-family member.

**Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Little Angels LLC, Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conditions Requiring Temporary Exclusion**

If your child is not feeling well, Little Angels Daycare will recommend temporary exclusion. Often this decision is not only based on your child’s physical symptoms, such as a fever, but also on their inability to be comfortable in a group setting. ***Some reasons of exclusion are as follows:***

* **A child is not able to participate comfortably as determined by the staff of the childcare center.**
* **The child’s illness or symptoms result in a greater need for care than the childcare center is able to provide without compromising the level of care provided to the other children.**
* **Has a fever of 100.F auxiliary (armpit) or 101.F orally?**
* **Lethargic behavior**
* **Unusual irritability**
* **Apparent pain in the ear**
* **Continuous or abnormal crying**
* **Fever**
* **Diarrhea**
* **Vomiting**
* **Evidence of Conjunctivitis**
* **Rash or skin infection**
* **Difficult or rapid breathing and wheezing**
* **Vomiting**
* **Complaints of abdominal pain lasting for more 1/2 hour**
* **Mouth sores with drooling**
* **Unexplained rash**
* **Pink or red conjunctive with white or yellow discharge**
* **Impetigo**
* **Strep Throat or other streptococcal infection**
* **Head lice**
* **Open wounds unable to be bandaged.**

If your child exhibits any of these symptoms, for the sake of your child and the other children in our care, we expect parents to keep their child at home. Sick children and staff are to be kept out of daycare. They are unable to participate, potentially infect other children and most importantly, need extra care that a group setting cannot provide. Your child may return with a note from a physician after 3 consecutive days out which notifies LACBA that your child may return.

We recognize many symptoms may be short lived. We will make every effort to distinguish between those situations and a true illness. Arriving promptly following a request to take your child home is important. We will let you know the level of urgency regarding how ill your child is and if we expect you within the hour or if you may take up to two hours. Please let the center know when to expect your arrival. If you are asked to come immediately, we will expect you, at the most, within the hour, **WTIHOUT EXCEPTIONS.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Little Angels LLC, Authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permission to Photograph**

Our priority is to protect your family’s health and safety. To ensure that we are operating with your full

understanding and agreement about your privacy, we ask that you grant permission to conduct the following

activities. Please check off each item to which you give your consent, and sign below:

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** give permission for

*(Parent’s or guardian’s name)*

***LITTLE ANGELS CHRISTIAN BASED ACADEMY LLC***to photograph my child,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** for the following purposes**:**

*(Child name)*

 Placing photos/video of you, your spouse or co-parent and your child(ren) around the center.

 Giving copies of photos/video of you, your spouse or co-parent and your child(ren) taken at the facility to

families in our care.

 Placing photos/video of you, your spouse or co-parent and your child(ren) in photo albums for viewing

by prospective clients and families in our care.

 Using photos/video of you, your spouse or co-parent and your child(ren) in our marketing flyers.

 Using photos/video of you, your spouse or co-parent and your child(ren) on our Website and social

media.

 Posting artwork and other crafts that include your child(ren)’s names around our center.

 Using an electronic monitor to watch and listen to you, your spouse or co-parent and your child(ren)

from another room while on the premises.

 Listing you, your spouse or co-parent and your child(ren)’s names in our client newsletter and posting

this information on our bulletin board.

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

Parent/Guardian signature Date

**\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.**

**I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child’s enrollment.**

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

Signature of Parent/Guardian Date

**STATE LICENSING AND OUR POLICIES**

**ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the childcare regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

***ACKNOWLEDGEMENT***

I acknowledge that I have read and understand the Little Angels Parent Handbook, influenza virus, Discipline

Policy, and Know Your Child Care Facility Information Sheet. I agree to comply with all the written policies and procedures of Little Angels Christian Based Academy and will fulfill my responsibilities as a parent/guardian. I understand that failure to comply may result in the dismissal of my child.

**Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Little Angels LLC, Authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LITTLE ANGELS, EMERGENCY MEDICAL CONSENT FORM**

I/we \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant permission for the Director or supervising staff member a Little Angels Christian Based Academy LLC to obtain emergency medical treatment for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

**Steps may include but are not limited to the following**:

* Attempt to contact a parent /legal guardian or emergency contacts.
* Call paramedics (911)
* Transport child/children via ambulance/fire rescue to the nearest hospital emergency room in the company of a Little Angels staff members.
* If the situation so demand, emergency rescue personnel will be contacted prior to contacting the parent /legal guardian.
* Little Angels Christian Based Daycare LLC will not be responsible for anything that may happen as a result of false information given at the time of enrollment, or failure to maintain current emergency information.
* Little Angels Daycare will not assume responsibility for a child who has not been properly released to Little Angels Daycare LLC for the day as described in the enrollment agreement.

**Mother/Guardian’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father/Guardian’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My insurance provider** is (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred hospital/treatment center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My child is taking the following medications**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My child has the following allergies:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in childcare.**

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

Signature of Parent/legal Guardian Date

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

Signature of Parent/legal Guardian Date

Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

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

Signature of Notary Public Notary, State of Florida

My signature, as a Notary Public, verifies that the affiant’s identification has been **validated by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.