



State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: M T W Th F Sa Sun

Family Information: Child's Lives With: _____

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Email Address _____ Email Address _____

Employer: _____ Employer: _____

Address: _____ Address: _____

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

Custody: Mother Father Both Other (specify): _____

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 Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

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 Phone	Home Phone

Helpful Information About Child:

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- 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 entitled “Know Your Child Care Facility” (CF/PI 175-24) [also available on-line at <https://eds.myilfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], **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 entitled “Selecting A Family Day Care Home Provider” (CF/PI 175-28) [also available on-line at <https://eds.myilfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- 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



Children of Light Academy



Children of Light Academy Discipline Policy

The Children of Light Academy strives to provide each child with positive discipline. Our goal is to give each child in our care the best possible learning environment with enough freedom to encourage learning and enough boundaries to encourage safety. Although discipline is necessary when working with groups of children we feel that in most cases children can be taught the right way of doing things with encouragement and patience. The following guidelines make up the “essence” of the way we strive to treat our children everyday when it comes to discipline.

1. **There will be no corporal punishment of any kind.** Including but not limited to spanking, hitting, yelling, Grabbing, pushing, pulling or unlimited isolation.
2. The limits and boundaries set for the children will be age appropriate and the time in which they are to be enforced is reasonable according to age.
3. The disciplining of a child will be stated in a positive manner whenever possible, making redirection and encouragement a common practice.
4. Discipline is not to be associated with food, bathroom procedures or naps.
5. Praise and encouragement is to be given for correct behavior on a consistent basis to help make the child (ren) feel good about themselves and their actions.
6. Use a calm, quiet, yet firm voice when having to correct a child’s inappropriate behavior. Keep the correction direct and to the point without long explanations or long term consequences.
7. Any consequences used by the employees are to be fair and consistent. The consequence should relate to the inappropriate action. For example, if a child is continuing to throw a toy and the employee has tried to redirect and/or correct the child’s behavior, the toy should be taken away from the child for a limited amount of time.
8. “Thinking Time” should be used only as a last resort. If a child cannot get his or herself back under control or he or she is posing a safety threat to his or herself or another child, then the child can be removed from the situation. “Thinking Time ” therefore, means that the child can be directed to sit away with an adult for some thinking time. “Thinking Time” provides the child with a few minutes to think of his or her behavior/ actions and to settle down, but a child should only be in thinking time the amount of minutes equal to his or her age (EX: 2 minutes for a 2 year old)
9. No other adults, other than employees of Children of Light Academy, are to discipline a child that is enrolled at the center.
10. All limits, boundaries and discipline practices set are to be fair and consistent for all children, keeping in mind each child is different and will respond differently to different styles of discipline.
11. If any child is having a consistent problem the teacher and/or the director cannot correct, the

director will approach the parent with specific ideas for correction. If the problem persists further steps will be taken for correction. These may include, behavior modification programs, phone calls to the parents during the day at the time of misbehavior, documentation and possibly, depending on the seriousness and severity of the behavior, **DISENROLLMENT**.

This discipline policy applies to all staff and children who attend or work at Children of Light Academy Learning Center. It is Children of The Light intent to remedy all discipline problems in a positive, nurturing manner that will give each child strong self esteem and a happy attitude towards school.

Signature of Parent or Legal Guardian

Date



Children of Light Academy



FOOD EXPERIENCE PERMISSION FORM

2023-2024

PERMISSION FOR FOOD-RELATED ACTIVITIES AND ALLERGY CONCERNS:

Student's Name: _____ Class: _____

Please check one of the following:

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

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

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

My child **DOES** have a food allergy and/or dietary restriction. He or she may participate in activities. **By checking this box, be aware that Children of Light Academy will not check any food ingredients that are used during the food activity and are NOT responsible for any allergy reaction that might happen to the child.** (Please list below):

➤ **Is There any medical concern / issue that we need to know about your child. (Please list below):**

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment year23-24.

Parent/Legal Guardian's Name (please print)

Parent/Legal Guardian's Signature

Date



Children of Light Academy



Children of Light Academy

CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE

(To be completed by parent or guardian) Date _____

Child's Full Name _____

Date of Birth _____ Race _____ Sex _____

Name of Parent or Guardian completing form _____

Please answer the questions on this form. We feel this information will help us be more effective in working with your child.

Childhood Disease	Yes	NO	Date
Chicken Pox			
Measles			
Scarlet Fever			
3 Day/ 10 Day Rubella			

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

If yes, what? _____

Is your child taking vitamins regularly at home? () Yes () No

If yes, what? _____

List any known allergies to food or environment _____

Describe the allergic reaction _____

Does your child complain of feeling ill often? () Yes () No

How often? _____

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

Describe your child's appetite _____

Does your child dislike any foods? () Yes () No



Children of Light Academy



If so, what? _____

What does your child usually eat for breakfast before arriving at the center?

How easily does your child fall asleep? _____

What is the usual bedtime? _____

Wake up time? _____

What is the usual naptime? _____

Wake up time? _____

Is the child completely toilet trained (use the bathroom without being reminded)? () Yes () No

Does the child remain dry all night? () Yes () No

When did the child begin to walk alone? _____

Are other adults (not family) able to understand the child's speech? _____

Does your child have a regular playmate? () Yes () No

Same Age () Yes () No Older () Yes () No Younger () Yes () No

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

Does your child have temper tantrums? () Yes () No

Does your child bite his nails? () Yes () No

Does your child twist his hair? () Yes () No

If you could describe your child in one word, what would it be? _____

Please list your child's strong points, such as happy, curious, loving, etc.

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

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

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

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

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



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

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

What is the influenza (flu) virus?

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



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

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



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CF/PI 175-70, June 2009

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



INFLUENZA VIRUS

**“The Flu”
A Guide
for Parents**

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



Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

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



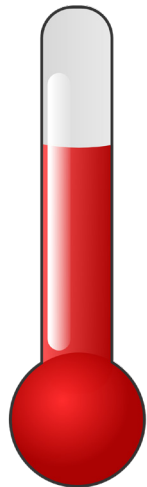


FACTS ABOUT HEATSTROKE:

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.



Children of Light Academy



Children of Light Academy

Emergency Contact Information 2023-2024

Please fill it out and return to school.

Date Updated: _____

Student Name: _____ Grade: _____

Mom's Names: _____

Mom's Email address: _____

Cell Phone (mom) _____

Work Phone (mom) _____

Dad's Name: _____

Dad's Email address: _____

Cell Phone (dad) _____

Work Phone (dad) _____

Home Address: _____

Number and street name

City

State

Zip code

Please list the names and phone # of persons who are permitted to pick up your child.

Emergency Name: _____

Relationship

Phone #

Emergency Name: _____

Relationship

Phone #

Emergency Name: _____

Relationship

Phone #

Emergency Name: _____

Relationship

Phone #

Emergency Name: _____

Relationship

Phone #

Emergency Name: _____

Relationship

Phone #

Emergency Name: _____

Relationship

Phone #



Children of Light Academy



Children of Light Academy

Medicine Policy

Children of light Academy strives to have healthy children and employees. In order to do our best in keeping this goal we must set and maintain guidelines each family and employee must follow. The Licensing Board sets some of these policies and others are implemented by Children of Light Academy to help ensure safety and healthiness.

1. Children of light prefers not to administer any medicine. Many times if you let your doctor know in advance it is better if medicine is only administered at home he can prescribe a dosage to fit your need. However, if it is Medically necessary for your child to be given medicine at Children of the Light Academy we will only give it at lunch time (check for the lunch time of your child's class with his or her teacher) and at 4:00 p.m.. Please explain this policy to your doctor.
2. Prescription medicine will not require a doctor's note. However, any other medicine (such as Tylenol, Benadryl, Motrin, etc...) must have a doctor's note with it stating it is okay when to give the medicine to your child. This maybe a faxed note from the doctor's office with the doctor's signature.
3. All medicine must be in the original bottle and must have current, non-expired dates for dispensing. All of the Medicine bottles must be labeled with the child's name the medicine is to be given to.
4. Any medicine (including first aid creams, baby powder, diaper creams or sunscreen) to be given to the child at Children of the Light must have a Medical Parent Authorization form completely filled out and signed by the parent. If this form is not properly filled out the medication will not be given.
5. If a child needs non-prescription medicine and obtains a doctor's note for it to be given at Children of Light Academy, the doctor's note will only be valid for ten (10) days. After the ten (10) days another note must be obtained from the doctor.
6. If any child needs to be given a medicine on a regular, continued basis the medicine should only be brought in weekly doses. Children of Light Academy will not be responsible for large quantities of medicine left in the center.

With a large number of children it is always a risk for Children of Light Academy to give medicine. In understanding your need for us to do this at times, we have established a policy that will help assure safe practices and consistent dispensing. Please help us in following this policy to make it safe for all children attending Children of Light Academy.

Signature of Parent or Legal Guardian

Date



Children of Light Academy



PHOTO RELEASE

2023-2024

CHILD'S FULL NAME: _____

Throughout the year pictures, slides and videos are taken to record preschool events and students' progress with Children of Light Academy. At times we are asked to share our pictures with other parents, orientations, staff meeting workshops,

Children of Light Academy website and Facebook page, St. Verena Coptic Orthodox Church website and Facebook page, The Coptic Orthodox Diocese of the southern United States website and Facebook page. We would appreciate your permission to take pictures, slides, and videos of your child for the following purposes.

- To record preschool events and celebrations
- To share with preschool parents and staff at parent/ staff meeting to share at professional conferences or workshops.
- To upload to Children of Light Academy Facebook page.
- To use on Children of Light Academy website.
- The Coptic Orthodox Diocese of the southern United States website and Facebook page.

Please check where permission is granted to Children of Light Academy:

I _____

give permission.

do not give permission.

Parents Signature

Date



Children of Light Academy



Children of Light Academy

Toilet Training Policy

It is our policy that toilet training will not be attempted with children under the age of 18 months. Children are never punished or forced when toilet training. Diapering procedures guidelines are used when cleaning up a toileting accident. You are asked to supply extra changes of clothing while your child is in the toilet training process.

As your child nears two years of age you are looking forward to him/her learning to use the toilet. We look at potty training as a skill your child will gradually master with the proper assistance. We are here to provide support in the toilet training process and create a plan that is consistent, positive, and manageable both at home and at school. We look forward to partnering with you to achieve this important milestone for your child.

As your child moves onto the next educational milestone (3-year-old classroom), it is our belief that he/she should enter this new and exciting learning experience. Already potty trained. This is important so that both your child and his teacher can focus their energies on developing important cognitive skills through uninterrupted interaction with the curriculum and learning environment. It is not appropriate to ask a child who has not mastered the potty training process to adapt to the newly structured environment and focus on developing important cognitive skills. In addition, learning happens through quality teacher-child and child-child interaction, and diaper changing can be distracting for this type of early childhood experience.

We will transition successfully potty-trained children into the 3-year-old classroom. **If the child is not successful then they will remain in the 2-year-old classroom until the child is successfully toilet trained and remains accident free for a continuous one-month period.** We feel this policy will ensure all children receive the program quality they deserve.

Signature of Parent or Legal Guardian

Date



Children of Light Academy



Parent Welcome Letter School Year 2023-2024

Dear Parents,

Welcome To Children of Light Academy, we are looking forward to sharing an exciting and fun filled learning experience with you and your children. As preparations begin, we would like to familiarize you with some of our school procedures.

Late Drop-Off Policy

- Our school day **begins at 9:30 A.M. sharp**. Children must **arrive by 9:35 A.M.**, so they can get ready for the day.
- To maintain our daycare daily instructional routine, there will be late drop fees of **\$1.00** for every minute **after 9:35 A.M.**
- Children who arrive **after 10:00 A.M.** will **NOT** be allowed to enter the daycare.
- Parents who **EARLIER** have called or notified the daycare personnel about doctor's appointments, prior commitments or provided reasonable reason for being late, will be exempted from the above late drop off policy. **You can call us at (727) 940-5361**
- Parents who earlier called or notified us about prior commitments, will have to plan to bring their children in before 11:30 A.M.
- We will **not accept** any kids for any reasons after **11:30 A.M.**
- Breakfast is served 9:30A.M. – 10:00 A.M., we will not serve any breakfast after 10:00 A.M.

Fridays Liturgy

- Kids who are allowed to attend liturgy will be escorted to the church on Fridays from **8:30 A.M.- 9:00 A.M.**
- **After 9:00 A.M,** it is the parents responsibility to take their children to the church for communion.
- Parents have to drop off their children back at the daycare main entrance. **The daycare teachers are not allowed to accept any kids at the church site.**

New Enrollments & Annual fees

- For **new enrollments**, parents will be charged **\$50** one time application fee per family.
- **As a reminder also we have annual fees that apply once a year for \$100 per child.**
- 10% Discount will be applied on second sibling.

Cola Attire & Bedsheets routine

- Children should come to school dressed appropriately for the day (no opened toe shoes or long skirt/dresses to avoid mulch in the feet and falls). An example of appropriate clothing will be sneakers, shorts, dresses with shorts underneath...etc.
- **On the first day of school, parents must bring in a change of clothes (underwear, shorts, shirts, and socks) in a labeled Ziploc bag.**
- Write your child's name on his/her jacket and the extra clothes and the bottom of his/her shoes.
- Please be prepared for the days when your child returns home somewhat less clean than he/she arrived. We believe children learn through exploration of their own environment. The children will often be playing with materials such as paint, glue, sand, and water.
- All children must bring a Backpack to school daily, **please make sure to check your child's bag every day for information from the Teacher.**
- **Your child's bedsheet and blanket must be picked up on Friday to be washed.** All bedsheets must be brought back on Mondays. Your child's name need to be written on the blanket and the sheet, it would help us to return them if lost.

Kids Distracting items

- Please note that all items that distract children will not be allowed in school. These items include toys, games, gum, stickers as well as such things as elaborate novelty jewelry. Your cooperation in this matter is greatly appreciated.
- **Children are not allowed to bring in any food or drinks to school.**

Procare App

- Procare App will be our way of communication between the school and home. Parents will receive a daily report about the child's different activities during the day.
- Parents can reach out to the classroom teacher via procare app by texting. Please be aware that your child's teacher will not answer any phone calls or reply to any texts before or after nap time as well as before or after work hours.

Dismissal policy

- Children of light academy close at 6:30 P.M., Please be considerate, our teachers have families and plans to go home too, and they expect to leave on time, if you have a running few minutes late, please call to let us know.
- **The late pick-up charge is \$5.00 per minute after 6:30 P.M.**

COLA Committee Members

- Reham Mityas (Director)
- Kamelia Reiad (Assistant Director)
- Randa Mikhaiel (PreSchool Instructors Rep.)
- Magy Eskander (PreSchool Instructors Rep.)
- Martina Basta (Administrative Rep.)
- Enas Hanna (Kitchen Staff Rep.)

In the event, you have any suggestions or concerns, please reach out to schedule a meeting with COLA committee members.

We strive to meet your child's physical, intellectual, social, and emotional need. We feel children learn best in a loving, organized, natural learning environment. Your child will learn something new every day by being a part of our extended family. Your child will learn important values from our commitment to character monthly values such as honesty, cooperation, respect, kindness, citizenship, and many more.

Our commitment to you starts with your commitment to us. For this support system to thrive, we must have open, honest communication. Please feel free to share with us your concerns, problems and situations that will affect your child. We are looking forward to working with you to provide the best possible care and education for your child.

By signing this form, you agree that you have read our parent's handbook that is posted on our website [Here](#) and agree to the rules above as well.

Parent Signature

Date

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

Child's Name: _____ Center Name & Address: _____

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH 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): Hispanic or Latino Not 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 Size: _____ Total Household Income: \$ _____

Eligibility Determination: Free Reduced-Price Non-needy 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 24, Monthly x 12

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

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

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

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

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

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

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

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor’s Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Salary, wages, cash bonuses • Net income from self-employment (farm or business)	• Unemployment benefits • Worker’s compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran’s benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

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



Children of Light Academy



Children of Light Academy
License#C06PA0264
Issued on:08/14/2022 Expires:08/13/2023

Parent's Role

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

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



More information and free resources:

MyFLFamilies.com/ChildCare



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: _____

License Issued on ___/___/___

License Expires on ___/___/___

For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATIC AND BACKGROUND SCREENING
MYFLFAMILIES.COM

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014
This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.,



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

Choosing an appropriate childcare program is an important decision for both the parent and the child. Family needs as well as the child's individual needs should be considered in this process, including the child's age and developmental level. This brochure is intended to provide helpful information regarding childcare facilities. It summarizes the quality indicators of a childcare facility, the parent's role in quality care, and some of the minimum standards used to license childcare facilities.

CHILD CARE BROCHURE STATEMENT (Chapter 402.3125, F.S.) On, ___/___/___, I, _____ received a copy of the Child Care Brochure.
(Name of Parent or Legal Guardian)

(Signature of Parent or Legal Guardian)

(Name of Child)

Automated Payment Processing



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We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

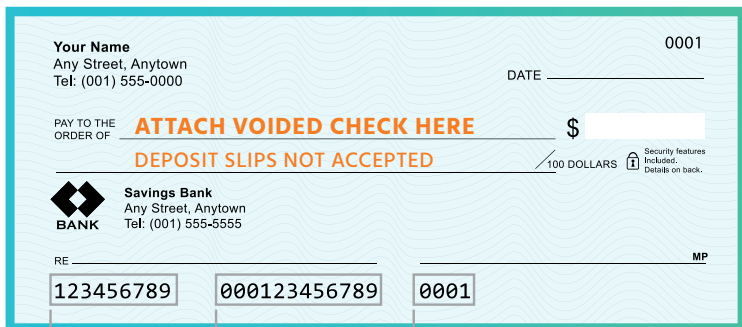
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

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

SECTION B (Bank Account)

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



ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	Children of Light Academy
*Formulas offered at this facility: Milk-based:	Enfamil Gentlease / Enfamil Reguline
Soy-based:	Enfamil Soy/ Enfamil Neuropro Sensitive

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

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

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

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

Parents please complete the following:

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

Please check this box if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk Visit facility to nurse

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

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

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

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

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