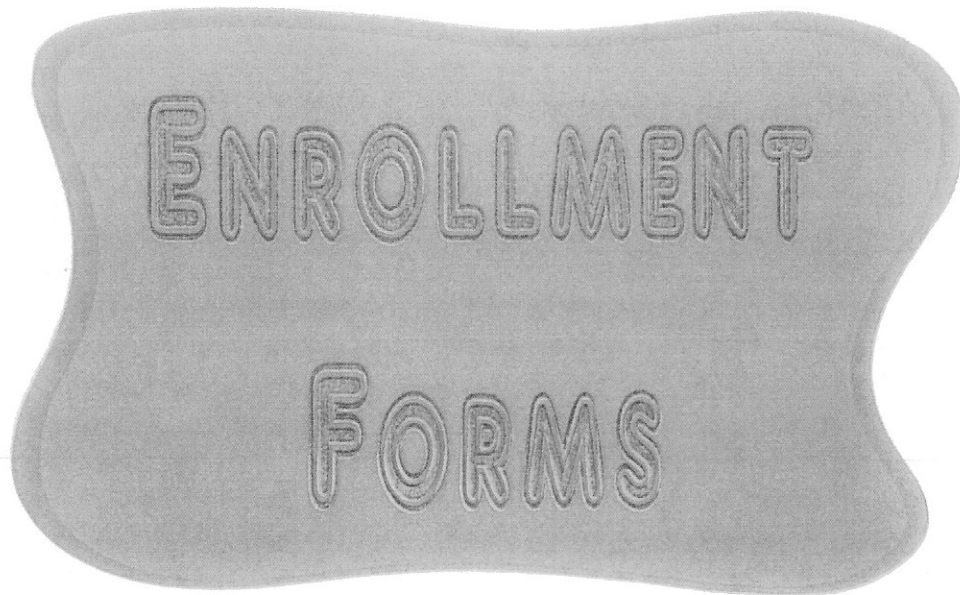


Kiddin' Around Child Care



1700 Michigan Blvd.

Dunedin, FL 34698

727-733-6411

kiddinaroundinc@gmail.com



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information: Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK
CHILD'S ENROLLMENT RECORD
(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

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

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

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

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time

(Child's Full Name)

I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

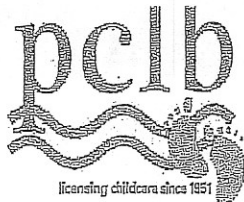
The foregoing instrument was acknowledged before me this _____ 20_____
(Month) (Day) (Year)

by means of physical presence or online notarization by _____ who is personally known
(Name of Affiant)

to me or has produced _____ as identification.
(Type of identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, 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.

Parent Signature

Date

Kiddin' Around Child Care's Food and Nutrition Policy

Our child care center follows the Child Care Food Program which provides guidelines and rules for serving nutritious meals to enrolled children. All meals we serve must meet meal pattern requirements established by the USDA. All foods that are a potential choking hazard will be cut into 1/4 inch pieces for Infants and Toddlers and 1/2 inch pieces for children 2 years and older. If the parents choose to provide meals from home, the meals must be nutritious as well, follow the guidelines for bite sizes and have an ice pack in the lunch box. The center will substitute for inadequate meals from home.

If a severe allergy sign is posted on your child's classroom door, please eliminate the food listed from your child's meals from home.

Parent Signature

Date



INFANT/TODDLER HEALTH AND DEVELOPMENT QUESTIONNAIRE

Child's Full Name: _____

Date of Birth: _____ Sex: _____

Please answer the questions on this form.

We feel this information will help us be more effective in caring for your child.

NOURISHMENT

Type of food your child eats: Strained Junior Table

How has child been fed? Held in Lap High Chair Other _____

Does your child use a bottle? Yes No Handle cup & spoon? Yes No

Current feeding schedule: _____

Schedule has been in use for: Days Weeks Months

Any special feeding problems? Yes No _____

SLEEPING HABITS

How does child wake? Active Sluggish Crying Happy Fussy

How does child sleep? Heavy Light Restless

What time does child get up in the a.m.? _____ Go to bed in p.m.? _____

What is your child's nap pattern? a.m. nap _____ p.m. nap _____
time time

Do you have a bedtime routine with your child? Yes No

Rocking Singing Stories Talking Other

DIAPERING/TOILETING

Does your child use: Diapers Potty Seat Special Toilet Seat Regular Toilet Seat

Do you use: Disposable Diapers Cloth Diapers Training Pants

Are plastic pants used? Always Sometimes Never

Do you use: Oil Powder Others

Is baby's skin highly sensitive? Yes No Frequent diaper rash? Yes No

Are bowel movements regular? Yes No How many per day? _____ What time? _____

Is diarrhea or constipation a problem? Yes No

Has toilet training been attempted? Yes No

HEALTH

Is your child taking over-the-counter or prescribed medication regularly at home? Yes No

If yes, what? _____

Is your child taking vitamins regularly at home? Yes No

If yes, what? _____

List any know allergies to food or environment. _____

What is the allergic reaction? _____

How is this treated? _____

Have you ever suspected your child of having seizures? Yes No

What was the cause? _____

How was this treated? _____

How do you consider your child's physical development? Normal Advanced Lagging

Comments: _____

SOCIAL/EMOTIONAL

Check the words that best describe your child's temperament or personality.

Affectionate Serious

Aggressive Fearful

Assertive Stubborn

Cautious Friendly

Curious Quiet

Sensitive Rebellious

Determined Sense of Humor

Does your child use: a pacifier suck thumb security object

When does your child use them?

Does your child have a "fussy" time? Yes No When? _____

How is this handled? _____

Does your child use special or unusual words/names for objects, places or people?

Is there anything else, medical or otherwise, that we need to know about your child?

Signature of Custodial Parent/Legal Guardian

Date

Kiddin' Around Child Care's Biting Policy

There is nothing more stressful to a parent or a child care provider than children biting each other. If it's your child who gets bitten, you are naturally outraged. "How could another child do this? Are they little animals? Why wasn't the teacher watching?" If your child is the biter, you may feel ashamed or disgusted. "I raised her to be nice, not mean to other kids? Why didn't the provider stop her?" If you're the childcare provider you may feel guilty. "I should have been watching more closely? Why don't the children listen to me?"

Everyone, kids included, is upset by a biting incident at a child care center. The first thing the adults need to realize is that it is going to happen. Children who bite, bite for a lot of reasons, all of them normal. Biting is an age-appropriate behavior for one and two year olds and is especially likely among those children in group care settings. One out of ten toddlers and twaddlers will bite. Even so, biting is not an acceptable behavior and adults must help the children control their urge to bite other children. We cannot promise that your child will never be bitten. In fact, your child will most likely bite or be bitten while at our center.

Our strategies to control biting are many. First, it is our mission to understand why the child is biting. Is it out of frustration, a communication effort, demonstration of power, lack of space, etc.? It usually takes more than one bite to make this determination. Then, we can develop an appropriate discipline technique.

When a child bites, both the parent of the biter and the one bitten will receive an Accident/Incident report describing the situation. The parents sign the report and we keep the report on file. These reports help us to look for patterns in the biter's environment and emotional state at each episode. Then we can teach the children age-appropriate ways to control themselves and encourage the development of confidence and self-esteem. Parents and caregivers must cooperate to prevent children from biting. Working as a team, educators and parents may identify possible reasons for a child's biting and respond accordingly. While early childhood professionals may be more familiar with positive discipline techniques, parents are experts on their own children's behavior. The key is understanding - for adults and children alike.

Parent Signature _____ Date _____



Kiddin' Around Child Care

Pictures/Video Release Form

I, the undersigned, do hereby grant or deny permission to Kiddin' Around Child Care to use my child's, _____, images.

Pictures will be taken of the children at play, family events or for art projects. We use these for many things including but not limited to: emailing parents, our website, our Facebook page, center newsletter, VPK slide show, advertisements, posting on daycare walls to generate a feeling and sense of belonging. This also helps to show the environment we provide.

_____ grant permission for use **internally** (in the classrooms, hallways and VPK Graduation Slide Show) and **externally** (website, Facebook, newsletter, advertisements).

_____ grant permission for use **internally** (in the classrooms; hallways and VPK Graduation Slide Show) only.

_____ deny permission

Parent/Legal Guardian Signature _____

Date _____

Video Surveillance Policy

To ensure the safety and security of all children, staff, parents and visitors, as well as the security of our childcare facility, Kiddin' Around Child Care has recently been equipped with a 24-hour video surveillance system. Security cameras have been installed in all the classrooms and the outdoor playground areas. The cameras have been positioned in appropriate places within and around the center and used in order to promote the safety and security of people and places.

The following are just some of the many benefits of having security cameras installed in daycare centers:

- Security cameras keep children and staff safe and are a very effective deterrent of any crime.
- People tend to behave /perform better when there are security cameras around.
- They provide peace of mind to our parents and staff.
- Owner/Directors can better monitor the entire facility and supervise/observe staff's interactions with the children and with other staff members effectively.

Because we respect the privacy of all children, parents, and staff in our facility, our 24-hour video surveillance system/security cameras are for **internal purposes only**. **Requests by customers to view recorded footage will be denied for privacy reasons**. Only Kiddin' Around's owner/directors, licensing agencies and/or law enforcement are allowed to view our video footage.

I understand and consent to the policy listed above.

Child's Name _____

Parent's Name _____

Parent Signature _____

Date _____

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: _____
 Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W T H F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (Include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
 If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____
STEP 3: Children's income information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income - sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.
 Children's income - Total: \$ _____
 How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income - list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____
STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Street Address, City, State, Zip Code _____
 Daytime phone #: (_____) _____

Signature of adult household member: _____ Printed name: _____ Date signed: _____
 We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community.

OPTIONAL: Child's ethnicity and racial identities
 Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.
 Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Asian Black or African American Native Hawaiian or Other Pacific Islander White

FOR CONTRACTOR USE ONLY
 Race (check one or more): American Indian or Alaskan Native Foster Child
 Categorical Eligibility: FAP/SNAP or TANF Household Foster Child
 Eligibility Determination: Free Reduced-Price Non-needy
 Total Household Income: \$ _____
 How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually
 Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

NOTE: If different income frequencies are listed, convert all income to an annual amount.
 Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ Date: _____
 Second Party Check Signature: _____ Date: _____
 U-009-08

INSTRUCTIONS for completing the Free and Reduced Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. STEP 2: Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. STEP 3: Skip this step. STEP 4: Skip this step. STEP 5: Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. STEP 2: Skip this step. STEP 3: Enter the total income received by all children listed in STEP 1, then check how often the income is received. STEP 4: List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). STEP 5: Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults	
Earnings from work	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust		

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules. **This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**

Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	Kiddin' Around Child Care
*Formulas offered at this facility:	Good Start
Milk-based:	
Soy-based:	Good Start

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age-appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture appropriate vegetables and fruits
- ~ A variety of texture appropriate meat and meat alternates
- ~ Bread or crackers
- ~ 100 percent fruit juice

Please be aware this child care facility:

- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.
- ~ Can feed solid foods to infants younger than 4 months of age only when a medical statement is provided.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ Can offer 100 percent fruit juice from a cup – not a bottle.

Parents please complete the following:

Baby's full name: _____ Date of Birth: _____

Please check this box if your baby is breastfed and you plan to provide breastmilk.

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 4 months and older, according to the CCFP requirements.

*I prefer to supply my own formula (write in name of formula): _____

This facility has not requested or required me to provide infant formula or food.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate foods.