

In order to register your child, you will need to pay the following:

**Registration Fee,**

**Material Fee,**

**and the first installment of Tuition.**

The above fees are non-refundable and non-transferable

**Your child will also need the following forms in their file the *first* week of school:**

\_\_\_\_\_ completed Registration Card

\_\_\_\_\_ **up to date Florida** Immunization Record (obtained from physician)

\_\_\_\_\_ **up to date Florida** Health Record (obtained from physician)

\_\_\_\_\_ completed Child Record form

\_\_\_\_\_ completed and **NOTARIZED** Medical Release Form

\_\_\_\_\_ completed Photo Release form

\_\_\_\_\_ completed Snack Permission Form

\_\_\_\_\_ completed Volunteer Acknowledgement

\_\_\_\_\_ completed Children and Discipline Form

\_\_\_\_\_ completed Flu Information Form (you will sign in August)

## Methodist School for Early Education Registration Card

Today's date \_\_\_\_\_ Home phone # \_\_\_\_\_ (permission to publish in directory? Y N )

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

First ( Nickname, if any) Middle Last \_\_\_\_\_ mo/day/yr

Female \_\_\_\_ Male \_\_\_\_ **Current** member of 1<sup>st</sup> United Methodist Church of Winter Park? Y\_\_N\_\_

Address \_\_\_\_\_ (permission to publish in directory? Y N )

Street City Zip code

Mother's name \_\_\_\_\_ Cellphone \_\_\_\_\_

Father's name \_\_\_\_\_ Cellphone \_\_\_\_\_

Dad's Business # \_\_\_\_\_ Mom's Business # \_\_\_\_\_

Email address \_\_\_\_\_

Local Emergency Contact (***other than parents!***):

Name

Phone

Allergies

### Registering for:

Kindergarten \_\_\_\_\_ 5 day Pre-K \_\_\_\_\_ 4 day Pre-K \_\_\_\_\_ Older 3s/Young 4s \_\_\_\_\_

5 day 3s \_\_\_\_\_ 3 day 3s \_\_\_\_\_ Older 2s/Young 3s \_\_\_\_\_

5 day 2s \_\_\_\_\_ 3 day 2s \_\_\_\_\_ 2 day 2s \_\_\_\_\_ Young 2s \_\_\_\_\_

I understand that **all fees** are **nonrefundable/non transferable** \_\_\_\_\_

Please see age eligibility on reverse side

(parent signature)

## Age eligibility for each class

Kindergarten	age 5 by September 1 <sup>st</sup>
Pre-K	age 4 by September 1 <sup>st</sup>
Older 3s/Young 4s	age 4 between September 1 <sup>st</sup> - December 31 <sup>st</sup>
Threes	age 3 by September 1 <sup>st</sup>
Older 2s/Young 3s	age 3 between September 1 <sup>st</sup> - December 31 <sup>st</sup>
Twos	age 2 by September 1 <sup>st</sup>
Young 2s	age 2 between September 1 <sup>st</sup> - December 31 <sup>st</sup>

Florida United Methodist Early Childhood Schools Association  
**EMERGENCY MEDICAL RELEASE FORM**

(We) hereby grant permission for *The Methodist School for Early Education staff* to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- ◆ Attempt to contact parents or guardian (**please be sure we have correct phone numbers on file**)
- ◆ Attempt to contact the child's physician (listed below)
- ◆ Attempt to contact you through any of the persons listed in the emergency information below
- ◆ If we cannot contact you or your child's physician, we will do any or all of the following:  
A) call another physician or paramedics B) call an ambulance C) have the child taken to an emergency hospital in the company of a staff member
- ◆ Any expense incurred under the above will be borne by the child's family
- ◆ The School **WILL NOT** be responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment

**Persons to contact in the event we cannot reach the parents or guardian**  
(PLEASE GIVE AT LEAST 2 NAMES)

Name	Phone #	Name	Phone #
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

Physician to contact in the event of an emergency:

Name	Phone #	Address
_____	_____	_____
_____	_____	_____

To Whom It May Concern:

I (We) hereby give my (our) consent to (name your choice of hospital) \_\_\_\_\_  
to administer treatment to my (our) child \_\_\_\_\_ in the event of an  
emergency at which time I (We) cannot be contacted. I (We) give consent to transport by ambulance if situation  
warrants.

Parent(s) Signature \_\_\_\_\_

Subscribed and sworn to before me at \_\_\_\_\_, Florida  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public State of Florida at large \_\_\_\_\_

My commission expires \_\_\_\_\_

# Methodist School for Early Education 2021/2022 TUITION & FEES

## To REGISTER your child, you will need to pay

1. The Registration fee
2. The Material fee
3. The 1st month tuition

### Registration

There is a **\$100.00 NON-REFUNDABLE/NON-TRANSFERABLE** registration fee per child **due at registration**.

### Material Fee

This **NON-REFUNDABLE/NON-TRANSFERABLE** material fee is **due when you register** your child. These fees are used to purchase educational and consumable supplies and to *HELP* cover the cost of field trips, when applicable (PreK and Kindergarten classes).

<u>Class</u>	<u>Material Fee</u>	<u>Class</u>	<u>Material Fee</u>
Kindergarten	\$450.00	3 Day 3's	\$225.00
5 Day Pre-Kindergarten	\$315.00	Young 2's	\$180.00
4 Day Pre-Kindergarten	\$290.00	2 Day 2's	\$180.00
Young 4's	\$290.00	3 Day 2's	\$225.00
5 Day 3's	\$315.00	5 Day 2's	\$305.00

### Tuition

**Tuition is based on a ten-month calendar**, beginning in August and ending in May. **TUITION IS AN ANNUAL FEE** which can be divided, for your convenience, into **10 equal installments**. Tuition is payable on an annual, semi-annual, or monthly basis. Full year tuition installments are due August 1<sup>st</sup>, semi-annual installments are due August 1<sup>st</sup> and January 1<sup>st</sup>, and **monthly installments are due the first day of each month**. MSEE offers the convenience of **TUITION EXPRESS**, an automated payment processing system that allows

you to pay thru automated deductions of your debit card or checking account. **There is a \$20.00 late fee charged for tuition installments received in the office after the 10<sup>th</sup> of each month.** A **WRITTEN two-week notice** to the school office is **required** when withdrawing your child from the program for any reason. You will be responsible for payment during this two-week period, whether or not your child is in the classroom.

**FIRST MONTH'S INSTALLMENT IS DUE AT REGISTRATION (THIS IS ALSO NON-REFUNDABLE/NON-TRANSFERABLE).**  
**YEARLY / MONTHLY TUITION RATES:**

<u>Class:</u>	<u>Tuition: year/month</u>	<u>Church member/2nd child</u>	<u>Class:</u>	<u>Tuition: year/month</u>	<u>Church member/2nd child</u>
Kindergarten	\$5350.00/\$535.00	\$5250.00/\$525.00	3 Day 3's	\$3650.00/\$365.00	\$3550.00/\$355.00
5 Day PreK	\$4400.00/\$440.00	\$4300.00/\$430.00	Young 2's	\$2950.00/\$295.00	\$2850.00/\$285.00
4 Day PreK	\$3950.00/\$395.00	\$3850.00/\$385.00	2 Day 2's	\$2950.00/\$295.00	\$2850.00/\$285.00
Young 4's	\$3950.00/\$395.00	\$3850.00/\$385.00	3 Day 2's	\$3850.00/\$385.00	\$3750.00/\$375.00
5 Day 3's	\$5000.00/\$500.00	\$4900.00/\$490.00	5 Day 2s	\$6050.00/\$605.00	\$5950.00/\$595.00

**Lunch Bunch is \$18.00 per day and is held from 12:00 - 2:00 p.m.** Lunch Bunch, which begins the second week of school, is open to all children. Young's 2's may begin attending Lunch Bunch in January. Church members will receive a discount on tuition for each child. Non-church member families with *more than one child* enrolled will receive a discount for the younger child(ren). Please note: expenses are continuous; NO credit will be given for absences. NO credit will be given for scheduled school holidays, vacation periods, or days cancelled due to weather emergencies or other unforeseen catastrophes. **MSEE FOLLOWS ORANGE COUNTY PUBLIC SCHOOLS EMERGENCY PLAN ON Day ONE. After Day ONE**, please call the school office for the message on answering machine. If there is no message, MSEE has no electrical power or has sustained damage to the building and, therefore, is unable conduct classes. MSEE also has plans for *in-house* emergencies.

The Methodist School for Early Education admits students of any race, color, and national, or ethnic origin.

## Information for Child's Record

For office use only:

Enrollment Date-

Date \_\_\_\_\_

1. Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Nickname \_\_\_\_\_ Do you wish your child to be called by  
nickname? \_\_\_\_\_

2. Date of Birth \_\_\_\_\_  
Mo Day Yr

Place of birth

City

County

State

3. Home Address

Street

City

Zip code

Home Phone # \_\_\_\_\_

Cell phone #s

Email address

4. Check one: Parent(s) \_\_\_\_\_ Guardian(s)-

Father's name \_\_\_\_\_

Mother's name

Occupation \_\_\_\_\_

Occupation

Business Phone \_\_\_\_\_

Business Phone

Religious Denomination \_\_\_\_\_

Religious Denomination

Are you currently members of 1<sup>st</sup> United Methodist Church of Winter Park? \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status

5. Please list the names and birth dates of brothers and/or sisters, indicate which school they attend  
or  
where they are employed (if applicable)

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6. With whom does child live?

_____ both parents	_____ both grandparents
_____ father	_____ grandfather
_____ mother	_____ grandmother
_____ other (please explain)	

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7. Is child adopted? \_\_\_\_\_  
If so, what has child been told about his/her adoption?

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8. Characteristics of this child. (use back of sheet to give details you believe may be helpful in understanding this child)

Yes      No

_____	Does child play with other children of same sex?
_____	Of opposite sex?
_____	Of younger age?
_____	Of older age?
_____	Does child get along with his/her playmates?
_____	Does he/she bring friends home?
_____	Does he/she visit in the homes of friends?
_____	Does he/she attend Sunday School?
_____	Does he/she enjoy listening to stories/books?
_____	Do you often read to your child?
_____	Does he/she listen to the radio/cds/tapes?
_____	Does he/she watch television/movies?

9. What method of discipline is your child accustomed to?



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What methods are most effective?

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Do parents agree on method?

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10. How many hours of night sleep does your child get?

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Are there any sleep problems? \_\_\_\_\_ If yes, please give examples

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Does child nap daily? \_\_\_\_\_

11. Is your child right handed? \_\_\_\_\_ left handed? \_\_\_\_\_ undecided? \_\_\_\_\_

12. Are there any food allergies? \_\_\_\_\_ If yes, please list

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Is there any vomiting with food allergies? \_\_\_\_\_ Refusal to eat? \_\_\_\_\_  
Please list **any other allergies**

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Does child require use of EpiPen? \_\_\_\_\_

13. Are there any problems in relation to toilet habits?

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14. Does your child exhibit any of the following behaviors?

Thumbsucking? \_\_\_\_\_

Speech difficulties? (stuttering, etc.) \_\_\_\_\_

Vision problems? \_\_\_\_\_

Does he/she wear corrective shoes? \_\_\_\_\_

15. Does he/she exhibit any behavior which worries you? \_\_\_\_\_  
Give examples

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\_\_\_\_\_

16. Has child been away from family before? \_\_\_\_\_  
How does he/she react to your leaving?

\_\_\_\_\_

17. What one word will best describe your child?

\_\_\_\_\_

What do you enjoy most about your child?

\_\_\_\_\_

**# 18 is for pre k and kindergarten children only**

Will you give permission for your child to make educational excursions from the school under adequate supervision? **(Parents will be driving their own vehicles)**

\_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_

Would you like to transport (and chaperone) children on a field trip? \_\_\_\_\_ Yes \_\_\_\_\_  
No

How many seatbelts does your vehicle have? \_\_\_\_\_

19. Will you give permission for your child to be photographed for newspaper articles, TV coverage, etc.

promoting school related activities? \_\_\_\_\_ Yes \_\_\_\_\_

No

Signature \_\_\_\_\_

20. In case of an emergency, which physician should we contact?

Name \_\_\_\_\_ Phone # \_\_\_\_\_

21. Would you give permission to call 911 in the event of an emergency \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_

(every effort will be made to contact parents)

22. Whom should we call if child's parents are not available?

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to child? \_\_\_\_\_

23. Who will transport child to/from school?

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24. What led you to select Methodist School for enrollment?

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25. What do you expect your child to gain from attending preschool?

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## VOLUNTEER ACKNOWLEDGEMENT

I attest my name is \_\_\_\_\_ and  
(print volunteer/foster grandparent name)

serve in the child care program known as \_\_\_\_\_  
(print name of child care program)

I serve as a (check one)

- ☐ Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.302(3), Florida Statutes, and complete the state mandated training requirements.
- ☐ Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. I must begin training within 30 days of working in the child care industry in any Florida child care facility and have the following courses completed, either by instructor-led or online, within one year from the working start date: Child Care Facility Rules and Regulations; Health, Safety and Nutrition; Identifying and Reporting Child Abuse and Neglect; and Special Needs Appropriate Practices.

I attest that I have read and that I understand the foregoing.

\_\_\_\_\_  
Volunteer/Foster Grandparent Signature

\_\_\_\_\_  
Date

### To Be Completed by the Owner/Operator/Director

I attest my name is \_\_\_\_\_, and I  
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above. The above  
(circle one)

individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and that I understand the foregoing.

\_\_\_\_\_  
Owner /Operator /Director Signature

\_\_\_\_\_  
Date

## Children and Discipline

We are committed to the belief that children learn best in an atmosphere which values and respects the uniqueness of each individual child. We believe that an important part of our teaching task involves helping children develop an inner discipline. This means we must provide reasonable rules, logical consequences for breaking those rules, and be willing to give more personal responsibility to the children as they are able to assume it.

In this program we utilize positive techniques of guidance, including redirection, anticipation and elimination of potential problems, positive reinforcement, and encouragement. As the circumstances may require, we will use supervised time apart from the group. Consistent, clear rules and daily routines are established and we stress the importance that they be followed by everyone.

In the event of any persisting problem with your child, we will work closely with you so that together with our mutual understanding and reinforcement we can direct a behavioral pattern. If a child has continual difficulty controlling behavior to the extent that there is continual disruption to the class, making it impossible for others to have a successful school experience, a conference will be necessary to determine the continuation of the child in our program.

Remember that a crisis at home affects the child's behavior at school. Let us know the joyous happenings, the upsetting experiences, or important changes at home which may affect behavior. It is also important to let teachers know what a child has been told about an impending birth, serious illness, being adopted, or a recent death so any conversation can follow with complete empathy.

In all events, we like to consider this a joint venture with you in a mode of continuing development for your child.

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- Section 65C-22.006(2) F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. Please note some children may be on a delayed immunization schedule.
- Section 402.3125(5), F.S. requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/P1 175-24)
- Section 65C-22.006(3)(c), 2, F.A.C., requires that all parents are notified in writing of the disciplinary practices used by the child care facility.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate, as well as granting consent for child care personnel to have access to child's records.

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Signature of Parent/Guardian

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Date



## PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER AND RELEASE (FOR ADULT)

Please complete and return this Assignment, Waiver and Release **ONLY** if you **DO CONSENT** to the First United Methodist Church of Winter Park's publication of your image and likeness. **If you DO NOT CONSENT to the Church's publication of your image and likeness, please complete the OPT-OUT section at the bottom of the page.**

I, the undersigned, for valuable consideration received, and for being allowed access to property, activities, or events belonging to or affiliated with First United Methodist Church of Winter Park, expressly assign to First United Methodist Church of Winter Park and the Florida Conference of the United Methodist Church, and to all of their current, former and future agents, schools (including the Methodist School for Early Education and Trinity Christian Academy) and related entities and affiliates (collectively, the "Church"), all rights, title and interest in, and to, the use of my image or likeness, including, but not limited to, all videotape recordings, photographs, or audio recordings of, or made by, me (the "Property") on Church property, during Church-sponsored events, or for any other Church purpose. The Church shall have the right to assign its rights in the Property, in whole or in part, to any school or other entity within the Church, without my consent.

I voluntarily consent to and authorize the Church and its employees, independent contractors, volunteers or other agents to take, reproduce and release photographs, videos and audio recordings of me. I hereby irrevocably grant the Church perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Church publication, news release, social media outlet or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purposes whatsoever and I further waive all rights to any compensation for my appearance or participation in the Property. I understand and have been advised that the Property may be used in publications, websites and other materials produced from time to time by the Church. I further understand that the Church has no control over the use of Property taken by media that may be covering an event at the Church in which I participate.

I hereby waive any claims against and release the Church, its current, former and future religious, employees, independent contractors, volunteers, agents, representatives, affiliates, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may have against the Church in connection with the taking, reproduction and/or use of the Property.

I acknowledge that the Church cannot control all photographic access to its properties, and that my name may be printed with the Property. I represent that I am eighteen years of age or older and that I have thoroughly read and understand the terms of this Assignment, Waiver and Release.

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

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

### PHOTOGRAPHY AND IMAGE OPT-OUT

\*Please complete and return THIS SECTION **ONLY** if you **DO NOT CONSENT** to the Church's publication of your image and likeness.

I, the undersigned, do not consent to the Church's publication of my image or likeness, including any photos, videos or audio recordings of me. I understand that the Church will make reasonable efforts to comply with this request. I further understand that the Church has no control over the use of my image or likeness taken by a third-party or media that may be covering an event at the Church in which I participate. If I become aware of any reproduction or publication of my image or likeness, I will immediately notify the Church of the same.

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

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

## PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER AND RELEASE (FOR MINOR CHILD)



Please complete and return this Assignment, Waiver and Release **ONLY** if you **DO CONSENT** to the First United Methodist Church of Winter Park's publication of your minor child(ren)'s image and likeness. If you **DO NOT CONSENT** to the Church's publication of your minor child(ren)'s image and likeness, please complete the OPT-OUT section at the bottom of the page.

I, the undersigned, for valuable consideration received, and for being allowed access to property, activities, or events belonging to or affiliated with First United Methodist Church of Winter Park, expressly assign to First United Methodist Church of Winter Park and the Florida Conference of the United Methodist Church, and to all of their current, former and future agents, schools (including the Methodist School for Early Education and Trinity Christian Academy) and related entities and affiliates (collectively, the "Church"), all rights, title and interest in, and to, the use of my child(ren)'s image or likeness, including, but not limited to, all videotape recordings, photographs, or audio recordings of, or made by, my child(ren) (the "Property") on Church property, during Church-sponsored events, or for any other Church purpose. The Church shall have the right to assign its rights in the Property, in whole or in part, to any school or other entity within the Church, without my consent.

I voluntarily consent to and authorize the Church and its employees, independent contractors, volunteers or other agents to take, reproduce and release photographs, videos and audio recordings of my child(ren). I hereby irrevocably grant the Church perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Church publication, news release, social media outlet or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purposes whatsoever and I further waive all rights to any compensation for my child(ren)'s appearance or participation in the Property. I understand and have been advised that the Property may be used in publications, websites and other materials produced from time to time by the Church. I further understand that the Church has no control over the use of Property taken by media that may be covering an event at the Church in which my child(ren) participate(s).

I hereby waive any claims against and release the Church, its current, former and future religious, employees, independent contractors, volunteers, agents, representatives, affiliates, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child(ren) may have against the Church in connection with the taking, reproduction and/or use of the Property.

I acknowledge that the Church cannot control all photographic access to its properties, and that my child(ren)'s name may be printed with the Property. I represent that I am eighteen years of age or older, that I am the parent or legal guardian of the child(ren) listed below and that I have thoroughly read and understand the terms of this Assignment, Waiver and Release.

Names of minor child(ren): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTOGRAPHY AND IMAGE OPT-OUT

\*Please complete and return THIS SECTION **ONLY** if you **DO NOT CONSENT** to the Church's publication of your minor child(ren)'s image and likeness.

I, the undersigned, do not consent to the Church's publication of my minor child(ren)'s image or likeness, including any photos, videos or audio recordings of my minor child(ren). I understand that the Church will make reasonable efforts to comply with this request. I further understand that the Church has no control over the use of my child(ren)'s image or likeness taken by a third-party or media that may be covering an event at the Church in which my child(ren) participate(s). If I become aware of any reproduction or publication of my child(ren)'s image or likeness, I will immediately notify the Church of the same.

Names of minor child(ren): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete both sides of form.

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: 9/1/21

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.

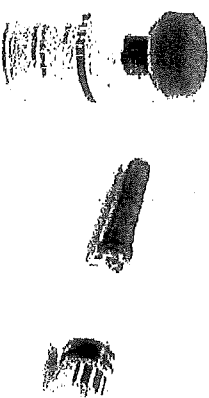


## What should I do if my child gets sick?

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?

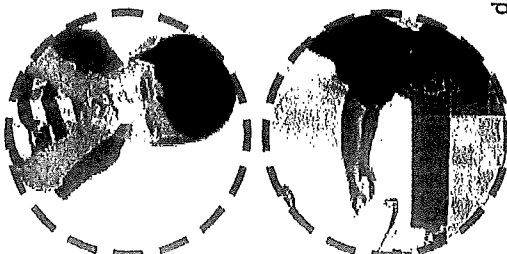
A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving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

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 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.



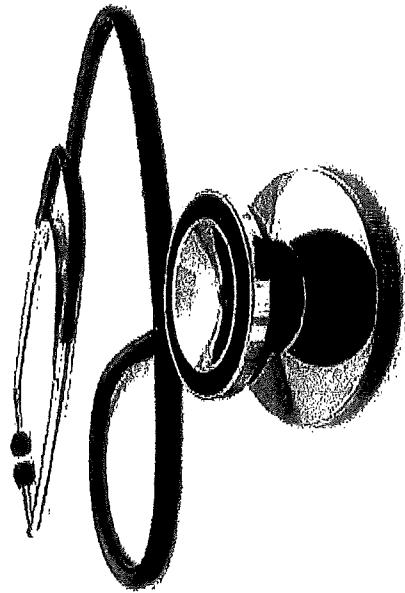
## When should my child stay home from child care?

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.



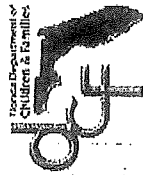
### What is the influenza (flu) virus?

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.mvflorida.com/childcare](http://www.mvflorida.com/childcare) or contact your  
local licensing office below:

CF/PL 175-70, June 2009

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

INFLUENZA VIRUS

"The Flu"  
A Guide  
for Parents

## MSEE Snack and Food Guidelines

Preschool snack is a special time for the children to gather and share food and conversation with each other. During the school year the children will take turns bringing the "snack basket" home to refill. Snacks should be healthy. It is not necessary to send in juice, as we give the children water. Your child's teacher will notify you of the weekly rotation.

For the health and safety of your child, children with food concerns will be asked to bring in their own snack from home each day.

I give permission for my child, \_\_\_\_\_ to participate in  
Snacks provided at the Methodist School for Early Education.

Signed \_\_\_\_\_

Date \_\_\_\_\_



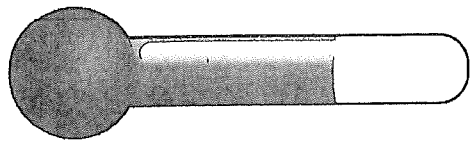
# FACTS ABOUT

# HEATSTROKE:

It only takes a car **10 minutes** to heat up **20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

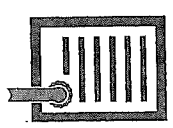
The body temperature of a child increases **3 to 5 times faster** than an adult's body.



# ⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

**During the 2018 legislative session,** a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



## My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

X \_\_\_\_\_

Child's Name:

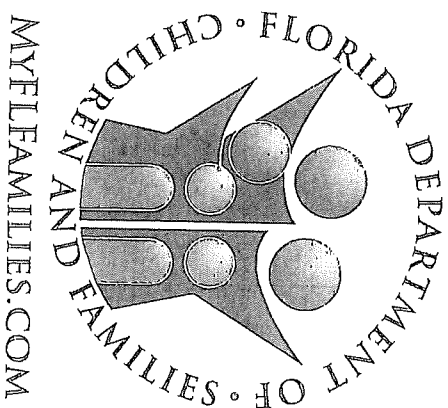
X \_\_\_\_\_

Date:

9-1-21 \_\_\_\_\_

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

**A change in daily routine,**  
lack of sleep, stress, fatigue,  
cell phone use, and simple  
distractions are some things  
parents experience and can be  
contributing factors as to why  
children have been left  
unknowingly in vehicles...

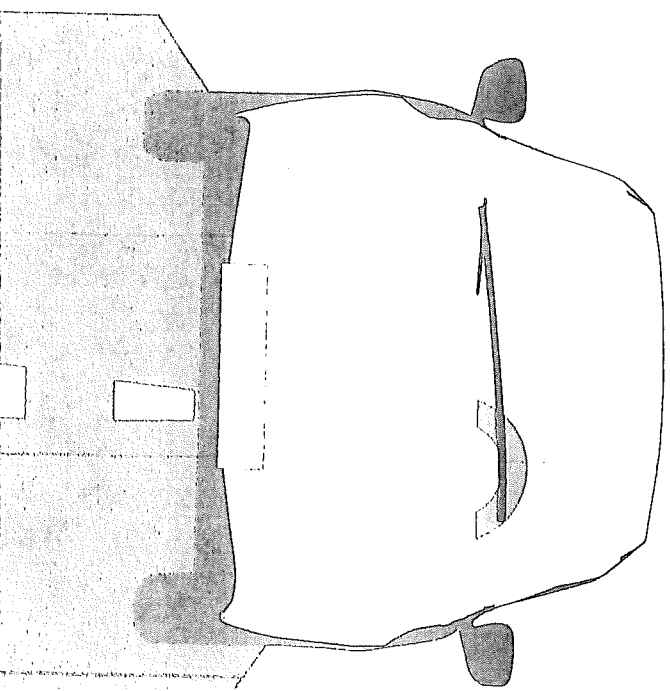


Developed by:

The Office of Child Care Regulation

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)  
CF/PI 175-12, May 2018

When life happens...Don't be a  
**DISTRACTED  
ADULT**



## Parent's Role

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

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



## More information and free resources:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: \_\_\_\_\_

License Issued on \_\_\_\_/\_\_\_\_/\_\_\_\_

License Expires on \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information regarding the compliance history of this child care provider, please visit:

[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)

OFFICE OF CHILD CARE REGULATORY  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)



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

CF/PI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.,



# Know Your Child Care Facility

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)

## General Requirements

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

- ☐ Valid license posted for parents to see.
- ☐ All staff appropriately screened.
- ☐ Maintain appropriate transportation vehicles (if transportation is provided).
- ☐ Provide parents with written disciplinary practices used by the facility.
- ☐ Provide access to the facility during normal hours of operation.
- ☐ Maintain minimum staff-to-child ratios:

Age of Child	Child:Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

### Health Related Requirements

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

### Training Requirements

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

### Food and Nutrition

- ☐ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

### Record Keeping

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

### Physical Environment

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

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

### Quality Activities

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

### Quality Caregivers

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

### Quality Environments

- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.
- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.

