



CHILD'S IDENTIFICATION RECORD

Student Information:

Date Enrolled _____

Child's Full Legal Name _____

Child's Preferred Name _____ Sex _____ Birth Date ___/___/___

Address _____ City _____ Zip _____ Phone _____

Family Information:

Who has legal custody? _____ Relationship _____

Address _____ City _____ Zip _____ Phone _____

Child lives with _____

Parent/Guardian's Name _____ Cell Phone/Pager _____ Phone _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Phone _____

Address _____ City _____ Zip _____

Parent/Guardian's Name _____ Cell Phone/Pager _____ Phone _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Phone _____

Address _____ City _____ Zip _____

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: Additional contacts can be added by attaching an additional page to this form.

Name _____ Address _____

City _____ Zip _____ Phone _____

Relationship to the child _____

Name _____ Address _____

City _____ Zip _____ Phone _____

Relationship to the child _____

Child is Provider's Household Member Related to Provider Not related to provider

My child's hours in care are as follows: _____ am/pm to _____ am/pm.

My child is in care on: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Dinner Eve Snack

My child has a varied schedule _____

I have received the "Know Your Child's Family Child Care Home" brochure.

I have been notified in writing of the family day care home disciplinary and expulsion policies.

I hereby grant permission for child care personnel to have access to my child's records.

Signature of Parent / Legal Guardian

Date

(Signature verifies that enrollment information is complete and accurate.)

Complete next page

Helpful Information about Child:

Please list allergies, special medical or dietary needs, or other area of concerns: _____

Emergency Care Plan Instructions: (if applicable) _____

Any additional info we should know. _____

Medical Information:

Child's Physician/Health Care Resource _____ Phone _____

Address _____ City _____ Zip _____

Hospital Preference _____ City _____

Medical Ins, Co _____ Policy # _____ Expiration _____

Child's Dentist _____ Phone _____

Address _____ City _____ Zip _____

Signature of Parent / Legal Guardian

Original Date

Signature of Custodial Parent / Legal Guardian

Updated Date

Signature of Custodial Parent / Legal Guardian

Updated Date

Note to Parent/Guardian: This form contains information required by licensing regulations to protect your child in an emergency situation and must be filled out completely.

PLEASE ATTACH CHILD'S HRS-H 3040 STUDENT HEALTH EXAMINATION FORM AND DH 680 IMMUNIZATION FORM.

***A new notarized form is required when there is a change in legal guardianship**

***Sign in the presence of the Notary.**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____
(Month) (Day) (Year)

by _____, who is personally known to me

or who has produced _____ as identification.

Signature of Notary: _____

Child's Name: _____

DISCIPLINE POLICY

Discipline is the act of teaching young children appropriate and expected behaviors. Discipline is never punishment. Discipline is guidance.

Physical punishment will not be used in any form in my family child care home. I will not subject your child to discipline that is severe, humiliating, or frightening. Neither will I associate discipline with food, rest or toileting.

My respectful, positive guidance techniques will be determined by your child's age and development level. I will use positive, appropriate practices to encourage and promote your child's positive self-direction and control, self-esteem and social development, such as:

- Demonstrating appropriate behavior through my daily actions and words
- Establishing daily routines & schedules such as meals, naptimes, etc.
- Setting fair and consistent limits, using clear and simple instructions that are appropriate to your child's age and developmental level.
- Redirecting challenging behavior, offering acceptable choices.
- Providing reasonable consequences, and being consistent.

EXPULSION POLICY

Unfortunately, there are sometimes reasons why I have to expel a child from my program either on a short term or permanent basis. I want you to know that I will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are some of the reasons I may have to expel or suspend a child from my home:

Immediate Causes for Expulsion

- The child is at risk of causing serious injury to other children or him/herself.
- Parent threatens physical or intimidating actions towards staff members.
- Parent exhibits verbal abuse to staff.
- Parent or child becomes a liability to our business.

Parental Actions for Child's Expulsion

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

Child's Actions for Expulsion

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

Whenever possible prior to expulsion, a parent will be informed of the current issues and concerns. If at all possible the provider will work with the parents and children to correct the problem. If the behavior does not improve and the provider finds that they can no longer accommodate the child, care will be terminated. Depending on the reason for termination of care, when possible the parent will be given one weeks' notice to find another home or center to provide care for the child.

I will have informal conversations about your child on a regular basis. Because communication and consistency in guiding behavior are important to your child's development, I will enlist your input and involvement when needed.

Parent/Guardian(s) Signature

Date

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 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/>

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.



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

CF/PI 175-70, June 2009

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



**“The Flu”
A Guide
for Parents**

INFLUENZA VIRUS

Contract for Lynn's Tender Touch Daycare & _____ family.

Daily fee \$_____ Weekly fee: \$_____ Hours of Care _____ to _____
Days in Care Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Agreement:

I have read and understand the policies for Lynn's Tender Touch Daycare and agree to work within them I agree to assist Mrs. Gibson and her staff through open communication, so that they may provide the best child care to my child. By initializing each of the sections below and signing my signature I have agreed to all content involved in this binding contract. This contract is valid until cancelled by either party in writing. Parents or guardians are required to give a two weeks' notice to cancel.

I understand late payment fees , returned check fees, and late pick up fees. _____

I understand overtime / extended hours and additional days are extra _____

I understand payments are due in advance on Fridays _____

I understand that my child will not be cared for if they are sick and I am responsible to pick them up. _____

I understand requirements that must be met if medicines are to be given to my child. _____

I understand Holiday, Vacation, and Sick day policies. _____

I understand my child's photo or video may be taken and used at the daycare. _____

I understand the importance of keeping my child's file updated. _____

I understand that my child may be transported in a vehicle. _____

I have received a complete copy of the policies that are stated above _____

I, the undersigned hereby agree to the above written contract and policies agreement. I also agree to abide by any and all written and verbal agreements as outlined in the providers policies. I understand that infringement of any of the providers policies will be just cause for them to terminate this agreement. I agree to give a two week notice and have payments up to date, at which time this contract will be ended. I understand that licensed provider S. Lynn Gibson may choose at anytime to give me notice and end this agreement and will be responsible to pay me back any prepaid money that is owed to me for days not used.

Signature of Parent _____ Date _____

The forgoing contract was acknowledged before me on this _____ day of _____ 20____
by _____, who is personally known to me or produced the following
identification _____ and who did or did not take an oath.

Notary signature

Date

State of _____ County of _____

Commission number _____ Expiration _____

Notary Stamp:

Lynn's Tender Touch Daycare Parent Questionnaire

Please complete this survey and return this form to us. The information will help us to become better acquainted with your child. Feel free to use additional paper as necessary. We would like to thank you in advance for providing this useful information.

- By what name do you usually call your child? _____
- Does your child have any disabilities including allergies that we should be aware of? If so, please explain.

- If your child has attended preschool or another home day care, was the experience enjoyable and where did they attend? _____
- Does your child have tantrums? _____
- Is there any area in which you anticipate difficulty for your child? (E.g., sharing, following directions, etc.)

- Does your child suck his/her thumb? _____
- If your child has unusual fears, (e.g. thunder, dogs) what are they? _____
- What foods does your child like? _____
- What foods does your child dislike? _____
- What do you see as your child's strengths? _____
- What terminology do you and your child use regarding the use of the bathroom? _____
- What goals do you have for your child? _____
- What other information would you like me to know about your child? _____

- Does your child use the following at home? (*Please circle*)
crayons scissors pencils chalk paint play doh markers

List the names and birthdays of the members in your family and any anniversaries.

Thank you for taking the time to fill out this questionnaire.

Child's name _____

Parent/Guardian _____

Parents email address _____