



## Welcome to Loving Hands & Hearts Childhood Development Center!

*Here is a checklist  
for you to bring along  
with your child to our center.*

- ✓ Immunization (blue) and Physical (yellow) records from the doctor
- ✓ Small pillow, blanket, and a crib sheet (crib sheet is needed for the cot)
- ✓ At least one change of clothes and underwear (more clothes if being potty trained)
- ✓ Diapers and Wipes (if not potty trained)

**\*\*\*Please be sure to keep your child's cubby stocked  
with the necessary items!\*\*\***

Cut off time for Drop-Off is 10:00a.m unless your child has an excused doctor note.  
Please call ahead of your child's arrival after 10:00a.m so we can plan accordingly.

Thank You!



## Orientation Checklist

Center: Loving Hands & Hearts Childhood Development Center Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

\_\_\_\_\_ Tour of facility

\_\_\_\_\_ Introduction to teaching staff

\_\_\_\_\_ Parent visit with the classroom teacher

\_\_\_\_\_ Overview of the parent Handbook

\_\_\_\_\_ Discussion of expectations of family and the needs of the children

\_\_\_\_\_ Opportunity for extended visit to the classroom by both parents and child for a period of time to allow both to be comfortable in the new surroundings

\_\_\_\_\_ Interpreter available if needed

The orientation to Loving Hands & Hearts has been completed and included all of the above items.

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

\_\_\_\_\_  
Date



## Child Care Application for Enrollment

### Student Information:

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

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

LAST

FIRST

MIDDLE

NICKNAME

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ TO \_\_\_\_\_

Days of the Week in Care: (circle) MON TUES WED THURS FRI

Family Information: Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

Employer's Address: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

### Medical Information:

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

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Care Plan instructions (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency 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:**

- 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.myflfamilies.com/DCFFFormsInternet/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.myflfamilies.com/DCFFFormsInternet/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



## Permission Slip

### AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I authorize Loving Hands and Child Development Center staff to give consent for any and necessary emergency medical care for my child while he/she in the care of the child care center.

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

### EMERGENCY TRANSPORTATION AUTHORIZATION

I authorize Loving Hands and Hearts Child Development Center staff to provide emergency transportation for my child. I understand that in the event of an emergency, my child will be transported by an emergency vehicle or staff member's personal vehicle as the situation warrants. I further understand that if it becomes necessary to evacuate the center my child will be taken to the nearest shelter available (See *Emergency Evacuation Plan*). I release any staff member of Loving Hands and Hearts Child Development Center from liability regarding the emergency transportation of my child.

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

### PHOTOGRAPH RELEASE

I authorize my child's participation in classroom photograph. These classroom photographs will be used to create displays for the classrooms and lobby that illustrate the center's curriculum and children's daily activities. These photos may be published in promotional materials for Loving Hands and Heart Child Development Center.

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

### DIAPERING PRODUCTS RELEASE

I authorize Loving Hands and Heart Child Development Center staff to use the brand of diapers and wipes I choose to supply. The diapering products will be labeled and kept for my child's use only.

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



## Emergency Evacuation Plan

For Loving Hands & Hearts Childhood Development Center

### Plan A

In the event that we have to evacuate the center, we will go to:

**Parking lot in front of Lehigh Resort Club**

**1320 Joel Blvd, Lehigh Acres, FL 33936**

**Phone # (239)369-8597**

### Plan B

In the event that we need to evacuate the center to a distance of three miles or more, we will go to:

**Fire Station #105**

**636 Thomas Sherwin Ave S Lehigh Acres, FL 33974**

**Phone # (239)303-5300**

Teachers and staff will transport all children in private vehicles. We will carry basic emergency supplies and water.

### Lockdown/Shelter In Place

In the event, we are asked to lockdown, we will comply by locking all doors and windows. No one may enter or leave the building until the "ALL CLEAR" is given to us by an issuing authority.

This emergency evacuation plan has been explained to me.

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Parent/Guardian

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Date



## Sun Screen/Insect Repellent

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

### Sun Screen Notice

I understand it is my responsibility to put sunscreen on my child before he/she comes to school. I understand that my child's teacher(s) will not apply sunscreen to my child. I will provide the necessary clothing, such as a hat to protect my child from the sun if needed.

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

\_\_\_\_\_  
Date

### Insect Repellent

I understand that it is my responsibility to put insect repellent on my child before he/she comes to school. I understand that my child's teacher(s) will not apply insect repellent to my child.

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

\_\_\_\_\_  
Date

Please list below any known allergies or medical conditions your child may have:

Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Participation in Food Related Activities Permission Form

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_.  
(Parent or Guardian) (circle one) (Child's name)

to participate in food related activities and special occasions where food is consumed.

**Please provide the following information:**

\_\_\_ My child **DOES NOT** have any food allergies or dietary restrictions. He or She may participate in activities.

\_\_\_ My child **DOES NOT** have any food allergies or dietary restrictions. He or She **may not** participate in activities.

\_\_\_ My child **DOES** have a food allergy or dietary restrictions. He or She may participate in activities but may not eat or handle the following food items. (Please List Below)

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\_\_\_ My child **DOES** have a food allergy or dietary restrictions. He or She may not participate in any activities.

**I understand that it is my responsibility to update this form if my decisions for permission changes and/or new food allergy or dietary restrictions has been found within my child.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



## SICK CHILD NOTICE

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

Loving Hands & Hearts Childhood Development Center supports and encourages policies that promote a safe and healthy childcare setting. In order to maintain a safe and healthy environment in our center, if your child is believed to have any of the following symptoms below we will send your child home.

**If your child is sent home, he/she cannot return for 24 hours after being picked up from our center.** If you take your child to a doctor and he/she is given a clean bill of health, your child may return before the 24 hours accompanied by a doctor's note. Thank you for your cooperation in helping make our center safe for everyone.

### Symptom(s) observed by your child:

- Temperature of \_\_\_\_\_ (accompanied by behavior change)
- Nasal Discharge (discolored or excessive)
- Excessive coughing, lethargic, or difficulty breathing
- Unidentifiable bumps or uncontrollable abrasions
- Vomiting
- Diarrhea (2 or more)
- Rash with fever or behavior change
- Purulent conjunctivitis (Pink Eye)
- Strep Throat
- Other \_\_\_\_\_

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date/Time Contacted

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

\_\_\_\_\_  
Date/Time Picked Up

***Signing below I have read over and understand Loving Hands & Hearts CDC Sick Policy!***

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

\_\_\_\_\_  
Date



## **Teach Us About Your Child(ren)**

1. What is your child's primary language? List all the languages spoke at home.
2. What type of discipline/guidance do you use at home?
3. What are your goals for your child in our program?
4. Does your child sleep with a special toy?
5. How would you like to be involved in your child's education at the center?
6. What special traditions does your family have? What holidays do you celebrate?
7. Is anything else you would like us 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



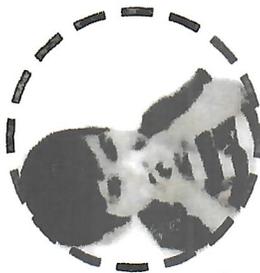
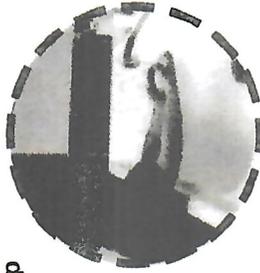
### How can I protect my child from the flu?

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/>



## 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.

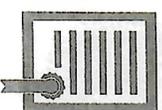
The body temperature of a child increases 3 to 5 times faster than an adult's body.

## ! 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.

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

**Child's Name:** \_\_\_\_\_ **Center Name & Address:** Loving Hands and Hearts Child Development Center 205 Joel Blvd Suite 400  
Lehigh Acres, FL 33936  
**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: ( 239 ) 303-5858

**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

**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.**

**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)**

**Children's income – Total: \$** \_\_\_\_\_ **How often received? (check only one):**  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

**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 Bimonthly Monthly / Twice a Month Annually	\$ _____ / Weekly Bimonthly Monthly / Twice a Month Annually	\$ _____ / Weekly Bimonthly Monthly / Twice a Month Annually
	\$ _____ / Weekly Bimonthly Monthly / Twice a Month Annually	\$ _____ / Weekly Bimonthly Monthly / Twice a Month Annually	\$ _____ / Weekly Bimonthly 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  Write \_\_\_\_\_

**FOR CONTRACTOR USE ONLY:**

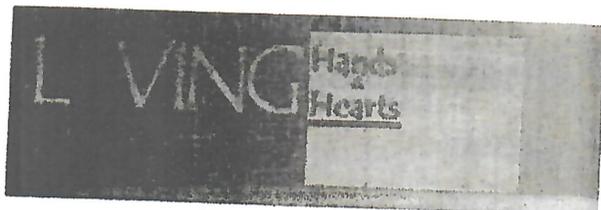
**Categorical Eligibility:**  FAP/SNAP or TANF Household  Foster Child  Total Household Size: \_\_\_\_\_ **Total Household Income:** \$ \_\_\_\_\_

**Eligibility Determination:**  Free  Reduced-Price  Non-needly **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-needly Status:**  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

**Determining Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Second Party Check Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Fee Agreement

(Please Be Sure To Read Entire)

Child(ren) Name: \_\_\_\_\_

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

Weekly Rate: \_\_\_\_\_

1. Tuition is due each Friday at the rate listed above. This reserve your child's enrollment in the program. Tuition is not prorated for days missed including sick days or other closed days, except the days center closed for Christmas Eve through New Year's.
2. Payment can be made by cash, check, money order, or credit card.
3. If your weekly tuition is not received by Monday following the due date your account is subject to a \$10.00 late fee.
4. If your weekly tuition remains unpaid your childcare services will be terminated until payment is made in full. You child's enrollment in the program will not be reserved during this time.
5. A \$75 registration fee per child or \$100 per family is charged to new program participant upon enrollment confirmation and to all program participants annually. The annual fee is due the first Friday in September in addition to your regular weekly tuition.
6. Program participant who are late picking their child(ren) from the center will be charged \$1.00 per minute per child beyond center's closing time.
7. A \$25.00 fee will be assessed for each returned check. If you have two returned checks within a receive month period, your personal check will no longer be accepted as a form of payment.
8. If your account must be forwarded to a collection agency, you will be liable for your tuition due plus all late fees and collection costs.
9. Loving Hands & Hearts Childhood Development Center (LHHCDC) has the right to terminate this agreement if a child becomes disruptive, is chronically disobedient, or poses a physical threat to another child, teacher, or staff person. Likewise, LHHCDC retains the right to terminate this agreement if a parent and/or guardian becomes disruptive or displays hostile, harassing, or threatening behavior to a child, teacher, or staff person. The decision to terminate remains in LHHCDC's sole discretion, and shall be made in good faith, with regard for what is in the best interest of the Center, its teachers and staff, and the families the center serves.

**I understand and accept all of the terms outlined in this fee agreement. I agree to provide a two-week noticed prior to withdrawal from the program and understand that I will be laid accountable for paying Loving Hands and Hearts Child Development Center all tuition due, late fees, and collection costs.**

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

\_\_\_\_\_  
Signature-Director

\_\_\_\_\_  
Date