



# Methodist School for Early Education

## 2026-2027 Registration

To register your child for the 2026-2027 school year, payment for the following is required: **Registration Fee**

**Material Fee**

**Safety & Security Deposit**

**First installment of Tuition**

NOTE: The above fees are **NON-REFUNDABLE & NON-TRANSFERABLE**.

**Your child will need the following forms completed & in the file by the *FIRST* week of school:**

\_\_\_\_\_ Completed Registration Card

\_\_\_\_\_ **UP TO DATE Florida** Immunization Record (obtained from physician)

*PLEASE NOTE: Despite recent changes to Florida's immunization laws, the Methodist School for Early Education's school policy continues to require student to follow the current immunization schedule recommended by the American Academy of Pediatrics ([www.aap.org](http://www.aap.org)), U.S. Public Health Services, the Centers for Disease Control, and the American Council on Immunizations and Prevention. Documentation of immunizations shall be provided to MSEE upon entry into the school.*

**THERE ARE NO RELIGIOUS OR MEDICAL EXEMPTIONS THIS POLICY.**

\_\_\_\_\_ **UP TO DATE Florida** Health Record (obtained from physician)

\_\_\_\_\_ Completed Child Record Form

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

\_\_\_\_\_ Completed Image Release Form

\_\_\_\_\_ Completed Snack Permission Form

\_\_\_\_\_ Completed Volunteer Acknowledgement

\_\_\_\_\_ Completed Children & Discipline Form



**Please note:**  
**Dates are subject to change**

## 2026/2027 MSEE School Calendar

August 5 <sup>th</sup> – 7 <sup>th</sup> ; August 10 <sup>th</sup>	Classroom Visits
August 5 <sup>th</sup>	Parent Orientation – 7:00 pm in Church Sanctuary
August 11 <sup>th</sup>	First Day of School
August 17 <sup>th</sup>	Early Morning Drop Off, Lunch Bunch, & Afternoon Enrichment classes begin. Kindergarten begins full day (2:00 pm)/carline drop-off & pick-up only.
August 20 <sup>th</sup>	Parent Coffee – 9:00 am in Fellowship Hall
September 7 <sup>th</sup>	Labor Day – <i>SCHOOL HOLIDAY</i>
September 11 <sup>th</sup>	Fun FriYAY's begin
October 17 <sup>th</sup>	Fall Festival & Silent Auction 10:00 am–2:00 pm
October 22 <sup>nd</sup> & 23 <sup>rd</sup>	Fall Break
October 28 <sup>th</sup>	Halloween Parade @ 9:15am
November 5 <sup>th</sup>	Kindergarten Informational Meeting (for 2027/2028) – 9 am in Room 208
November 12 <sup>th</sup>	PreK Preview Informational Meeting (for 2027/2028) – 9 am & 6 pm Rm 203
November 23 <sup>rd</sup> – 27 <sup>th</sup>	Thanksgiving Break
December 5 <sup>th</sup>	Breakfast with Santa – 7:45 & 10:30 in MFLC Gym
December 7 <sup>th</sup> – 11 <sup>th</sup>	Fall Afternoon Enrichment Classes end
December 16 <sup>th</sup>	Christmas Music Performance - FUMCWP Sanctuary
December 17 <sup>th</sup> - January 3 <sup>rd</sup>	CHRISTMAS HOLIDAY BREAK
January 4 <sup>th</sup>	School Resumes for Spring 2026 Semester
January 11 <sup>th</sup>	Spring Afternoon Enrichment Classes begin
January 12 <sup>th</sup> - 15 <sup>th</sup>	Two's & Three's Parent Teacher Conferences
January 18 <sup>th</sup>	Martin Luther King Day – <i>SCHOOL HOLIDAY</i>
January 19 <sup>th</sup>	Preregistration for 2027/28 opens for enrolled MSEE families
January 20 <sup>th</sup> – 22 <sup>nd</sup>	Preregistration for 2027/28 - FUMCWP members, MSEE alum, Former MSEE families
January 24 <sup>th</sup>	FUMCWP Preschool Sunday at 9:00 am in MFLC gym
January 25 <sup>th</sup>	Registration for 2027/2028 school year opens to community @ 8:00 am
February 15 <sup>th</sup>	Presidents' Day - <i>SCHOOL HOLIDAY</i>
March 1 <sup>st</sup> – 4 <sup>th</sup>	Scholastic Book Fair
March 3 <sup>rd</sup> & 4 <sup>th</sup>	Grandparent Day Breakfasts @ 9:00 am
March 8 <sup>th</sup> – 10 <sup>th</sup>	PreK Parent Teacher Conferences
March 11 <sup>th</sup>	Art Fun Day from 9:00 am – 10:30 am
March 12 <sup>th</sup> – 19 <sup>th</sup>	Spring Break Holiday
March 26 <sup>th</sup>	Good Friday – NO SCHOOL
March 29 <sup>th</sup>	Easter Monday – NO SCHOOL
April 5 <sup>th</sup> – 9 <sup>th</sup>	Teacher Appreciation Week
April 30 <sup>th</sup> & May 3 <sup>rd</sup> – 6 <sup>th</sup>	Spring Afternoon Enrichment Classes end
May 12 <sup>th</sup>	Kindergarten Luncheon at 11 am
May 13 <sup>th</sup>	Last day of school
May 17 <sup>th</sup> – 21 <sup>st</sup>	Oodles & Doodles of Summer Fun Camp Week 1
May 24 <sup>th</sup> – 28 <sup>th</sup>	Oodles & Doodles of Summer Fun Camp Week 2
June 1 <sup>st</sup> – 4 <sup>th</sup>	Oodles & Doodles of Summer Fun Camp Week 3

### Family Chapel

- Wednesday, September 9<sup>th</sup>
- Wednesday, February 10<sup>th</sup>

### Noon Dismissal Dates: NO LUNCH BUNCH

- Friday, September 4<sup>th</sup>
- Friday, November 20<sup>th</sup>
- Wednesday, December 16<sup>th</sup>
- Friday, January 15<sup>th</sup>
- Friday, February 12<sup>th</sup>
- Thursday, May 13<sup>th</sup>

### Additional Dates

Speech & Occupational Therapy Screenings – September 21–25, 2026

Children's individual pictures - September 15 & 16, 2026

Katie Kaufman (B&W) Picture Days - February 9-11, 2027

Muffins with Mom – April 30 & May 3-5, 2027

Doughnuts For Dad – February 16-19, 2027

Class Group Pictures – April 13 & 15, 2027

Water Fun Days – May 6 & 7, 2027

11/05/25

For office use only:  
Enrollment Date -

## Information for Child's Record

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

1. Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Nickname \_\_\_\_\_ Do you wish your child to be called by nickname? Yes / No
2. Date of Birth \_\_\_\_\_  
Mo Day Year  
Place of Birth \_\_\_\_\_  
City County State
3. Home Address \_\_\_\_\_  
Street City Zip code  
Home Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_  
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? Yes / No  
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)  
\_\_\_\_\_  
\_\_\_\_\_
6. With whom does child live?  
\_\_\_\_\_ both parents \_\_\_\_\_ both grandparents  
\_\_\_\_\_ father \_\_\_\_\_ grandfather  
\_\_\_\_\_ mother \_\_\_\_\_ grandmother  
\_\_\_\_\_ other (please explain) \_\_\_\_\_

7. Is child adopted? \_\_\_\_\_  
 If so, what has child been told about his/her adoption? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
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? \_\_\_\_\_  
 \_\_\_\_\_  
 What methods are most effective? \_\_\_\_\_  
 Do parents agree on method? \_\_\_\_\_
10. How many hours of night sleep does your child get? \_\_\_\_\_  
 Are there any sleep problems? \_\_\_\_\_ If yes, please give examples \_\_\_\_\_  
 \_\_\_\_\_  
 Does child nap daily? \_\_\_\_\_
11. Is your child right handed? \_\_\_\_\_ left handed? \_\_\_\_\_ undecided? \_\_\_\_\_
12. Are there any food allergies? \_\_\_\_\_ If yes, please list \_\_\_\_\_  
 \_\_\_\_\_  
 Is there any vomiting with food allergies? \_\_\_\_\_ Refusal to eat? \_\_\_\_\_  
 Please list **any other allergies** \_\_\_\_\_  
 \_\_\_\_\_  
 Does child require use of EpiPen? \_\_\_\_\_
13. Are there any problems in relation to toilet habits? \_\_\_\_\_

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? Yes / No  
 Give examples \_\_\_\_\_  
 \_\_\_\_\_
16. Has child been away from family before? Yes / No  
 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 PreK 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

Parent/Guardian 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

Parent/Guardian 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

Parent/Guardian 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. Please list all adults who are authorized to drop off/pick up from school  
\*\* Children will only be released to parents or those persons listed as Emergency and Release Contacts. If you would like to have a person who **IS NOT** identified as an Emergency and Release Contact pick-up your child from school, you must notify us in advance, in writing.  
**NO CHILD WILL BE RELEASED WITHOUT PRIOR WRITTEN AUTHORIZATION**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to child? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to child? \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to child? \_\_\_\_\_

4. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to child? \_\_\_\_\_

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

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

I (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 parent/guardian(s) (**Please ensure MSEE has correct phone numbers on file**)
- Attempt to contact the child's physician (Listed below)
- Attempt to contact parent/guardian(s) through persons listed as emergency contacts below
- If MSEE cannot contact the parent/guardian(s) or child's physician, MSEE may do any or all of the following:
  - (A) call another physician or paramedic
  - (B) call an ambulance
  - (C) have the child taken to an emergency hospital in the company of an MSEE staff member
- Any expense incurred under the above will be borne by the child's family
- MSEE **WILL NOT** be responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment

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**Persons to contact in the event MSEE cannot reach the parent/guardian(s)**

(PLEASE PROVIDE AT LEAST 2 NAMES)

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

**Physician to contact in the event of an emergency**

Name	Phone #	Address
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To Whom It May Concern:

I (We) hereby give consent to (name 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 the 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 \_\_\_\_\_

## CHILDREN & DISCIPLINE

At MSEE, we are committed to the belief that children learn best in an atmosphere which values and respects the uniqueness of each individual child. Our discipline policy reflects our school-wide philosophy of positive guidance with children. The word discipline means to “disciple or teach.” Our goal is to teach or guide children until they can self-regulate.

Our program utilizes the positive techniques of guidance, including redirection, anticipation, and elimination of potential problems, positive reinforcement, and encouragement. Through language, role modeling, and praise, children will be encouraged to cooperate. We begin this process with the youngest children by creating and setting up an environment that allows for sufficient space and duplication of materials. Consistent, reasonable rules and daily routines are established, and we stress the importance that they be followed by everyone. We have logical consequences for breaking those rules and will give children more personal responsibility as they are able to assume it. As children gain social skills and understanding, they will be given choices and age-appropriate rules with logical consequences followed by learning appropriate negotiation and problem-solving skills. As the circumstances may require, we will use supervised time apart from the group.

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

In all events, we ask parents to work together with us to achieve these goals. At MSEE, let us know the joyous happenings, the upsetting experiences, or important changes at home that 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 be followed with complete empathy.

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### Florida Department of Children & Families Acknowledgement by Parent/Guardian

- 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 410.3125 (5), F.S. requires that parents receive a copy of the Children 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 childcare 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 your child’s records.

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Signature of Parent/Guardian

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Date





## 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



## 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: \_\_\_\_\_

## 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 \_\_\_\_\_

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...



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

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

**WHEN LIFE  
HAPPENS...  
DON'T BE A  
DISTRACTED  
ADULT**





## Distraction 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.*



## 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.





## 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 Centers 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.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare) or contact your local licensing office.

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

# THE FLU

## A Guide for Parents



## 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 settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



*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.*

**For additional helpful information about the dangers of the flu and how to protect your child, visit: [www.cdc.gov/flu/](http://www.cdc.gov/flu/) or [www.immunizeflorida.org/](http://www.immunizeflorida.org/)**



## 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 your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, you should consider the facility's quality indicators related to activities, caregivers, and environment.

### Quality Activities

- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

### Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

### Quality Environments

- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.



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

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

# KNOW YOUR CHILD CARE FACILITY



# Know Your Child Care Facility - 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 practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

## Health Related Requirements

### Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

## Ratios



<u>Age of Child</u>	<u>Child: Teacher Ratio</u>
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

## 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.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped 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.



**To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline 1.800.962.2873**