

MY LITTLE CASTLE PRE-SCHOOL
1301 Kevstin Dr, Kissimmee FL, 34744
(407)572-8607
Mylittlecastlepreschool1@outlook.com

Dear Parents:

Your child documentation will need to renew or bring a soon as possible.
Documentation will be needed at the office by _____.
If documentation is not here child would not be able to assist to My Little Castle Pre-School.

_____ IMMUNIZATION

_____ PHYSICAL EXAM

_____ BIRTH CERTIFICATE

For Classroom:

_____ Sheet

_____ Diapers

_____ Blanket

_____ Wipes

_____ Clothes

_____ Other _____

Thank You.
Administration

First Day of Preschool: An Open Letter

MY LITTLE CASTLE PRE-SCHOOL

Welcome!! to the My Little Castle Pre-Preschool! The first day of school is an exciting milestone in your child's life. Your child is embarking on a journey that will lead them on many roads of discovery and learning. As wonderful as this new experience may be, it can also be quite stressful for the young child. New situations and change can, at times, be unsettling for all of us. For many children this may be their first experience of separation from parents or care givers at home. It is common for even the most outgoing child to be anxious the first day of school.

We have provided a few suggestions for assisting your child during this time. Remember the preschool staff will be available to provide support and assistance; making your child's first school days happy days.

- Prepare you child for the new school experience by explaining what to expect. Answer all questions directly and honestly.
- Convey a positive attitude. Young children are aware of your feelings. Your enthusiasm will assure the child that school can be a fun and exciting place.
- Establish a routine involving both the night before a school day as well as morning preparation. Rituals and routines will add predictability and are comforting in unfamiliar situations.
- Bring something from home. This is acceptable and often reassuring in helping the child with the initial adjustment to school. This item may be a treasured blankie or even a photo from home.
- Clearly state to your child where you will be and when you will return. It may also be helpful to discuss what will happen when you are reunited.
- Maintain a clear good-bye routine. This may include warning the child you are leaving in 3 minutes, a kiss and hug, or a wave from the window. Once you tell your child you are leaving, it is important to follow through. Extending the good-bye with, "Ok just one more kiss, and then I really have to go" tends to heighten anxiety rather than relieve it. Avoid sneaking out, as this seems to encourage children to become less trusting and makes the second day of school even harder.

Again, please know we are here to help make the first day of school a happy transition and we look forward to an exciting and fun year. Welcome!

Sincerely,
Administration

August 22, 2023

Dear Parents:

Welcome! MLCPS

By this means we wish to inform you of the following established Norms and Rules of our preschool.

1. Please sign the attendance book daily, verify that where your child signs are the correct one, this is an official document.
2. Please do not bring food by hand. The students will not be accepted until they finish eating what they bring.
3. Child with fever, green secretions, profuse cough, fatigue may not be within the facilities of the center for a period of 24 hours. Let's remember that the pandemic is still in force; we must protect ourselves and protect our children. Parents or guardians should notify the main office if the student has been ill or has had a stroke. Medications that are not labeled with your first and last name by a certified doctor will not supply any medication.
4. As of March 28, 2022, we will be receiving children until 9:10 am. They will not be accepted after this time because our curriculum and classroom itineraries are interrupted.
5. Remember payments are on Friday or Monday before noon, after this date there will be a surcharge of \$25.00, if it is not paid on time the student will not be able to attend, the services will automatically be suspended. Parents with the 4c/o School Readiness program, payments will also be made on the days mentioned without distinction of family.
6. Parents with children who use pampers or pull ups must bring them to the classroom on time as soon as requested. If you do not bring it on time, you will be charged a surcharge of \$25.00.
7. **Dress Code: The Uniform is mandatory.** Our Preschool has established the use of uniforms. They must bring their shirt with the logo of the center, these can be obtained at **Uniform Outfitters 1106 John Young Pkwy, Kissimmee, FL 34744** daily shoes closed with Velcro. No flip flops, no crocs, or sandals.
8. Vehicles cannot be left running in the parking lot with children inside.
9. Parents who do not have the key to the main door must request it from the office. If they lose it, they must notify it immediately to be deactivated. The second key carries a cost of \$15.00. Parents who do not have a key will have to wait for an authorized employee to open the main door.
10. To have an appointment with the teacher you must request in the office to be able to assist you with pleasure.

11. Due to COVID 19 and other situations with children due to blows, illnesses, rashes, etc. They will be checked before entering our facilities. Cooperation and patience are requested when delivering your child to the main entrance.
12. Parents please do not bring toys, clothing such as chains, value bracelets MLCPS Inc. is not responsible if they are lost or broken.
13. We are withdrawing students with inappropriate behavior problems; these will be evaluated by the principal and/or administrative staff and parents will be notified. depends on the cause will be suspended or expelled. Children with Autism problems, HDAD or severe behavior or another type of diagnosis will be evaluated by the Director and it will be determined if the child can be in our center. Clarifying that our MLCPS staff are educators NOT therapists or doctors certified to work with these types of cases. There are several types of autism that can be manageable and that can be worked with the child within our curriculum, accepting that external therapists authorized by the parents or guardians come to work with them. For children diagnosed, you should consult your doctor so that he can advise you on where it is best for the student to receive their therapies and evaluations. The safety and well-being of your child is a high priority for MLCPS.
14. Children who are part time with established days cannot change it. Nor replace days.
15. Due to inclement weather if they are notified to pick up the student for safety. They CANNOT make up hours the next day, this has been due to an emergency of bad weather which we want the well-being and safety of our children and parents.
16. MLCPS provides meals for breakfast, lunch, and snacks. If your child is going to have breakfast, the hours are until 8:45 am, this time and the rules for mealtimes for students are established and regulated by the department of childcare food program FLORIDAHEALTH.GOV After this time the child has to eat breakfast at home. Students with allergies to food or milk must have a parent bring a form from their head doctor.
17. Due to established MLCPS Rules, a child cannot spend more than (9) nine hours in the center, you are asked to make the pertinent arrangements so that your child does not spend more than said hours. If they do not comply with these hours, they will have to pay a violation of \$55.00 dollars. Keep in mind that our center closes at 6:00 pm from Monday to Friday, if due to not being able to pick up the student before closing time, there will be a surcharge of \$65.00 dollars. And being in violation by the center should consider that this cannot be continuous.
18. The Class Dojo program is a free application for parent-teacher communication. Keep in mind that the teacher is in class, and it is impossible for him to answer you immediately. Once the teacher is available, he will answer you with pleasure.
19. Children who are in toilet training, it is normal for them to get dirty and have an accident, it is all a matter of time and patience, the teacher will gladly give the support that the child needs and in the most patient way. An important aspect of potty training is for children to learn to recognize the cues their bodies give to know when to go to the bathroom. But families can also help by encouraging potty routines that include the following times throughout the day:

- The wake up

- Before and after the nap
- Before and after a new gaming activity.
- Before meals.
- Before going to bed

• Before leaving home for an activity. Consistently take the child to the bathroom at the times established for the child and her family to identify a routine. If the child is showing signs that she needs to go to the bathroom by swinging or grabbing at her clothes, families can ask her if she needs to go. However, it is also important to teach the child to recognize these bodily signals so that he can go on his own. This Offer some steps to help your family learn a positive routine.

20. Immunization (Appendix: Immunization Information) All children must be immunized against communicable diseases in accordance with the most recent Florida Public Health Law. Exemptions to the immunization requirements are allowed if the immunization requirements endanger the child's health as certified by a licensed medical provider, or if the immunization contradicts the religious beliefs of the families. Once the child receives the immunizations, the parent must provide the updated immunization record. The physical is annual, the parent must visit their pediatrician or doctor for a new physical and present it to MLCPS for her file.

21. Parents or Guardians in custody must deliver official documents to the office and only the child who is authorized in said documents will be delivered. MLCPS AND staff Will not violate the law in any way unless we are served with a new order by the Florida court. NO parent is received to see the student in our facility unless it is by court. **This is not a visitor center.**

authorized escorts persons authorized by the parents to or pick up the child from the preschool. This list must include the chaperone's name, her relationship to the child, her address, and her contact information. You must present identification and it will be checked to see if you are on the list. The child will not be released to anyone other than an authorized companion.

Any questions you can contact us at (407) 572-8607 or via email mylittlecastlepreschool1@outlook.com

Thanks for your cooperation.

MLCPS Inc.

CHILD CARE REGISTRATION FORM

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____ Days

of the Week in Care: MON__ TUE__ WED__ THU__ FRI__

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ /Cell: _____ Work Phone: _____ /Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Emergency Care Plan instructions (if applicable): _____

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 facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
------	---------	-------	-------

Name	Address	Work#	Home#
------	---------	-------	-------

Name	Address	Work#	Home#
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Helpful Information about Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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 Parent/Guardian

Date

Email: _____

Email: _____



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AUTHORIZATION TO PICK UP A CHILD FORM

Name of Child/ren _____

I hereby inform My Little Castle Pre-School. that the people listed below are authorized to pick up the above-named child/ren at any time. Accordingly, My Little Castle Pre-School is hereby instructed to release my child/ren into the care of the following people whenever they come to the Center.

AUTHORIZED PICK-UP PERSON (must be a minimum of 18 years old unless special written arrangements are made).

Approved name	Relationship to child/ren	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I understand that:

Parents/guardians must inform My Little Castle Pre-School in writing when the name of the person listed above will pick up their child/ren. This applies when the child's normal pickup routine varies.

Any person that picks up your child/ren maybe asked to provide a photo ID to the staff if they are not familiar with the person on the above list.

This document shall remain valid until edited or rescinded in writing by the parent/guardian. Authorized by:

Parent(s)/Guardian(s) Print

Date

Parent(s)/Guardian(s) Signature

Date

MY LITTLE CASTLE PRE-SCHOOL

1301 KEVSTIN DRIVE KISSIMMEE FL
34744

STUDENT HEALTH HISTORY FORM

The Bethel Park School District requests that the parents/guardians of all incoming students complete the following confidential Health History (**2 pages**) to help the school nurse develop a Care Plan for your child, should your child need medical, physical, emotional, social and/or academic assistance. If you have any questions, please feel free to contact the school nurse.

Student's Name _____ Birth Date _____ Grade _____ Sex _____
Home Address _____ City _____ Zip _____ Home Phone _____

Student Lives with: ☐ Both Parents ☐ Mother ☐ Step-mother ☐ Father ☐ Step-father ☐ Guardian ☐ Other

Father's Name _____ Work # _____ Cell # _____
Mother's Name _____ Work # _____ Cell # _____ Guardian's
Name _____ Work # _____ Cell # _____

List all people living in household:

	Name	Sex	Relationship to Student	Occupation or Grade/Age (if sibling)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Name of last school attended _____ Phone # _____
Address _____ City _____ State _____ Zip _____

The Pennsylvania Department of School Health requires a physical examination in grades K, 6 and 11. They also require a dental examination in grades 3 and 7. These examinations are also required for those students with incomplete health records. The examinations will be accepted if completed one year before the required grade.

Please indicate below your preference for the completion of the mandated physical and/or dental examinations. If you choose to have your student seen by the school district's dentist or physician, it will be FREE and of no cost to you.

☐ I prefer our **PRIVATE PHYSICIAN/DENTIST** to do the physical/dental examination.

DATE OF EXAMINATION(S): Physical _____ Dental _____

☐ I prefer the **SCHOOL PHYSICIAN** do the physical examination.

☐ I prefer the **SCHOOL DENTIST** to do the dental examination.

If you do not have Health Insurance, Dental Insurance and/or Vision Insurance, the school nurse can share information with you regarding free/low-cost dental, vision, and health care.

Would you like the nurse to send you this information?

☐ Yes

☐ No

Please check if your student **FREQUENTLY** experiences any of the following:

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Poor sleep patterns | <input type="checkbox"/> Poor eating patterns |
| <input type="checkbox"/> Colds | <input type="checkbox"/> Stomachaches | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Difficulty breathing through nose. |
| <input type="checkbox"/> Sore throats | <input type="checkbox"/> Headaches | <input type="checkbox"/> Stammering/Stuttering | <input type="checkbox"/> Breathless with activity. |
| <input type="checkbox"/> Urination | <input type="checkbox"/> Dental problems | <input type="checkbox"/> Persistent coughing | <input type="checkbox"/> Pains in arms/legs |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Earaches/drainage | <input type="checkbox"/> Stumbles or drops things. |

Medical History – Please check all that apply.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Abnormal Blood Lead Levels | <input type="checkbox"/> Endocrine Disorder | <input type="checkbox"/> Orthopedic Condition |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Chemical/Hormonal Imbalance | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Neurological Disorder |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Color Vision Deficit/Blindness | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Psychiatric Condition |
| <input type="checkbox"/> Birth Defect | <input type="checkbox"/> Connective Tissue Disorder | <input type="checkbox"/> Heart Disorder | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Bleeding Problem | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Drug/Tobacco/Alcohol Usage | <input type="checkbox"/> Head/Neck Injury | <input type="checkbox"/> Short Stature |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Emotional/Behavioral Condition | <input type="checkbox"/> Hernia | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Joint/Bone/Muscle Problem | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Skin Disorder |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Immunosuppressive Disorder | <input type="checkbox"/> Kidney Problem | <input type="checkbox"/> Speech Problems |
| <input type="checkbox"/> Dental Condition | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Liver Problem | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Neuromuscular Disorder | <input type="checkbox"/> Lung Condition/Asthma | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Stomach/Intestinal Disorder | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Underweight |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Tourette's Syndrome | <input type="checkbox"/> Overweight | <input type="checkbox"/> Other _____ |

Explain condition(s) checked above or any other medical condition(s): _____

Allergies: ☐ Food ☐ Insect/Bee ☐ Medication ☐ Plants ☐ Animals ☐ Seasonal ☐ Environmental ☐ Other _____

Specify allergy(is), reaction(s) and treatment(s): _____

Hearing/Ear Problems: ☐ Yes ☐ No. If yes, type _____ Tubes? ☐ Yes ☐ No Hearing aid(s)? ☐ Yes ☐ No

Vision Problems: ☐ Yes ☐ No. If yes, diagnosis _____ Wears glasses/contacts? ☐ Yes ☐ No

Recurring illness/infection: ☐ Yes ☐ No. If yes, explain. _____

List major injuries, operations and/or hospitalizations: _____

Does any of the above prevent full participation in any school or physical education program? ☐ Yes ☐ No

If yes, explain: _____

List medication(s) taken at home regularly _____

List any medication to be taken at school _____

May the school staff be informed of your student's health history? Yes ☒ No ☐

Would you like a conference with the school nurse? Yes ☒ No ☐

Parent/Guardian Signature _____ **Date** _____



My Little Castle Pre-School
1301 Kevstin Dr. Kissimmee FL, 34744
(407) 572-8607

Statement - Nutrition Policy

I _____ (Parent / Guardian) of
_____ (Child) give permission to My little Castle Pre-School to provide food through the Food Program. Children are served the following nutritious meals: breakfast, lunch, and snacks.

Our center supplies all the nutritional needs of each child. Food and / or drinks prepared at home for other children are not accepted.

Signature (Parent / Guardian)

Date:



Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on childcare website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on childcare Facebook and Instagram page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
Facebook & Instagram promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

My Little Castle Pre-School Inc.

1301 Kevstin Dr. Kissimmee FL, 34744

407-572-8607

EXPULSION POLICY

NAME OF CHILD: _____

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation.
- Recommendation of evaluation by local school district child study team.

SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.

The parent/guardian will be informed regarding the length of the expulsion policy.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

*Failure to pay/habitual lateness in payment.

Failure to complete required forms including the child's immunization records.

Verbal abuse to staff.

Parent threatens physical or intimidating actions toward staff members.

CHILD'S ACTIONS FOR EXPULSION

Failure of child to adjust after a reasonable amount of time.

Uncontrollable tantrums/angry outbursts.

Ongoing physical abuse to staff or other children.

Unable to toilet train in our three-year-old program.

A CHILD WILL NOT BE EXPELLED

If child's parents:

- Made a complaint to the Office of Licensing regarding a school's alleged violation of the licensing requirements.
- Reported abuse or neglect occurring at the school.
- Questioned the school regarding policies and procedures.
- Without giving the parent sufficient time to make other childcare arrangements.

SIGNATURE OF PARENT: _____

Date: _____

My Little Castle Pre-School

Pickup of Children Policy

The safety of children is of paramount concern to My Little Castle Pre-School Inc. To track all drop-offs and pickups of children, parents/guardians are required to sign children in/out on the daily attendance sheet or infant chart sheet. Staffs are not permitted to sign these sheets on behalf of parents/guardians.

Generally, persons picking up children must be at least 18 years of age and bring valid photo identification. In exceptional circumstances, and only with the parent/guardian's written consent, a younger individual may be permitted to pick up a child.

When children are being picked up from the Centre, staff will ensure that the person doing the pickup is authorized to do so and does not appear to be unwell or intoxicated. Additionally, if parent(s)/caregiver(s) arrive after 6:30pm to pick up their child(ren), late pickup procedures will be applied due to safety concerns and staffing costs (see below Late Fees).

Pickup by an unknown person

If the person picking up the child is not known to a staff member, the staff person will consult with other staff members to determine if any other staff knows whether this individual is authorized to pick up the child. If still unfamiliar to staff present, the child's file will be checked for the individual's name, and photo identification will be required. If the unknown person is not authorized to pick up the child, the parent must be contacted for permission. Should the parent(s) be unavailable, the child cannot be permitted to leave with the unauthorized individual.

If an attempt is made to take the child or if the individual does leave with the child, 911 (police) will be called by staff. Describe to the 911 operator/police:

- the name of the person
- the appearance of the person
- the appearance of their car (if driving)
- the direction they left
- the appearance of the child, and inform operator/police that you have a photo of the child

The Supervisor and Chair of the Board of Directors are to be immediately informed and staff will continue to make attempts to contact the parent(s)/guardian(s). The Supervisor will follow the Enhanced Serious Occurrence Reporting procedures (see Enhanced Serious Occurrence Policy).

Pickup by a person who appears unwell

If a parent/authorized person appears to staff to be unwell/intoxicated when they arrive to pick up a child and staff is concerned for the safety of the child, staff will suggest that the parent/ authorized person not leave with the child. Staff can offer to call a cab or call another authorized contact person to assist. The Supervisor/designate will be involved to deal with this situation. Should the unwell/intoxicated person agree to a cab when the center is closing, a staff person will remain with the parent/authorized person until the cab has arrived.

If the unwell person insists on leaving the center with the child, staff cannot prevent the parent/authorized person from taking their child, as only CAS or a certified court order can permit this. In the event that safety concerns for the child are present, staff should call CAS and document the event include:

- time of incident
- location
- people involved/staff on duty
- your concern and details about the conversation
- any other relevant information
- your name and position

If the unwell/intoxicated person is driving the child and staff is concerned, staff should make note of the car, license number and probable destination, then call the police at 407-846-3333. The Supervisor/designate, who will follow the Enhanced Serious Occurrence Reporting procedures (see Enhanced Serious Occurrence Procedures), is to be contacted and staff should make a note in the child's file of any agency persons contacted.

Late child pickup procedure

My Little Castle Pre-School close at 6:30 p.m. Parents are asked to plan sufficient time to dress their child, collect the child's clothes, artwork, speak to a staff (if necessary) and leave the center by 6:30 p.m. If the parent/guardian is aware that they are going to be late, they should call the Centre to advise staff of this and of their plan to pick up their child/ren. Due to the operational and staffing costs incurred when a parent/guardian is late, a late fee will be charged.

When a child is not picked up by 6:30 p.m., two staff will remain at the day care until the situation is resolved.

When the parent/guardian is late:

1. Contact the parent/guardian at the numbers on the child's file card
2. If contact with parent/guardian is not established, call the emergency contact(s) on the child's file card and make arrangements for the child to be picked up.
3. Contact the Supervisor/designate.
4. In the event that the parents/guardians/emergency contact(s) are not available and it is 6:30 pm; contact the appropriate Children's Aid Society and follow their instructions. Under no circumstances is the staff to remove the children from the Centre.
5. If the parent/guardian is repetitively late, staff will notify the Supervisor/designate who will meet with the parents/guardians regarding the situation.

Late Fees

The late fee schedule is as follows:

- From 6:00 p.m. to 6:10 p.m. the fee for the **first** time late is \$5.00 per minute until 6:11 p.m. (maximum charge: \$95.00.)
- The fee for the **second** time late is \$8.00 per minute until 6:10 p.m. (maximum charge: \$180) and any time late after that in a 30-calendar day period, the rate will be \$10.00 per minute.
- If late six times in any seven-week period the family faces removal from the center.
- The day care clock is the time used to determine the late payment. Late fees not paid within 48 hours are added to your statement. (See Inclusion & Withdrawal policy for repeated lateness)
- At 6:30 p.m., if we have not heard from you or we have not been able to reach you or your emergency contacts, we will call the appropriate Children's Aid Society (DCF) that you have indicated on your application form.

Staff on duty will complete a late fee payment form, which is to be signed by the parent/guardian. By signing the form the parent/guardian acknowledges that they are late and agrees to the amount due. The fee is payable to the staff member(s) on duty.

The Supervisor will compensate the staff that has not received payment from parent from Childspace's petty cash.

This policy will be reviewed with all staff annually and the staff will sign to demonstrate they have read and understood the policy.

Parent Signature

Date

My Little Castle Pre-School

ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I, _____, Parent/Guardian of _____
have received a Parent Handbook via email or in person. I understand that it is my responsibility to read and understand the policies and procedures of MY LITTLE CASTLE PRE-SCHOOL. and to abide by them. Furthermore, I understand that failure to comply with any policies and procedures may result in the termination of my child's enrollment without refund of fees.

Parent/Guardian Signature

Date

ACKNOWLEDGE OF RECEIPT OF DCF INFORMATION

Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Section 402.3125(5). F.S., requires that parents receive a copy of the Child Care Facility Brochure, "My Little Castle Day Care Inc. Handbook".

Section 65C-22006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Effective 2009, the law requires child care facilities to provide parents with information detailing the causes, symptoms, and transmission of the influenza virus every year during August and September.

By signing below, you verify that you have received the above items and all information on this enrollment form is complete and accurate.

Parent/Guardian 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: _____ If no SSN, write "none."

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): _____ Daytime phone #: (____) _____

Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities 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. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child ☐ Non-needy ☐ Free ☐ Reduced-Price ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____

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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 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/ or www.immunizeflorida.org/



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.
- **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.



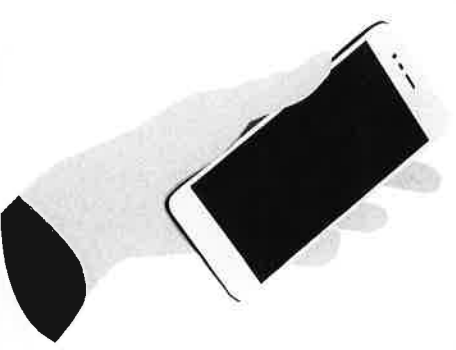
A change in daily routine,
lack of sleep, stress,
fatigue, cell phone use, and
simple distractions are some
things parents experience and
can be contributing factors as
to why children have been left
unknowingly in vehicles...



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your local licensing office.

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consultation with the Department of Health.

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



Parent's Role

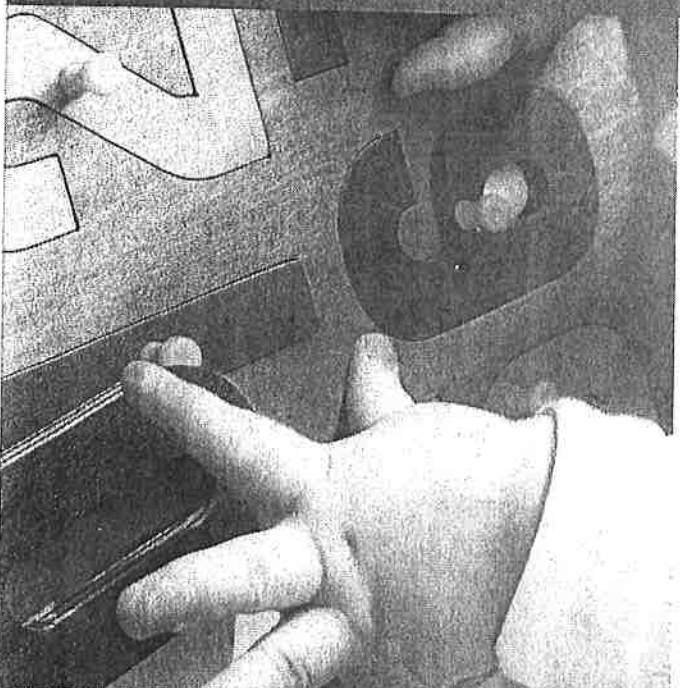
A parent's role in quality child care is vital:

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



More information and free resources:

MyFLFamilies.com/ChildCare



This child care facility is license according to the minimum licens standards included in section 402.305, Florida Statute (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 provider, please visit: MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING

MYFLFAMILIES.COM

To report suspected or actual child abuse or neglect, please call Florida Abuse Hotline at 1-800-96

CF/PI 175-24, 03/2014

This brochure was created by the



Dear parents and caregivers,

As we approach the beginning of our new preschool year, I would like to take the opportunity to review uniform expectations.

The uniform is an important part of a school's identity. It reinforces who we are as a community and helps students feel proud of their school. It also helps prepare students for life after school, where many will have to dress up for work.

The uniform policy is available on the website for further reference, but please see additional guidance below:

Skirts: standard beige or navy-blue skirt. It should be worn no less than one inch above the knee.

Socks: white or black.

Shoes: black closed with Velcro see examples below.

Shirt: Logo Polo available at: **Uniform Outfitters / 1106 John Young Pkwy, Kissimmee, FL 34741 (407) 846-7450**

Sincerely,

Administration

