



## **TRUTH LEARNING ACADEMY PARENT PACKET CHECKLIST**

### **To Take Home and Keep:**

- Playground Info
- Items to Bring from Home
- Shoe Safety Notice

### **Required to Sign and Return to School:**

#### **Signature Packet:**

- Application for Enrollment
- Parent Handbook Signature Page
- Authorization for Medication Form
- Food and Nutrition Policies Signature Page
- Approved Care Items Form
- Parent Consent to Treat a Minor Form
- Tuition Agreement
- Influenza Brochure
- Distracted Adult Brochure
- Child Care Food Program Application Form
- Infant Information Sheet (6 weeks to 12 months) or Getting to Know Your Child (12 months to 5 years)
- (INFANT ONLY) Child Care Food Program Infant Feeding Form
- (INFANT ONLY) Child Care Food Program Infant Solids Feeding Form

#### **Additional REQUIRED Items to Give to School:**

- Up to Date Immunization Records -680 blue form, Florida Certification of Immunization, must be used to document receipt of immunizations required for entry and attendance in Florida schools, childcare facilities, and family daycare homes.
- Student health examination form 3040 gold form.
- A copy of the child's birth certificate.

*Updated 7/2024*



## **Playground Information**

We are a green facility! At Truth Learning Academy, we do our best to conserve where we can, to ensure that our students get the best care. It is because of this that our take home documents including our parent handbook will be made available through our Playground website once you have completed your sign up. Feel free to browse all of our documents and newsletters located there.

Be sure to give us your email address in your registration paperwork and you will be sent an invite to the email(s) on file. We ask that all parents and authorized pickup persons register to receive their special code for sign in and out. Please do not share codes as they help us to keep a record of who has dropped off and picked up our students.

Playground also has an app that will send you live updates on what's happening throughout the day! We will use Playground to contact you about your child's supplies like diapers, wipes, a change of clothes, etc. You can download the Playground app for IOS or Android.

Visit the Playground website to learn of all of its exceptional features!

~Truth Learning Academy



**TRUTH LEARNING ACADEMY  
APPLICATION FOR ENROLLMENT  
Page 1 of 3**

Date of Enrollment: \_\_\_\_\_  
Primary Hours of Care: From \_\_\_\_\_ to \_\_\_\_\_  
 Mon  Tues  Wed  Thu  Fri

**STUDENT INFORMATION:**

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Nickname

Primary Address: \_\_\_\_\_  
Street City State Zip code

**FAMILY INFORMATION:**

Is child in foster care?  Yes  No

Child Lives with:  Mother  Father  Both  Other \_\_\_\_\_

**Mother/Guardian 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Legal Custody?  Yes  No

**Father/Guardian 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Legal Custody?  Yes  No

**FOOD ALLERGIES/RESTRICTIONS:**

Does your child have any food allergies?  Yes  No

If yes, please list them: \_\_\_\_\_

Does your child have any food restrictions?  Yes  No

If yes, please list them: \_\_\_\_\_

**PHOTOGRAPH CONSENT. You must choose one option below:**

- I consent to my child being photographed (video or still image) at school activities/functions. These images may be used in school publications, the Truth Learning Academy website, Facebook or local newspapers.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

- I DO NOT give my consent to have my child photographed for the purpose of school publications, the Truth Learning Academy website, Facebook or local newspapers.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**EMERGENCY CONTACTS**

Your child will be released only to the custodial parent or legal guardian and the persons listed below (picture ID required). The following people Listed as EMERGENCY CONTACTS will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency if the custodial parent or legal guardian cannot be reached.

Name: _____ Primary Phone: _____ Work Phone: _____ Address: _____ Relationship: _____ Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Primary Phone: _____ Work Phone: _____ Address: _____ Relationship: _____ Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Primary Phone: _____ Work Phone: _____ Address: _____ Relationship: _____ Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Primary Phone: _____ Work Phone: _____ Address: _____ Relationship: _____ Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Primary Phone: _____ Work Phone: _____ Address: _____ Relationship: _____ Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Primary Phone: _____ Work Phone: _____ Address: _____ Relationship: _____ Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

I agree to my child being released to the individuals listed above in the event that I am unable to be reached. I agree that those listed as EMERGENCY CONTACTS will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency if the custodial parent or legal guardian cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**TRUTH LEARNING ACADEMY  
APPLICATION FOR ENROLLMENT**

Page 3 of 3

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**MEDICAL INFORMATION:**

Doctor/Hospital	NAME	ADDRESS	PHONE
Primary Care Doctor:			
Secondary Doctor:			
Other Doctor:			
Hospital Preference:			

Please list any **non-food** allergies (medicines, insects, etc.): \_\_\_\_\_

Please list any medical conditions or other areas of concern: \_\_\_\_\_

Special procedures required in caring for your child: \_\_\_\_\_

Does your child require the use of an Epi-Pen or other emergency medication?  Yes  No

If yes, please list medication type and name \_\_\_\_\_

Emergency Care Plan Instructions (if applicable): \_\_\_\_\_

**I hereby grant permission for the staff of Truth Learning Academy to contact the above medical personnel to obtain emergency medical care of warranted:**

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:**

My signature below indicates that:

- The information on this enrollment form is complete.
- I am aware that DCF regulations require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment (Reference: Sections 7.1 and 7.2 of the DCF Child Care Facility Handbook).
- I hereby grant permission for Truth Learning Academy's staff to have access to my child's records.

Parent's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



## PARENT HANDBOOK SIGNATURE PAGE TRUTH LEARNING ACADEMY

My signature below indicates that I understand my responsibility for reading and following the Parent/Student Handbook. This handbook includes Truth Learning Academy's Discipline & Expulsion Policies and Food & Nutrition Policies. I give my permission for my child to participate in food-related activities including regular meals and snacks, classroom holiday parties, field trips, Parent's Night Out, birthday parties, learning activities, and other food-related activities. A copy of the Truth Learning Academy Parent's Handbook is also available on Truth Learning Academy's website at [www.TruthLearningAcademy.org](http://www.TruthLearningAcademy.org).

I agree to abide by the terms in the Truth Learning Academy Parent's Handbook and that I am responsible for the payment of tuition and other fees as explained on the Truth Learning Academy price schedule. I understand that not following the policies outlined in the manual may result in involuntary disenrollment at TLA. Whenever I have questions, I will not hesitate to visit or call the school for more information or to resolve matters as appropriate.

Child's Name(s) \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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



**TRUTH LEARNING ACADEMY  
AUTHORIZATION FOR PRESCRIPTION  
MEDICATION** 2019-2020 School Year

**Please note: We do not administer non-prescription medication.**

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, the name of the physician, medication name, and medication directions written on the label. No non-prescription medication will be administered. If you have a critical non-prescription medication such as an inhaler please notify us and we will make an exception. We will **NOT** administer pain medication like Tylenol (acetaminophen), cold medicine, vitamins or herbal remedies. Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PLEASE CHECK THIS BOX IF YOUR CHILD DOES NOT CURRENTLY TAKE MEDICATION:**

1. Medication Name: \_\_\_\_\_  
Amount to be Given: \_\_\_\_\_ Time to be Given: \_\_\_\_\_

2. Medication Name: \_\_\_\_\_  
Amount to be Given: \_\_\_\_\_ Time to be Given: \_\_\_\_\_

This authorization form must be maintained and is only valid for the duration of prescription.  
I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Record of Medications Given:**

Name of Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Date & Time	Amount	Employee

Date & Time	Amount	Employee

By signing below, I acknowledge that the medication listed above is complete and any further medication will require further documentation.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





**TRUTH LEARNING ACADEMY  
FOOD AND NUTRITION POLICIES  
SIGNATURE PAGE**

Child's Full Name: \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

**Food Allergies:**

Please list any food allergies that your child may have. If none, please write **none** in the space provided:

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**Dietary Restrictions:**

Please list any special dietary restrictions and/or requirements that your child has. If none, please write **none** in the space provided:

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My signature indicates that I have received a copy of Truth Learning Academy's Food and Nutrition Policies and give my permission in the form of this general permission slip for my child to participate in food-related activities, including regular meals and snacks, classroom holiday parties, field trips, Parent's Night Out, birthday parties, learning activities, and other food related activities.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# Approved Care Items Form

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

I authorize my childcare provider **Truth Learning Academy** to use the following products on my child. I will not hold the provider liable when the products are used according to these terms.

Parents are responsible for providing the following items. All items must be in the original container and clearly labeled with the child's name.

## **Baby Wipes:**

Brand \_\_\_\_\_ Comments \_\_\_\_\_

## **Diaper Ointment:**

Brand \_\_\_\_\_ Comments \_\_\_\_\_

## **Baby Lotion:**

Brand \_\_\_\_\_ Comments \_\_\_\_\_

## **Baby Powder:**

Brand \_\_\_\_\_ Comments \_\_\_\_\_

## **Sunscreen:**

Brand \_\_\_\_\_ Comments \_\_\_\_\_

## **Insect Repellent:**

Brand \_\_\_\_\_ Comments \_\_\_\_\_

## **Band-aids:**

Brand \_\_\_\_\_ Comments \_\_\_\_\_

\*I am aware that in perceived life-threatening situations **Diphenhydramine** (better known as **Benadryl**) may be administered to my child.

\*We will NOT administer any other OTC medications/products. A prescription is required for any medications/products not on this list.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**This form will be reviewed annually. The parent is responsible for notifying the school of any changes that need to be made to this list.**



**TRUTH LEARNING ACADEMY  
PARENT CONSENT TO TREAT A  
MINOR FORM**

Being the parent or legal guardian of \_\_\_\_\_, (minor's name printed) I \_\_\_\_\_ (parent/guardian's name printed) do consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to Truth Learning Academy to make the decisions necessary for treatment. Should there be no one from Truth Learning Academy available, I give permission to the attending physician to treat my minor child, I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the preschool will be used as the secondary coverage.

Authorization will expire when child leaves Truth Learning Academy.

Minor's date of birth: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Date



# Truth Learning Academy

## Tuition Agreement

Page 1 of 3

**ADMISSIONS PROCEDURES** - Both you and your child (named below) must comply with all School admissions policies and procedures. The effectiveness of this Tuition Agreement is subject to final approval of your child's admission in accordance with such policies and procedures, notwithstanding the "acceptance" of this Tuition Agreement reflected by the Principal's signature below.

**TUITION** - You agree to pay tuition and fees for your child in accordance with the Fee Schedule, which is incorporated herein by reference, and the School Calendar published by the school. You may pay tuition in any installment plan reflected as an option on the Fee Schedule. In addition to the tuition and fees set forth in the Fee Schedule, you will pay for any extra charges incurred by your child for care or activities which are applicable.

**TUITION DUE / LATE CHARGES** - Tuition and fee payments are due and payable at the times stated on the Fee Schedule. Tuition and fees are considered delinquent at 12:00 midnight on the day of the due date. Late charges will be assessed in amounts as reflected on the Fee Schedule commencing at that time. If tuition and any other outstanding charges are not paid within seven days of the date due (or within five banking days of notification to you, in the case of a returned check), attendance at the School will no longer be permitted until tuition is paid in full for the past due amount and for the current period.

**RETURNED CHECKS OR NSF ACH** - A service charge will be assessed in amounts as reflected on the Fee Schedule for a check returned for any reason. In addition, a late charge will be assessed as reflected on the Fee Schedule, unless payment is received to cover the funds within three banking days of notification. If your check is returned three times within a three month period, then for a period of one year, you must make all payments by money order or certified check, or by cash (subject to the policy on "Cash Payments").

**CASH PAYMENTS** - For your protection, cash payments may be made only to the Administrative Assistant or the Director of the School. Any payments made to other staff may be considered invalid.

**WITHDRAWAL / CHANGE OF SCHEDULE** - You must give us two weeks' notice in writing prior to withdrawing your child from the School. If you wish to return after withdrawing your child, space is not guaranteed and you must pay anew the registration fee and deposit applicable to new enrollees. You must also give us two weeks' notice prior to reducing your child's attendance schedule and two weeks' notice prior to increasing your child's attendance schedule.

# Truth Learning Academy

## Tuition Agreement

Page 2 of 3

**HOLIDAYS / IN-SERVICE DAYS** - Tuition is continuous throughout the year (taking into account the days the School is closed) and guarantees a reservation for your child at the School for the 12-month School Year designated on the School Calendar. No credit will be given for holidays or professional in-service days or student absences or illnesses. (Upon qualifying, however, you are entitled to "vacation credit" as detailed below). Holidays and professional in-service days for the School Year are shown on the School Calendar. No credit/refund will be owed if the School must close because of emergency or inclement weather.

**HOURS / LATE PICK-UP CHARGE** - The School is open from the Opening Time to the Closing Time (reflected on the Fee Schedule). If your child is picked up after the Closing Time, you must pay the fee specified on the Fee Schedule (no grace period!). If this occurs several times, we may increase this fee.

**VACATION CREDIT** - Upon qualifying, your child is entitled to one week's vacation credit for each 12-month School Year. The vacation credit allows you not to pay tuition for your child during an absence from the School of up to five consecutive days (which days may not extend over a weekend). To qualify for a vacation credit, your child must be enrolled at the School for at least 12 full months prior to the start of the period of absence. To make use of a vacation credit, you must notify your Director in writing at least two weeks in advance of the first day of the desired period of absence. You may not "carry over" vacation credits from one School Year to the next. If the period of absence is less than a full week, it will still count as use of the full vacation credit. You may not use a vacation credit after you have notified us of the withdrawal of your child from the School.

**FAMILY DISCOUNTS** - We have a one-time enrollment fee for a single child as listed on our tuition and fee form. We do offer a one time fee for families as well that will cover all legal children of the primary parent/guardian listed in our files. The primary parent/guardian cannot be changed within our files without accompanying legal documentation that the person is no longer a legal parent/guardian.

**SUSPENSION / DISMISSAL** - We reserve the right to end the enrollment or dismiss a child in our sole discretion for unsatisfactory or inappropriate behavior, if we do not have adequate expertise or resources for the child's educational, medical or other needs (subject to any applicable regulatory requirements), for violations of our policies, or if for any reason we determine it to be in the best interests of the School. In our sole discretion, suspension or dismissal may be with or without notice.

**STUDENT ILLNESS / EMERGENCY** - We strive to maintain a healthy, safe environment for our children. In that light, you may not bring to the School a child who is ill (determined in our discretion). We will notify you if your child becomes ill, and you must then pick him/her up as soon as possible. You authorize us to obtain immediate medical care if a medical emergency occurs when you cannot be located immediately. Such care may be from a physician or hospital other than your child's physician, if, in our judgment, there is insufficient time first to contact your child's physician. You authorize us to make the decision of when an emergency exists.

# Truth Learning Academy

## Tuition Agreement

Page 3 of 3

**AUTHORIZATION** - You must sign your child in and out of the school, no exceptions. You will not hold us responsible for any liability for allowing anyone authorized by you to pick up your child. Your written authorization will remain effective until you notify us in writing of its termination. You will notify us in writing if you wish to add a new person to be authorized to pick up your child and agree that, if circumstances prevent you from delivering an authorization in person, we may rely on an authorization provided by you by telecopier or electronic mail.

**USE OF PHOTOGRAPH, ETC.** - You authorize us to use your child's photograph or appearance in any advertising or other media. If you wish for us to not use your child's image due to concerns for their safety, please notify us immediately and we will accommodate.

**TUITION INCREASE** - We may increase our tuition rates at any time by giving you at least one month's prior notice.

**RENEWAL AND RETURN** - Registration at Truth Learning Academy is on a School Year basis. Your child will not be guaranteed a reservation for the following school year unless you enter into a new tuition agreement with the School for that school year and pay all applicable fees. If you withdraw your child during a School Year, you must pay the registration fee and any applicable deposit should you re-enroll, even within the same School Year.

**RESPONSIBILITY** - You agree that you will be responsible for any loss, damage or destruction by your child of any property of the School and for any damages for which the School becomes liable or chargeable because of your child's actions.

**COSTS OF COLLECTION / STUDENT RECORDS** - If we refer your account for collection, you will pay all our costs of collection, including (but not limited to) attorneys' fees. We will not be obligated to release to you or any other school any student records until all your financial obligations to the School are paid in full, except as may otherwise be provided by law.



# Truth Learning Academy Tuition Agreement Signature Page

I have received a copy of and agree to the terms and conditions listed in the Truth Learning Academy Tuition Agreement, including the obligation to pay to Truth Learning Academy all charges for tuition and fees, and in all events to be responsible for the financial obligations of my child(ren).

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian      Print Parent/Guardian Name      Date

\_\_\_\_\_  
Signature of Parent/Guardian      Print Parent/Guardian Name      Date

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.

mm

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov> or <http://www.floridadhs.gov>



## What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life-threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



## How can I tell if my child has a cold, or the flu?

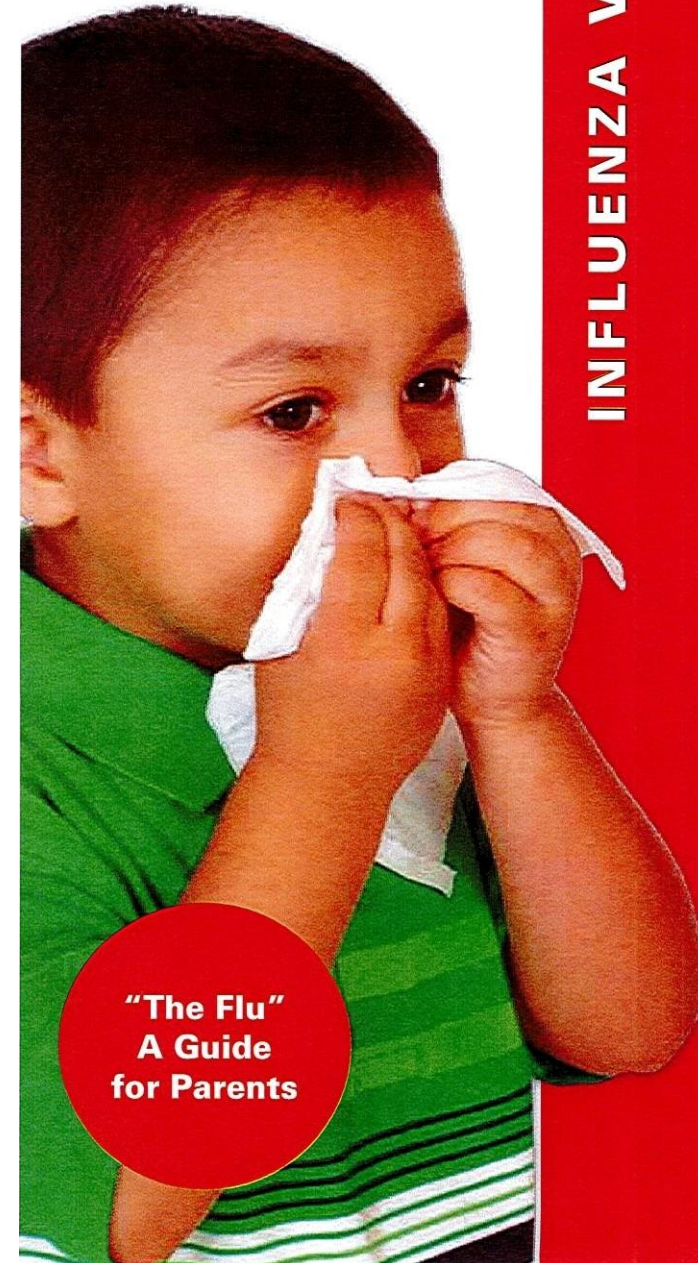
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



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

CF/PI 175-70, June 2009

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



**INFLUENZA VIRUS**

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

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



Developed by:

The Office of Child Care Regulation

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)  
CF/PI 175-12, May 2018

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





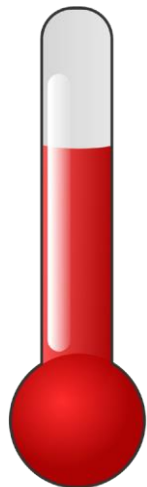


## FACTS ABOUT HEATSTROKE:

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

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

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



## PREVENTION TIPS:

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

**During the 2018 legislative session,** a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



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

Parent/Guardian:

Child's Name:

Date:

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



# GETTING TO KNOW YOUR CHILD

Child's Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Child's favorite food \_\_\_\_\_ Least favorite food \_\_\_\_\_

What are the names of your child's brothers and sisters? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

What is your child's favorite subject (colors, alphabet, numbers, etc.) \_\_\_\_\_

\_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

In what area(s) would you like to see your child improve? \_\_\_\_\_

\_\_\_\_\_

What are you hoping for your child to learn this year? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's learning style? \_\_\_\_\_

\_\_\_\_\_

What does your child like to do for fun outside of school? \_\_\_\_\_

\_\_\_\_\_

Is there anything else you'd like for us to know about your child? \_\_\_\_\_

\_\_\_\_\_



# Infant Information Sheet

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

	Yes	No	Does your child eat:	
Does your child take bottle?	<input type="radio"/>	<input type="radio"/>	Strained Foods	<input type="radio"/>
Is the bottle warmed?	<input type="radio"/>	<input type="radio"/>	Baby Food	<input type="radio"/>
Does the child hold own bottle?	<input type="radio"/>	<input type="radio"/>	Formula	<input type="radio"/>
Can the child feed self?	<input type="radio"/>	<input type="radio"/>	Whole Milk	<input type="radio"/>
Does your child take a pacifier?	<input type="radio"/>	<input type="radio"/>	Table Foods	<input type="radio"/>

What type of formula used? \_\_\_\_\_  
Amount of formula to be given: \_\_\_\_\_  
Updated amounts of formula: \_\_\_\_\_

Food likes: \_\_\_\_\_ Food dislikes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (including any premixed formula)? \_\_\_\_\_

Do you use powder when changing your child?      Yes      No

Instructions for introducing foods: \_\_\_\_\_

I understand it is my responsibility to keep Truth Learning Academy child care center updated as my child's needs change. It is recommended that you update every 30 days.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## ITEMS TO BRING FROM HOME

### **The Wiggly Worms Room - ages 6wks to 1 year**

- Diapers, wipes, milk/formula/baby food & change of clothes. NO open toe shoes.
- Baby bottles: must be labeled with first and last name on top and bottle, must have a cap. Bottles will be sent home daily.
- Children using sippy cups: please bring in two clean cups daily, labeled with first and last name on the top and the cup, and date. One cup will be used for water and one will be used for milk. Cups will be sent home daily.
- Blanket/Sheet: please keep these crib size and not too thick. We need to be able to store them easily in the child's cubby. NO pillows and NO stuffed animals. Blanket/Sheet will be sent home at the end of the week to be washed and must be returned at the beginning of the following week.

### **The Busy Bees Room - Ages 2 to 3**

- Diapers wipes, & a change of clothes. NO open toe shoes.
- Water bottle: please bring in one clean water bottle with a lid or cap. Water bottles will be sent home daily. NO sippy cups. If you are unsure if a water bottle is acceptable, please bring it in!
- Blanket/Sheet: please keep these crib size and not too thick. We need to be able to store them easily in the child's cubby. NO pillows, NO stuffed animals, and NO pacifiers (even at nap time). Blanket/Sheet will be sent home at the end of the week to be washed and must be returned at the beginning of the following week.

### **The Turbo Teddies Room - Ages 3 to 4**

- A change of clothes. NO open toe shoes.
- Water bottle: please bring in one clean water bottle with a lid or cap. Water bottles will be sent home daily. NO sippy cups. If you are unsure if a water bottle is acceptable, please bring it in!
- Blanket/Sheet: please keep these crib size and not too thick. We need to be able to store them easily in the child's cubby. NO pillows, NO stuffed animals, and NO pacifiers (even at nap time). Blanket/Sheet will be sent home at the end of the week to be washed and must be returned at the beginning of the following week.

### **The Bright Lights Room - Ages 4 and up**

- A change of clothes. NO open toe shoes.
- Water bottle: please bring in one clean water bottle with a lid or cap. Water bottles will be sent home daily. NO sippy cups. If you are unsure if a water bottle is acceptable, please bring it in!
- Blanket/Sheet: please keep these crib size and not too thick. We need to be able to store them easily in the child's cubby. NO pillows, NO stuffed animals, and NO pacifiers (even at nap time). Blanket/Sheet will be sent home at the end of the week to be washed and must be returned at the beginning of the following week.



## TRUTH LEARNING ACADEMY SHOE SAFETY NOTICE

Dear Parents,

For the safety of your child, please bring your child to school wearing closed toe and closed heel shoes and socks. Flip-flops, sandals, open-toed shoes, no laces in sneakers, CROCS or CROC type shoes are strictly prohibited at Truth Learning Academy. This type of footwear has been known to be unsafe in the past and so, therefore, all children must wear closed toe, closed heel shoes every day they attend Truth Learning Academy. Any child who comes to school wearing this footwear will not be allowed to participate in outdoor activities.

Should you have any questions regarding this matter, please see either myself or your child's teacher.

Thank you again for your cooperation and understanding.

Truth Learning Academy  
[www.truthlearningacademy.org](http://www.truthlearningacademy.org)

# We will need 4 additional items from you:

## 1. Health Form (3040 gold form) - Obtained from doctor:



STATE OF FLORIDA  
School Entry Health Exam

Page 1 of 2

**To Parent/Guardian:** Please complete and sign Part I — Child's Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

*(Please Print)*

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD'S MEDICAL HISTORY

## 2. Immunization Form (DH 680 form) - Obtained from doctor:



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YYYY)
PARENT OR GUARDIAN	CHILD'S SS# (Optional)	STATE IMMUNIZATION ID#	

**Directions:**

- Enter all appropriate doses and dates below.

## 3. Birth Certificate:

For a certified copy of the birth certificate, contact the vital records office in the state where your child was born for instructions on how to request a copy and get information on any fees.

If you need to get a copy of your child's birth certificate quickly, ask the vital records office at the time you place your order about getting expedited service or shipping.

## 4. Copy of a current Driver's Licence, State issued ID or Federal Issued ID for BOTH Guardians and all authorized emergency contacts:

Feel free to bring the ID in with you to be copied if you prefer. Please note that we need an ID for EVERY person who will have access to the child. This includes all authorized emergency contacts. You can have the emergency contacts e-mail their ID's to our Office Manager [Shell.Gott@TruthLearningAcademy.org](mailto:Shell.Gott@TruthLearningAcademy.org) if this is more convenient for them. Please add the child's name to the e-mail for verification.





## Interview Questions for Daycare Parents

- **Has your child been in daycare (not provided by family) before?**
  - **If so, why are you seeking care elsewhere?**
- **How long do you expect to need childcare (hours)?**
- **What do you expect from a daycare?**
- **Do you have back up care available (in case of emergency/illness)?**
- **Does the child have any health issues?**
- **Are your child's immunizations up to date?**
- **Does your child have any special needs that would require a specialist to enter our campus? (ie behavioral specialist, speech pathologist, etc)**
- **What is the child's current sleep & nap schedule?**
- **Our tuition is based on a reserved spot, not attendance. Do you understand this policy?**
- **Is the child potty trained?**
- **How do you handle behavioral issues at home?**
- **Are you OK with messy play and art?**