



Name of Student: _____

Password: _____ Grade _____

Application Date: _____

Start Date: _____ Teacher: _____

PRE-SCHOOL CHILD'S FILE CHECKLIST

_____ Child Enrollment Information _____ Enrollment Contract

_____ Financial Contract

_____ Discipline Policy

_____ Medical Emergency Release Form

_____ No Medical Insurance Form _____ Media Release

_____ Physical Activity Statement

_____ Permission for Food-Related Activities

_____ Parent Do You Know

_____ Parent Questionnaire

_____ Swim Central Survey

_____ Know Your Child Care Facility Brochure (Signed)

_____ Brochure Signoff Sheet

_____ VPK Attendance Policy (If Applicable)

_____ Proof of Health Insurance _____ Birth Certificate

_____ Immunization Record #680

_____ Statement of Good Health #3040 (*Statement is good for 2 years*)

_____ VPK certificate (VPK only)

_____ Enrollment Fee

Phyl's Academy Preparatory School

7205 Royal Palm Blvd, Margate, FL. 33063

Phone: 954-731-7524 Fax: 954-777-9960

APPLICATION FOR ADMISSION

Student's Name: _____ Sex: Male () Female ()

(Last)

(First)

Date of Birth: ____/____/____ Age: ____ Years ____ Months
(MM) (DD) (YYYY)

SS# _____ - _____ - _____

Address: _____ Apt #: _____
(Street)

City: _____ State: ____ Zip Code: _____ Home Phone: _____

Mother's Information

Name: _____ SS#: _____ (Mandatory)

Address (if different from student's)

Street: _____ Apt #: _____ City _____ State ____ Zip _____

Email Address: _____

Employer: _____ Occupation: _____

Cell Phone _____ Work Phone: _____ Ext: _____

Father's Information

Name: _____ SS#: _____ (Mandatory)

Address (if different from student's)

Street: _____ Apt #: _____ City _____ State ____ Zip _____

Email Address: _____

Employer: _____ Occupation: _____

Cell Phone _____ Work Phone: _____ Ext: _____

Please send all school mailings/information to: Mother () Father () Both Parents ()

Dismissal Procedure: Walker () Bike () Car () Onsite Aftercare () Bus () Other: _____

EMERGENCY CONTACTS / ALTERNATE PICK-UP PERSONS

(Two people *other than* parents)

1. Name: _____ 2. Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Please fill in the Name and Address of the school your child is currently attending:

Name of School: _____

Address: _____ City _____ State _____ Zip _____

To the best of my knowledge the information is correct and complete. In the event of a change of address of, phone number, name, etc., I will notify the school immediately.

Mother's Signature: _____ Father's Signature: _____

Health/ Allergy Information

Does your child have any health/physical/emotional/learning problems for which he/she has been diagnosed and/or is being treated for, and of which the school should be aware? YES () NO ()

If yes, please specify _____

Is your child allergic to any foods/juices? YES () NO ()

If yes, please specify: _____

Non- Discriminatory Policy

I understand that Phyl's Academy does not deny admission based on race, color, creed, religion, sex or any other legally protected status.

Hold Harmless

I agree that I will not hold the school or its Faculty or any other staff member responsible in case of any accidental injuries that might occur in any play and/or any school related activities in which the child might be engaged.

I HAVE READ THE ABOVE AND AGREE TO ABIDE BY THESE REGULATIONS.

Parent Signature : _____ Administration Signature _____

←

Phyl's Academy Preparatory School

→

Enrollment Contract

20__ - 20__ ACADEMIC YEAR

Date: __ / __ / 20__

PLEASE READ CAREFULLY BEFORE SIGNING

We hereby request that our child be enrolled at Phyl's Academy Preparatory School for the current academic year. It is understood that our child will be enrolled for the entire academic year and that Phyl's Academy has obligated itself in regards to the number of faculty, size of facility, amount of supplies and equipment, and the nature of its program is reliant upon such enrollment.

No refund or reduction of any charges will be made due to withdrawal, absence, or illness. The fact that the school allows tuition to be paid in one, ten or eleven installments does not create a fractional contract or in any way relieves the parent of the responsibility for the entire year's tuition and fees. Phyl's Academy reserves the right to disenroll any student due to disciplinary issues or absences totaling two or more weeks per school year and withhold transcripts and all academic records until the tuition and fees have been paid in full. Once you have chosen your learning platform, any changes made to your contract will be subject to availability.

****ALL FEES PAID WITH THIS APPLICATION ARE NON-REFUNDABLE/NON TRANSFERABLE****

Child's Name		Entering Grade		Administrator's Signature	
Online _____ (Initial)		Campus _____ (Initial)		Start date _____	

REGISTRATION & TUITION FEES

Registration Fee:	\$ _____	Tuition:	\$ _____
Books & Materials:	\$ _____	Other:	\$ _____
Technology/Resource Fee:	\$ _____	Transportation Fees:	\$ _____
PTO Fees:	\$ _____		
Grad:	\$ _____	(Scholarships):	\$ _____
Computer:	\$ _____	(Discounts):	\$ _____
Discounts:	\$ _____		
TOTAL ENROLLMENT:	\$ _____	Parent Responsibility	\$ _____
Amount Paid:	\$ _____	Form of payment	_____

TUITION PAYMENT OPTIONS (Please Select One)

- ☐ 1. Tuition paid in full with a 5% discount on the entire amount by August 1.
Scholarship recipients do not qualify for this discount.
- ☐ 2. Balance of tuition will be paid in equal installments over 10 or 11 month period. The automatic draft form is available on the school website at www.phylsprep.com

11 Month Payment Plan
(Jul 1st - May 1st, 20__)

Initial Here

Amount \$ _____

10 Month Payment Plan
(Aug 1st - May 1st, 20__)

Initial Here

Amount \$ _____

All NSF payments are subject to a \$30 service charge. If monthly payments are 15 days past due, we must ask you to withdraw your student. If you withdraw your student, you are financially responsible for the entire contracted account.

NO Refunds Will Be Issued and all fees are non-transferable.

A LATE FEE OF \$25 WILL BE APPLIED TO ALL ACCOUNTS AFTER THE 5TH

10% Multiple child discount

**** Please indicate name and grade of other child/children enrolled at Phyl's Academy****

Siblings' Names: _____ Grades: _____

I, the parent/guardian of the above child/children know the rules and regulations of the school and are in full agreement with the policies and standards and will have a proper spirit and attitude in supporting the school and its activities.

I have read the financial requirements and agree to abide by all of the above.

Parent/Guardian Signature: _____ Date: __ / __ / 20__

PHYL'S ACADEMY PREPARATORY SCHOOL

FINANCIAL AGREEMENT/TUITION AND FEES PRESCHOOL (NURSERY – PRE-K/VPK)

Registration Fee:	\$150.00	Due at Application (Non Refundable)
Matriculation Fee:		
(3 Year Old & Pre-K/VPK)	\$100.00	(Includes: Books & Materials)
P.T.O Dues (Per Family)	\$20.00	(Annual)

Total Enrollment (Nursery – Toddler Class) \$170.00 Total Enrollment (3 Year Old & Pre-K/VPK) \$270.00

10% Multiple Child Discount

Phyl's Preschool Tuition

Select	Age Group	Monthly	Monthly	Weekly	Weekly
		7:00 a.m. – 4:00pm	7:00 a.m. – 6:00pm	7:00 a.m. – 4:00pm	7:00 a.m. – 6:00pm
	1 & 2 Year Olds	\$700.00	\$730.00	\$190.00	\$200.00
	3 & 4 Year Olds	\$670.00	\$700.00	\$180.00	\$190.00
	VPK	\$540.00	\$570.00	\$140.00	\$150.00
	VPK 3 Hr Only	\$0	\$0	\$0	\$0

- Weekly payments are due on Wednesdays a late fee of \$25 will be applied to all accounts paid after Friday.
- Monthly payments are due on the 1st of each month, a late fee of \$25 will be applied to all accounts paid after the 5th.
- All NSF payments are subject to a \$30 service charge. If monthly payments are 15 days past due, we must ask you to withdraw your student and you will still be financially responsible for the entire contracted account.

NO Refunds Will Be Issued.

I hereby acknowledge that ALL fees paid for tuition which includes registration, books, computer lab fees, deposits and application fees are **NON-TRANSFERABLE** and **NON-REFUNDABLE**.

Student Name _____

Parent Signature _____ Date _____

Academic Year 20____ - 20 ____

PHYL'S ACADEMY PREPARATORY SCHOOL

Disciplinary/Suspension/Expulsion Policy

Please read the following carefully

Preschool children (3 and over) that bite another child will be suspended and must be picked up immediately. She/he will remain out of school until the following day. In the event that a child's behavior warrants some form of correction, the child will be spoken to by the teacher and time out will be instituted. If this is not effective the child will be brought to the office for counseling.

Students in Elementary, Middle & High school must adhere to the rules listed in the Parent/Student handbook. The list explains the consequences based on a point system.

In the case of a child who continuously exhibits poor behavior, and/or inflicts bodily harm on another child, the parents will be notified and brought in to discuss the situation. A record of the meeting will be kept. If a child's parents must be repeatedly notified or brought in for meetings, the child will be dismissed from our program.

Please keep in mind that we will take the time to discuss a child's behavior with his/her teachers and parents, and make all efforts to correct the problem before resorting to a mandatory dismissal.

Parent/Guardians' verbal or physical abuse of teachers or other staff members especially on the grounds will not be allowed. This will result in termination of services.

This administration reserves the unquestionable right to suspend or expel from school any student whose behavior is excessively aggressive. This administration reserves the unquestionable right to suspend from class or expel from school any student whose parent's account is delinquent. An account is considered delinquent if payment is not made by the due date.

**I _____ HAVE READ THE ABOVE AND AGREE TO
ABIDE BY THESE REGULATIONS.**

Parent Signature: _____

PHYL'S ACADEMY PREPARATORY SCHOOL
CODE OF CONDUCT

Please read the following carefully

The primary objective of requiring appropriate student behavior and self-discipline is to produce a positive and safe learning atmosphere in which there will be no interruption of the teaching-learning environment. All students will assume personal responsibility for their behavior and actions, develop appropriate self-control, exhibit self-discipline, and accept the responsibility and consequences of any inappropriate behavior. To accomplish this objective requires a cooperative effort from students, staff, and parents.

All students shall...

1. Respect the educational process through the display of appropriate language, attitude, and physical behavior.
2. Respect and honor the rights of other students to learn in an environment free of intimidation or harassment.
3. Maintain satisfactory attendance.
4. Report to classes on time.
5. Comply with the dress code.

Consequences for noncompliance with the above expectations shall include, but not be limited to, the list below. The severity or the repetitive nature of a student's behavior will be given consideration when determining appropriate consequences.

- Community or school service
- Detention
- Denial of participation in school activities
- Denial of privileges
- Intervention by professional school staff
- Parent contact or conference
- Referral to an administrative panel
- Referral to appropriate law enforcement or other governmental agency
- School probation
- Warnings
- Expulsion

I _____ agree to abide by the rules and regulations above:

Parent's Signature _____



PHYL'S ACADEMY MEDICAL EMERGENCY FORM

In the event that my child _____ becomes ill or injured while at school or during school sponsored activities, I give my consent for the school authorities to take the following steps.

1. Contact emergency services (911) to secure medical assistance.
2. Contact the child's physician and follow his / her instructions.
3. Contact me as the child's parent and inform me of the situation.

In the event I cannot be reached I empower, authorize and appoint the Principal or his /her designee to furnish on my behalf written and or oral authorization to secure the medical services as soon as needed to assist my child.

I further release the principal, designee and school from liability which might arise from giving such authorization.

Child's primary source of health care is:

Physician/Clinic Name: _____

Phone Number: _____

Please list any medications that the student is currently taking: _____

Classroom Teacher: _____ Grade _____

School Year: _____

Mother's Signature _____ Date _____

Father's signature: _____ Date _____

Administration signature _____ Date _____

Phyl's Academy Preparatory School

7205 Royal Palm Blvd, Margate, Fl. 33063

No Medical Insurance Form

Date: _____

TO WHOM IT MAY CONCERN

I, _____ certify that my child

(Parent's Name)

_____, is not covered under any form of

(Child's Name)

medical insurance. If in the future I obtain medical coverage, I will submit all pertinent information to Phyl's Academy. In the interim, I will be responsible for any and all medical bills associated with care of my child.

Parent's Signature

Parent's Signature

Always a Step Ahead!



Phyl's Academy Preparatory
7205 Royal Palm Blvd.
Margate, Fl. 33063

Phone: 954-731-7524

Fax 754-205-5502

Date: _____

Dear parents/guardians,

Please be advised that during the school year your child may be photographed, videotaped, or interviewed for various school sponsored events. With your consent, the photograph, videotape, or interview may be reproduced and released for use in the media, i.e., newspapers, brochures, videos, television, and Phyl's Academy Preparatory school's websites and social media platforms such as Facebook, Twitter, etc.

Please indicate your preference below:

Student's Name

Student's ID

Yes, My child's photograph/video/interview **may be** reproduced and released for use in the media

No, My child's photograph/video/interview **may not be** reproduced and released for use in the media

Signature

Date

Please sign and return this form to:

CONTACT PERSON: _____

SCHOOL NAME: _____

SCHOOL TELEPHONE: _____

PHYL'S ACADEMY PHYSICAL ACTIVITY PARTICIPATION FORM

I _____ understand and acknowledge that my
child _____ attends Phyl's Academy Preparatory School and will participate
in indoor/outdoor and physical activities daily when weather and air quality conditions do not pose a
significant health risk. Time planned for indoor/outdoor play and physical activities depends on the age
group and weather conditions. Activities shall include structured play (led by the adult caregiver) and free
play (supervised by an adult).

- **Toddlers (12 months to 3 years old)** shall participate in 60 to 90 minutes per day of moderate to vigorous physical activity.
- **Preschoolers (3 to 6 years old)** shall participate in 90 to 120 minutes per day of moderate to vigorous physical activity.
- **Children shall be dressed appropriately for the weather**, including wearing appropriate seasonal clothing and footwear, so they can participate fully, move freely, and play safely.
- **Child care providers will inform parents, caregivers, and families** that children need to be dressed appropriately for the current weather conditions to play outdoors.

Children should wear clothing appropriate for the current weather:

- **Snow:** heavy coat, waterproof boots, hat, and mittens.
- **Rain:** raincoat and waterproof boots.
- **Different temperatures during the day:** layers of clothing.

Footwear should provide support for running and climbing. Examples of **appropriate** footwear include sneakers, gym shoes, and other shoes with rubber soles that enclose the feet and will not come off easily. **Examples of inappropriate clothing and footwear include:**

- **Footwear that can come off while running** or that does not provide support for climbing (examples: flip-flops and clogs).
- **Clothing that can catch on playground equipment** (examples: clothes with drawstrings or loops).
- **Clothing that does not protect children** from the current weather conditions.

Mother's Signature _____

Date _____

Father's Signature _____

Date _____

Classroom Teacher _____

School Year _____

Grade _____

Administration Signature _____

Date _____

Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65C-22.005 (1)(c), F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities.

These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I, _____ **give / decline** permission for my child _____
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

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

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

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

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

(Parent or Guardian)

(Date)

PHYL'S ACADEMY PREPARATORY SCHOOL - PRESCHOOL

Parent Do You Know That:

Please Initial as Read

1. Preschool hours of operation are 7:00 a.m. – 6:00p.m. _____
2. Excessive absences will result in loss of your space. Children need to be in class no later than 9:00 a.m. All children not picked up by 6:00p.m. will be charged a late fee of \$1/min. If a parent cannot be contacted, the Department of Children and Families will be notified. _____
3. Unacceptable behavior will not be tolerated. Phyl's Academy reserves the right to suspend or expel any student who continually exhibits negative behavior. _____
4. You may send a nutritious lunch (no sodas, bottled, or canned drinks) or utilize our lunch program. We **DO NOT** warm up meals. _____
5. If a child becomes ill at school, the parent will be notified and asked to pick him/her up. If a parent does not come within an hour, EMS services will be called. _____
6. Only administrative staff is allowed to administer medicine. We **do not** administer over-the-counter drugs. All medications must be in an original prescription bottle and the label must include the child's name, name of medication, dosage, and time to be taken. A #5 authorization form must be filled out. _____
7. The designated parking areas for drop-offs and pickups are spaces at the front of the school. Children are not permitted to enter or leave the building or their classrooms alone. _____
8. Please sign your child in/out of class daily. Remember to include the time and your full signature. _____
9. All visitors must report to the front desk with their ID to sign in/out and obtain an authorization release form/pass when picking up a child. _____
10. Students are not permitted to bring personal items to school. Toys and jewelry are not allowed. All items permitted in school must be labeled. _____
11. Nail polish and/or hair beads should not be worn whether the child dresses in uniform or not. _____
12. We encourage all parents to be involved in all fundraising activities. Fundraisers are used to improve our facility. For example, to purchase classroom and playground equipment. _____
13. Parents are welcome to come in and volunteer at any time. We encourage active participation in your child's early childhood years. _____
14. All parents/guardians are expected to uphold the rules and regulations of this facility. _____
15. All parent/guardians will conduct themselves in a respectful manner and **dress appropriately** whenever conducting business on the school premises. _____
16. Parent/guardians' verbal or physical abuse of teachers or other staff members especially on the grounds will not be allowed. This will result in termination of services. _____
17. All parents must adhere to the enrollment contract. _____

Child's Name: _____

Parent Signature _____

PARENT QUESTIONNAIRE

Phyl's Academy Preparatory School

Name: _____ Birth Date: ____/____/____

Today's Date: _____

The purpose of securing this information is to help us better understand your child and to help you know what to expect from our program. Your child's care during the day is a responsibility that we share.

How did you hear about our school? _____

Has the child had previous placement at this school? YES NO

Name of previous school: _____

Reason for requesting placement: _____

May we request records from his/her previous school? _____ Date placement is desired: ____/____/20__

Name of the person responsible for payment: _____

Has he/she had experience playing with other children? YES NO

How does your child interact with other children? _____

Is he/she: Friendly _____ Aggressive _____ Shy _____ Withdrawn _____

How does he/she get along with sibling(s)? _____ Other adults? _____

Is he/she known by any other children in this facility? _____

How does your child deal with change? _____

What age-group does your child prefer to play with? _____

Does your child enjoy or prefer being alone? _____

Does your child demand a lot of attention? _____

How does your child relate to strangers? _____

What makes him/her upset? _____

How does your child express his/her feelings? _____

Does your child have any special bathroom needs? YES NO

If yes, please describe: _____

Does your child eat his/her meals willingly? YES NO

Will he/she need help to be fed? YES NO

What frightens your child? _____

What is your child's favorite toy/activity at home? _____

List other favorite activities: _____

What method of discipline do you use _____

Who does most of the discipline? _____



SWIM Central Water Safety Education Questionnaire

Parents: *Do you know that drowning is the leading cause of death among children?
Complete this form to receive information to protect your child from drowning.*

Child's Name: _____ **Date of Birth:** _____

Parent Name: _____ **Parent Signature** _____ **Date** _____

Email (optional) _____

Information is for the use of the Broward County Swim Central program only.

1. How would you rate your own swimming ability?

- ☐ Unable to swim
- ☐ Can swim a little, but NOT comfortable in deep water
- ☐ Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- ☐ Yes
- ☐ No, check all the reasons below that apply:
 - ☐ Do not know how to find information about swim lessons
 - ☐ Transportation problems
 - ☐ Swim lessons are not important
 - ☐ Lessons are too expensive
 - ☐ Schedule of lessons not convenient
 - ☐ Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?

- ☐ Yes
- ☐ No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- ☐ Yes
- ☐ No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- ☐ Yes, visit <http://www.watersmartbroward.org/swim-instruction/> for details.
- ☐ No

FOR OFFICE USE ONLY:

Broward Ordinance 2004, Section 7-8 requires parents to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed each child's file to be monitored by the staff of the local licensing agency.

Facility Name: _____ **Facility License #:** _____

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: _____ **or, date mailed:** _____

Fax: 954.357.8077
SWIM Central
3700 NW 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded:

<http://www.watersmartbroward.org/resources/brochures-handouts/>

Drowning is the #1 Cause of Death Among Children Ages 1 to 4



Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

Simple Steps Save Lives

Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

Extra Layers of Protection *if Supervision Fails*

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: <http://www.watersmartbroward.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 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



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



OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING
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

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 drills 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.
- Equipt 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.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

Quality Environments

- 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.



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

Child's Name: _____

Parent/Guardian: Name _____

Parent Signature: _____

Date: _____

Shaken Baby Syndrome (Abusive Head Trauma)

Prevention Policy

I acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Child's Name: _____

Parent/Guardian: Name _____

Parent Signature: _____

Date: _____

**My signature below verifies receipt of the
brochure on Influenza Virus, The Flu, A
Guide to Parents:**

Child's Name: _____

Parent/Guardian: Name _____

Parent Signature: _____

Date: _____

PHYL'S ACADEMY PREPATORY SCHOOL

VOLUNTARY PRE-KINDERGARTEN (VPK) ATTENDANCE POLICIES

To the parent/guardian of: _____

Your child is enrolled in the Voluntary Prekindergarten program. Because this is a state-funded program, there are rules and regulations set by the State that both Phyl's Academy and the parents/guardians must follow. PLEASE READ THE INFORMATION BELOW CAREFULLY!

1. SIGN IN/ATTENDANCE VERIFICATION

Your child must be signed in upon arrival and signed out at dismissal every day by the adult who drops off and/or picks up. The point of entry for your child is the door of the classroom. Children are not to be dropped off at the front door of the facility. If someone other than the parent picks up, they must show photo ID and we need prior approval from the parent. The monthly attendance sheet will be located in your child's classroom where you must put the time and full signature, NO INITIALS ALLOWED. At the end of each month, you will be required to sign a "Student Attendance and Parental Choice Certificate that confirms that your child has been in the program during the month and that you wish your child to continue in the program at Phyl's Academy.

2. ATTENDANCE/ABSENCE

Regular attendance is required in the VPK program. It is important that your child attends every day in order to receive the maximum benefit of this program so that your child is prepared to succeed in kindergarten. Please note: It is a State requirement that parents/guardians comply with the Phyl's attendance policy as well as any of its other policies and procedures. The state VPK program allows a school to dismiss a child who does not follow these rules.

3. LATE PICK UP

Children enrolled in our VPK ONLY program may arrive no earlier than (5) minutes before the start of the program, and must be picked up no later than (5) minutes after the end of the program. Parents/guardians are responsible to pick up their child in a timely manner. There is a late charge of \$10.00 for every (15) minutes for late pick-up.

Thank you for taking the time to review these policies. The Florida Office of Early learning may modify their policies and you will be notified of any changes in writing. We look forward to a successful school year. Thank you for choosing Phyl's Academy for your VPK provider.

PHYL'S ACADEMY PREPATORY SCHOOL

I have read and received a copy of the VPK Attendance Policy, I understand that it is my responsibility to sign in and out daily and I must provide the school with written documentation for absences.

I have received a copy of the Voluntary Prekindergarten Attendance Policy:

Parent's Name: _____ Date: _____

Parent's Signature: _____ Date: _____

Name of Child: _____

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
CF/PI 175-12, May 2019

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



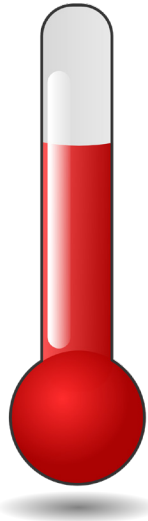


FACTS ABOUT HEATSTROKE:

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:

Child's Name:

Date:

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

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.



INFLUENZA VIRUS

**"The Flu"
A Guide
for Parents**

Shaken Baby Syndrome (Abusive Head Trauma)

Prevention Policy

This policy is designed to prevent the possibility of abusive head trauma during care. Abusive head trauma (also referred to as Shaken Baby Syndrome) occurs in infants and young children, whose neck muscles are not well-developed and whose heads are larger relative to their bodies. As a result, they are especially susceptible to head trauma caused by any type of forceful or sudden shaking, with or without blunt impact. Damage can occur in as little as 5 seconds.

Abusive head trauma can occur in children up to 5 years of age; however, infants less than one year are at greater risk of injury. Shaken baby syndrome can lead to serious conditions including:

- Brain damage, problems with memory and attention, cerebral palsy;
- Blindness or hearing loss;
- Intellectual, speech or learning disabilities; and
- Developmental delays.

Signs and Symptoms

The signs and symptoms of shaken baby syndrome or head trauma include:

- Seizures;
- Bruises;
- Lack of appetite,
- vomiting, or difficulty sucking or swallowing;
- Lack of smiling or vocalizing;
- Rigidity, inability to lift the head;
- Difficulty staying awake, altered consciousness;
- Difficulty breathing, blue color due to lack of oxygen;
- Unequal pupil size, inability to focus the eyes or track movement; or
- Irritability.

Injury Prevention

Infant crying is normal behavior, which improves as a child ages. Caregivers should develop proactive strategies to manage stress levels and appropriate responses to a crying child. This includes being aware and noticing when the caregiver may become frustrated or angry. Parents/guardians, caregivers and coworkers should discuss what calming strategies are successful with a particular child at home or in the center.

Emergency Response

If a child presents any of the above symptoms or you suspect a baby has suffered abusive head trauma:

- Call 911, call the parent/guardian and inform your director.
- Report to the appropriate child protective services agency (or law enforcement, if applicable) within 24 hours or less as required by law. See Child Abuse/Neglect and Mandated Reporting Policy and Procedure for further information.
- See Medical Emergencies-Calling 911 for additional information.

Strategies for Caregivers and Parents

A child is usually shaken out of frustration, often when the child is persistently crying or irritable. The following strategies may work some of the time; but sometimes nothing will comfort a crying child. A teacher should seek support from a coworker or center management. If a child is inconsolable on a regular basis, the director and management should be notified and determine if the right supports are in place for the child and for staff.

Do:

- Hand the child to another caregiver.
- Place the child somewhere safe in the classroom (or home) and call the office (or a neighbor) for support; take deep breaths and count to 10.
- Check to see if the baby's diaper needs changing.
- Give the baby a bottle. If the baby readily takes a bottle, feed slowly stopping to burp often. Do not force the baby to eat.
- Check for signs of illness and call the parent if you suspect the child is sick.
- Give the baby a pacifier.
- Hold the baby close against your body and breathe calmly and slowly.
- Gently rock the baby using slow, rhythmic movements.
- Sing to the baby or play soft, soothing music.
- Use "white noise" or rhythmic sounds that mimic the constant whir of noise in the womb
- Hold the baby on its side or stomach position to help with digestion. Babies should always be placed on their backs to sleep.
- Take the baby for a walk indoors or outside for a ride in the stroller.
- Be patient: let the baby cry it out if necessary.

Never:

- ☐ Shake a child.
- ☐ Drop a child.
- ☐ Throw a child into the air or into a crib, chair, or car seat.
- ☐ Push a child into any object including walls, doors, and furniture.
- ☐ Strike a child's head, directly or indirectly.

Resources

In addition to any required state training, the following resources are available to parents/guardians and staff:

Websites:

Abusive Head Trauma-How to Protect Your Baby

<https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-TraumaShaken-Baby-Syndrome.aspx>

National Center on Shaken Baby Syndrome <https://www.dontshake.org/>

Growing World of Toddlers

<https://mybrightweb.brighthouse.com/EducationPortal/Supplemental%20Materials/ILMToddler%20Development.pdf>

Related Policies and Procedures

- Child Abuse/Neglect and Mandated Reporting Policy and Procedure
- Medical Emergencies-Calling 911
- Safe Infant and Toddler Handling Procedure



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COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #	
Address	City State Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date	

For Official Use Only

Date Received

Employee Signature

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