



**KIDS AVENUE LEARNING CENTER
APPLICATION FOR ENROLLMENT
(PLEASE PRINT)**

Date ____/____/____

Student: _____
Last First Middle Nickname

Address: _____
City State Zip

Date of Birth: _____ Gender: _____ Race: _____

{Primary Hours of Care} From: _____ To: _____

Was your child premature: ____ Yes ____ No If so, how many months? _____

Family Information: Child lives with: Mother _____ Father _____ Both _____
Legal Guardian _____ Other _____

Mother's Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Employer: _____
Address: _____
Work Phone: _____
Cell phone: _____
Email: _____
Cell Phone carrier: _____

Father's Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Employer: _____
Address: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Cell Phone carrier: _____

(Complete Only if NOT the biological parents)

Legal Guardian Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Employer: _____

Employer: _____
Address: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Medical Information:

It is the policy of Kids Avenue Learning Center to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Cell I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain Emergency medical care if warranted. I consent to an ambulance being called to transport the child, if necessary. I further agree to pay all costs incurred for transport.

Doctor: _____ Address: _____ Phone: (____) ____ - ____
Doctor: _____ Address: _____ Phone: (____) ____ - ____
Dental: _____ Address: _____ Phone: (____) ____ - ____
Hospital Preference: _____

Please list special medical problems or concerns:

Speech ☐

Hearing ☐

Behavioral ☐

ADHD ☐

Other problems or concerns: _____

Additional Comments: _____

IMMUNIZATION:

The Health Department now requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your local Health Department.

Child will be released only to the custodial parents, legal guardian & 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.

Emergency Contact other than Parent/Guardian & Authorization for Pick up

Name	Relationship to child	Primary #	Work #
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Name	Relationship to child	Primary #	Work #
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Name	Relationship to child	Primary #	Work #
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Name	Relationship to child	Primary #	Work #
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Name	Relationship to child	Primary #	Work #
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Name	Relationship to child	Primary #	Work #
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Helpful information about the child:

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

***A parent/guardian's verbal or written authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.**

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate. I've received a copy of the know your childcare facility, expulsion policy, Nutrition policy, wellness policy, adult distracted, influenza brochure, authorization to personnel file, discipline and expulsion policy.

Signature of Parent/Guardian

Date

Food/Environmental Allergy Notification

_____My child has no known allergies

Please make note of any known food and/or environmental allergies that your child may have:

If your child has any allergies, please provide special instructions as to treatment of reaction:

(Signature of parent/guardian)

Date: _____

Kids Avenue Learning Center

Parent Handbook Highpoints

1. Breakfast is from 7:00am – 9:00am. Please allow your child at least 15 minutes to eat. Do not bring them in at 8:59am and expect them to eat. If your child comes in after lunch due to appointment, the same applies.
2. The meal schedule is as follows:
 - Breakfast: 7:00am 9:00am
 - Lunch: 11:00am – 11:30pm (Toddlers and preschools)
12:00pm – 12:30pm (VPK)
 - Afternoon Snack 2:30pm – 4:30pm

CUT OFF FOR DROP OFF IS 10:00AM (9:00AM FOR VPK STUDENTS)

3. If your child is going to be out, please contact the school and inform us. Your child will have to be out the entire week in order to excuse the payment. Otherwise, If your child comes one day out of the week, you are responsible for the full weeks payment. We do not prorate payments NO EXCEPTION!
4. School Readiness funded students that are out consistently will be at risk of losing their funding and having their spot filled. It is very important that you utilize your space while you are enrolled in the program. Absences with no show after three days will cause your child to be dropped and the space possibly filled. If a space becomes available, you will be responsible for re-enrolling and paying the registration fee.
5. No outside foods are allowed at the facility. If your child does not make it in time for breakfast or lunch, make sure your child eats prior to coming in.
6. No outside toys are allowed unless it is for show and tell. This is a huge distraction for the child.
7. No open toe shoes are allowed due to safety reason.
8. Payments are due by Monday evening or a \$10.00 late payment fee will be applied. We only accept payments in the form of Money Order, Check or Debit Card
9. There is a \$1.00 per minute late pick up fee if your child is not picked up by 6:00pm (12:30pm for VPK students not receiving extended care).
10. Non-4C funded parents, if payment is not received by Tuesday, services will be discontinued until payment is made.
11. 4C funded Parents that have a balance at the end of the month MUST be reported to 4C. 4C will then contact the parent and give a time frame to have the payment made. It is a requirement that funding is reported or we as providers could risk losing our funding from the program.

INT: _____

12. All 4C parents MUST pay a minimum of their parent fee or we as the provider will risk losing our funding from the program.
13. Notes will be sent home to the parents informing them of items needed for their child. If the provider has to use any of their items such as wipes and diapers, there will be \$2.00 fee per diaper.
14. Each child should have two sets of changing clothes in their cubbies at all times. If we send soiled items home, please returned a replacement the following day. If we send home any clothing items that comes from our facility, please returned them washed.
15. Each child should have two blankets for naptime, a crib sheet for their cots preferably and a top blanket.
16. If the child has any of the following communicable diseases or illnesses, the child absolutely cannot return to school until they are free from these symptoms (Included but not limited to other communicable diseases.
 - Excessive diarrhea
 - Excessive vomiting
 - Conjunctivitis (pink eye)
 - Persistent complaints of ear and stomach pain
 - Bleeding other than minor cuts and scrapes
 - Excessive greenish or Yellow nasal discharge, indicating possible infection
 - Head lice
 - Ringworm or Rash (return with Doctor's note indicating it's ok)
 - Fever of 101 and over Degrees
17. Parents please escort your child into the facility and hand him or her over to a staff member. **DO NOT LEAVE YOUR CHILD IN THE OFFICE AREA!!!!** Also, please be sure to inform the teacher prior to removing the child from the classroom.
18. School-age parents, if your child is picked from school or did not attend school on a particular day, you must contact us immediately by phone to the school to make us aware. If we make a trip to the school and your child is not there, a \$10.00 inconvenience fee will be assessed.
19. Parents, please keep in mind that this is a school with children. Please be mindful of how you dress when picking up and dropping off. For example; shirts must be buttoned up appropriately and chest area must not be exposed, pants should be pulled up without underwear being exposed and dresses or skirts should be a suitable length.
20. There should be no cell phone usage inside of the building. The purpose of this policy is to cut down on the noise level in front office, assure that parents are attentive to their children as well as the log in and out process. It is very important that you follow the policy!

Parent or Legal Guardian Signature

Date

Kid's Avenue Learning Center Payment Policy

1. Payments are due by Monday at Midnight. The following forms of payments are accepted.
 - ✓ Money Order / Cashiers Check
 - ✓ Debit/Credit Card
 - ✓ Online Payments
 - ✓ Over the phone payments
2. A \$10.00 late payment fee will automatically be applied to your tuition amount if payment is not received by Monday at midnight. If you need to pay at Kid's Avenue, you will need to be in no later than 5:30 to drop off a payment or make a debit or credit card payment at our front desk system. We will not accept over the phone payments after 5:30pm.
3. **NO CASH!** If you bring cash by Monday afternoon, we will not accept it. If you do not make an acceptable form of payment by Monday afternoon after presenting cash, a late fee will apply.
4. Each parent gets two weeks per year of non-payment if your child does not attend. Otherwise you are responsible for the full weeks payment whether your child is here or not.
5. If your payment is not received by Thursday of that week, your services will be discontinued until the payment is made in full. If your payment is not received by the Monday of the following week and someone is interested in that age group spot, your spot will be taken. You will be dis-enrolled and will have to re-enroll which will be an additional registration fee for re-enrollment.
6. A phone call, text message, email or message in the log in system will be used to contact parents that have a balance on Thursday afternoon to be informed of the balance. **If your child is brought in the next day without the balance being paid, an additional \$10.00 fee will be added to your balance.**
7. In the event that there is a discrepancy with your payment amount, please inform management immediately. If you have not been billed or your payment is not accurate, please proceed to make your regular payment to avoid any late fees, inform management and the problem will be fixed immediately. If there is a problem with your payment and you do not inform management or make a payment, you will be held liable for all back payments and additional fees accrued.

Parent or Legal Guardian Signature

Date

Kids Avenue Learning Center

Parent Handbook Agreement

Unless disapproval is submitted in writing by the student's parent or guardian, it is assumed that Kid's Avenue Learning Center has permission to publish the student's image in the school office or classroom, newsletter, web page or any other media approved by Kid's Avenue Learning Center.

Kid's Avenue Learning Center reserves the right to dismiss any student for any reason whatsoever, including but not limited to infraction of school rules, failure to pay past due accounts and failure to adhere to academic standards (Academic standard applies to VPK students).

In the event that any monies due under this agreement are not paid, Kid's Avenue Learning Center shall be entitled to recover all costs of collection whether suit be brought or not, including interest at the maximum rate allowed by law and attorney's fees.

All parties to this agreement hereby waive their right to demand a jury trial for any claim or counterclaim arising out of or in connection with this agreement. This waiver shall serve as conclusive proof that such waiver given knowingly and voluntarily

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate. I've received a copy of the know your childcare facility, expulsion policy, Nutrition policy, wellness policy, adult distracted, influenza brochure, authorization to personnel file, discipline and expulsion policy

By signing this contract, you agree to all terms and conditions outlined in the Parent Handbook.

Printed name of student _____

Printed name of Responsible Party _____

Signature of Responsible Party _____



**AUTHORIZATION FOR KIDS AVENUE LEARNING CENTER STAFF TO
ACCESS CHILD'S PERSONAL RECORDS**

Child's Name: _____

I hereby authorize Kids Avenue Learning Staff to have access to my child's personal information, including but not limited to contact names, addresses, phone numbers, email address, medical, and financial records. I understand that only Kids Avenue Learning Center personnel and their authorized agents will have access to my child's records. Student information, including names and addresses, will not be given to others for any purpose. This information will be utilized only by Kids Avenue Learning Center to assist in my child's care.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____

Date: _____

Complete a form for each child

Kid's Avenue Learning Center Discipline and Expulsion Policy

Praise and positive reinforcement are effective methods of behavior management of children. Children with the positive nonviolent and understanding reactions from adults and other problems, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief, Kid's Avenue Learning Center uses a positive approach to discipline and practices the following discipline and behavior management techniques.

WE DO THE FOLLOWING:

- Communicate using positive statements.
- Communicate on their level
- Talk in a calm quiet manner
- Explain unacceptable behavior
- Give attention to children for positive behavior
- Praise and encourage
- Reason with and set limits
- Apply rules consistently
- Model appropriate behavior
- Set-up the classroom environment to prevent problems
- Provide alternatives and redirect children to acceptable activity
- Give children to make choices and solve problem
- Help children solve problems and think of solutions
- Listen to children and respect the children's needs, desires and feelings
- Provide appropriate words to help solve conflicts
- Use storybooks and discussions to work through common conflicts



WE DO NOT:

- Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but not limited to spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping).
- Use any strategy that hurts, shames, or belittles a child
- Use any strategy that threatens, intimidates, or forces a child
- Use food as a form of reward or punishment
- Use or withhold physical activity as a punishment
- Shame or punish if a bathroom accident occurs
- Embarrass any child in front of others
- Compare children
- Place children in the locked and or dark room
- Leave any child alone, unattended or without supervision
- Allow discipline of a child by other children
- Criticize, make fun of or otherwise belittle a child's parents, family, or ethnic groups



Parent/Guardian Print: _____

Date: _____

Parent/Guardian Signature: _____

Conferences will be scheduled with parents if particular disciplinary problems occur. If your child's behavior consistently endangers the safety of the children around him or her, the Director will then reserve the right to terminate your childcare services. Prior to termination, we go a process which includes observing, intervening, redirecting, documenting the behavior problems and interventions and meetings with the parents. Termination will be the last result.

Note: If at any point, there is an indication/suspicion that a child may have special needs, Kid's Avenue Learning Center Will inform the family and make contact with Early Learning Coalition of Orange County or Community Coordinated Care for Children (4C) for assessment and assistance.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____

Date: _____

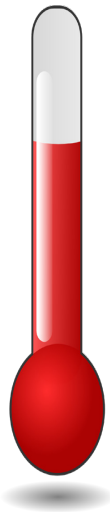


FACTS ABOUT HEATSTROKE:

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

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

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



PREVENTION TIPS:

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

During the 2018 legislative session,

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



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

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/>

Kid's Avenue Learning Center
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Orlando, FL 32811
(P) 407-291-2992 (F) 407-291-7992
learning@kidsavenuelc.com

ENROLLMENT ITEMS

In order for enrollment to be complete, the following documents will need to be included when submitting enrollment application:

_____ Birth Certificate
_____ Immunization Form
_____ Physical Form
_____ Parent ID
_____ VPK Certificate (VPK Parents only)
_____ Registration Fee (Money Order Only)
_____ 4C Parent form (4C Parents only)

*****IMPORTANT: PLEASE MAKE SURE ALL FORMS ARE FILLED OUT COMPLETELY!!**

FIRST DAY ITEMS

The child will need to bring in the following items on the first day of school.

_____ (1) Crib sheet (1) Blanket
_____ Two sets of changing clothes
 (2) Tops
 (2) Bottoms
 (1) Socks
_____ Underwear (If applies)
_____ Pull ups / Diapers (If applies)

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.

Ethnicity (check one): ☐ Not Hispanic or Latino ☐ Hispanic or Latino

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 ☐ Total Household Income: \$ _____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-need ☐ How Often Income is Received (Frequency): ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

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, Monthly x 12

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

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

Revised 6/2019