

Admission Application

Admission Application

Child's Name: _____

Sex: _____ Date of Birth: _____

Toilet Trained: ☐ Yes ☐ No Scheduled Start Date: _____

Form of Deposit: ☐ Check ☐ Cash ☐ Credit Card

	Parent/Guardian	Parent/Guardian
Name		
Home Address		
City, State, Zip Code		
Phone Number		
Email		

Emergency Contacts Name/Relationship Phone Number	1. 2.
List all Allergies and Pertinent Medical Conditions	

Admission Application

How did you learn about Steps to Success of Hollywood?

- ☐ Google
- ☐ Facebook
- ☐ Instagram
- ☐ Family/Friend - Name: _____
- ☐ Live locally
- ☐ Other - Please explain: _____

List the three most important qualities you look for in a daycare center:

1.

2.

3.

Has your child attended daycare? ☐ Yes ☐ No

What type of environment do you think is best suited to support your child's growth?

Admission Application

Do you have any concerns with any area of your child's development? Please use the space below to elaborate.

Describe any developmental evaluations/screenings done and subsequent approved services (Speech, OT, PT, SEIT)

Program Agreement Form

I, _____, parent/guardian of _____ agree to pay $_____ for my child's attendance at Steps to Success of Hollywood.

Enrollment Deposit:

I understand that any deposits given to secure my child(ren)'s seat is non-refundable unless a 60-day notice prior to the start date is provided to Steps to Success. Should I decide to postpone my child's start date, I understand and acknowledge that a one time postponement is permitted. Should we decide not to attend after the postponement is granted, our deposit is relinquished as the 60-day policy will no longer apply (60-day policy ONLY applies to the initial start date selected).

Credits:

Payment is due by the fifth of each month or I am liable for a $30.00 late fee. Each child receives two (2) tuition credits per year, beginning on their first day of enrollment and resetting each yearly anniversary of enrollment. Each credit is equal to half of one week's tuition and may be used only when the child is absent for five (5) consecutive operational days. These credits do not roll over. Additionally, families may request an Absentee Month Credit, which allows a child to remain enrolled while not attending for an entire calendar month; during this period, families must pay 50% of regular tuition to retain their seat. Children may attend up to five (5) days during an Absentee Month, and those days do not need to be consecutive.

Unforeseen Closures:

Furthermore, if we must close due to weather-related conditions or events beyond our control (such as loss of electricity or heat, storm-related damage, or flooding), we are not liable for tuition adjustments, and full tuition will apply for that month only. If we are required to close for any of the unforeseen events listed below, no credit will be issued for the first five operational days of closure. After the first five days, families will receive a 50% tuition credit for the remaining days within that same month. Should the closure extend beyond that month, no tuition will be charged until the center reopens.

Program Agreement Form

These events include:

- Government-mandated shutdown
- Department of Health-mandated quarantine
- Pandemics
- Force majeure events

Termination of Enrollment:

Steps to Success reserves the right to terminate a child's enrollment at any time for any reason, at its sole discretion, to the fullest extent permitted by applicable law. This decision will always be made in accordance with regulations and when continued enrollment is determined not to be in the best interest of the child, other children, staff, or the program.

_____

Guardian Name

_____

Guardian Signature

_____

Date

Parental Behavior and Termination of Enrollment

The well-being and safety of our staff and children are of paramount importance to us at Steps to Success. It is crucial for all members of our community to maintain a respectful, trusting and positive environment conducive to learning and growth.

Please be informed that the directors and management of Steps to Success reserve the right to terminate enrollment of any child due to inappropriate behavior from guardians, rudeness or harassment directed towards our staff or any member of our community. This includes, but is not limited to, demeaning remarks, threats or excessive and unreasonable demands.

In situations where a parent or guardian exhibits such behavior, the daycare has the full authority to expel the child from our facility without any further discussions or inquiries. We appreciate your understanding and cooperation in upholding the values and standards of Steps to Success. Together, we can ensure a safe, nurturing and respectful environment for all.

_____

Guardian Name

_____

Guardian Signature

_____

Date

Late Arrival and Pick-Up Policy

Late Arrival Policy: To ensure the smooth operation of our daily schedule and to maintain consistency for all students, children must arrive at school no later than 10:00 AM. Arrivals after 10:00 AM disrupt classroom routines and learning activities; therefore, late arrivals will only be permitted until 11:00 AM with a valid doctor's note. Families are encouraged to plan accordingly to support their child's full participation in the day's program.

Designated Pick-Up Time: Our regular operating hours are from 8:00 AM-6:30 PM from September through mid-June and 8:00 AM-6:00 PM from mid-June through August. It is essential that all children are picked up promptly at closing time to ensure smooth operations and proper staffing. On the first late pick-up, families will receive a verbal warning. On the second late pick-up, a written warning will be issued. Beginning with the third late pick-up and for any thereafter, a $30.00 late fee will be applied to your monthly invoice.

Notification: If you anticipate being late, please notify Steps to Success as soon as possible. We understand that emergencies may arise, and timely communication is greatly appreciated.

Emergency Contacts: If a child has not been picked up within ten minutes after closing time and we have not received any communication, our staff will begin contacting the emergency contacts listed in your child's file.

_____

Guardian Name

_____

Guardian Signature

_____

Date

By signing, I acknowledge that I have read, understood and agree to adhere to the Late Arrival and Pick-up Policy of Steps to Success. I understand the importance of timely arrivals and pickups to ensure the safety and well-being of all children and staff.

Photo Release Form

Steps to Success photographs children regularly for multiple purposes, such as:

- To utilize for arts and crafts projects within the classrooms and/or center
- To share photos of children's daily activities with parents via Brightwheel
- To post on social media platforms such as Instagram and Facebook for advertising purposes

Parents must provide Steps to Success of Hollywood with permission to take photographs of their child for the purposes outlined above. Please choose one of the following photo-permission options:

☐ I grant Steps to Success of Hollywood permission to photograph my child and use for ALL purposes mentioned above

☐ I grant Steps to Success of Hollywood permission to photograph my child ONLY for Brightwheel or center based projects

Pick Up Authorization

I (we), the parents of _____, give my (our) consent for the following individual(s) to pickup my (our) child if I (we) are unable to do so.

Name:	Phone Number:

The following individual(s) are not allowed to pick up my (our) child.

1. _____

2. _____

_____

Guardian Signature

Permission for Physical Activities

I, _____, give permission for my child, _____ to participate in all physical activities, including indoor and outdoor play, structured movement activities, educational trips, and age-appropriate games and exercises at Steps to Success of Hollywood. Children participate in a variety of daily physical activities designed to support gross motor development, social skills, and overall well-being. Activities may take place in different settings, including:

- Outdoor playground time: twice daily for approximately 45 minutes, weather permitting
- Structured movement activities: games, yoga, and guided exercises
- Indoor instruction: classroom-based physical activities and learning centers
- Trips for educational purposes

All activities are supervised by trained staff and follow state and licensing safety guidelines. By signing this document, I give permission for my child to participate in both outdoor and indoor physical activities as well as school trips as part of the regular preschool program.

_____

Guardian Name

_____

Guardian Signature

_____

Date

Illness Protocol

During the school year, your child may become ill. To ensure a safe and healthy environment, the following illness protocol has been established. The information provided applies to all children admitted into our program and it is to ensure the protection of your child.

If your child has a fever, diarrhea, vomiting, persistent chest cough, green mucus or any other symptoms listed below, you must keep your child home according to the policy below.

Returning to School Policy

- Fever above 100.4 degrees: 24 hours FEVER FREE with no medication
- Strep Throat: pediatrician clearance
- Diarrhea (3 runny stools in a row): 24 hours DIARRHEA FREE
- Vomiting: 24 hours without vomiting
- Consistent yellow/green mucus: until no longer present
- Lice: pediatrician clearance
- Pink Eye: 24 hours on antibiotic drops
- Severe coughing, breathing, sore throat : pediatrician clearance

I have read and understand the Illness Protocol and Return to School Policy and agree to comply with its guidelines.

_____ _____

Guardian Name Guardian Signature

Discipline Policy

Steps to Success believes that discipline is about teaching, not punishment. Children learn best in a safe, nurturing environment where they can make mistakes, express feelings, and practice self-control with guidance from caring adults. Methods of positive discipline should be age-appropriate and adhere to developmental appropriate practices of the children.

Positive Discipline Guidelines:

1. Modeling: Demonstrating respectful communication, empathy, and problem-solving.
2. Clear Expectations: Establishing clear classroom expectations and rules that promote respect, safety, and responsibility, ensuring children understand what is expected of them.
3. Positive Reinforcement: Acknowledging appropriate behavior and cooperation through meaningful praise and encouragement that promotes personal accomplishment and satisfaction.
4. Redirection: Guiding a child toward a more appropriate activity when behavior becomes unsafe or disruptive.
5. Calm-Down Time / Reflection Space: Offering a calm, supervised space for a child to regain control and rejoin the group when ready. This is not isolation or punishment but an opportunity to reset.

When Challenging Behavior Occurs:

1. Observation & Documentation: Teachers will document behavior patterns, triggers, and strategies for redirection that have been implemented.
2. Family Communication: Parents are informed promptly of our observations and invited to discuss an appropriate course of action.

Discipline Policy

3. External Support: If behaviors persist, referrals may be made for developmental or behavioral consultation with parent consent.
4. Suspension / Expulsion (Last Resort): The program will make every effort to avoid suspension or expulsion. If safety concerns persist despite interventions, the director will meet with the family to discuss options, including referrals to more supportive settings.

Our discipline policy is rooted in respect, empathy, and guidance. By focusing on teaching rather than punishing, we help children build lifelong social and emotional skills, and we ensure a positive, safe, and inclusive environment for students, teachers, and families alike.

_____
Guardian Name

_____
Guardian Signature

_____
Date

Expulsion Policy

Steps to Success believes that every child deserves a safe, supportive, and inclusive learning environment where their individual needs are supported and met. Expulsion is a last resort. We prioritize guidance, redirection, and individualized support to help children learn appropriate behaviors. However, repeated or severe behaviors that threaten the safety or well-being of others may result in suspension or expulsion. Such behaviors are outlined below:

Biting Policy

Biting is a common yet concerning behavior that can occur in early childhood settings. While it can be a normal part of development for some children, it also requires consistent guidance and monitoring.

I. Understanding Why Biting Happens

Children may bite for various reasons, including:

- Teething or oral stimulation
- Limited verbal skills or frustration in communication
- Exploration and sensory curiosity
- Attention-seeking behavior
- Emotional regulation challenges (anger, anxiety, excitement)

2. Developmental Biting

When biting is determined to be developmental (related to age, teething, or frustration due to limited language skills):

- Teachers will redirect and model appropriate behavior ("We use our words, not our teeth").
- The child will be closely supervised and shadowed to prevent further incidents.
- The incident will be documented and communicated to the parents of both children involved.
- If biting continues after several instances and classroom strategies are not effective, the child may be referred for further evaluation (e.g., early intervention, behavioral consultation) to better understand and support their needs.

Expulsion Policy

3. Behavioral Biting

When biting is determined to be behavioral (used to control, intimidate, or intentionally hurt others), a three-strike policy will apply:

- First incident: Parents will be notified and the behavior documented. Staff will implement behavior guidance strategies and increase supervision.
- Second incident: A parent-teacher conference will be scheduled to develop a joint behavior support plan.
- Third incident: The child may be temporarily suspended or dismissed if the behavior continues to pose a safety risk to others.

4. Parent Communication

Parents are always informed on the same day a biting incident occurs. Confidentiality is maintained—names of other children involved are not shared. We value open communication and collaboration with families to ensure consistency between home and school strategies.

Emotional or Behavioral Distress

When a child's actions consistently compromise the physical or emotional well-being of peers or staff, or when the child is unable to respond to established safety guidelines, the school must prioritize the protection of all students. Despite supportive interventions and behavior plans, if these behaviors continue, it may indicate that the child's needs exceed what can safely and effectively be met within the current program setting. In such cases, expulsion may be necessary to ensure the safety and stability of the classroom environment while allowing the family to seek specialized services or settings better equipped to support the child's individual needs.

By signing below, I acknowledge that I have read, understand, and agree to abide by the Expulsion Policy at Steps to Success Preschool. I understand that failure to comply with these expectations may result in termination of my child's enrollment.

_____ _____

Guardian Name Guardian Signature

Food Activity Permission Form

To comply with Child Care Licensing and Enforcement Ordinance 65C-22.005(1)(c)2, parents and legal guardians of children attending Steps to Success must be advised in advance that children may participate in food-related activities during the school year. Parent consent to participate in special occasion food events such as group snack provided by a parent, birthday celebrations and/or similar events where food will be served. Consent must also be obtained for children to participate in learning activities where food may be consumed, such as classroom cooking activities.

	YES	NO
I give permission for my child to participate in classroom food-related learning activities such as cooking.	☐	☐
I give permission for my child to participate in events where food is provided by a parent (nut-free). Ie: holiday events	☐	☐
I give permission for my child to participate in special occasion food events such as birthday parties	☐	☐

_____

Guardian Name

_____

Guardian Signature

_____

Date

Emergency Medical Release

In the event of a medical emergency involving my child, I hereby authorize the staff of Steps to Success of Hollywood to:

- Administer first aid as deemed necessary
- Seek emergency medical care, including transportation by ambulance if required
- Allow medical professionals to treat my child as necessary to ensure their safety and well-being.

I understand that every reasonable effort will be made to contact me or the emergency contacts listed before treatment is administered, but if I cannot be reached, I authorize the attending medical personnel to provide the care they deem appropriate. I agree to assume all financial responsibility for any medical services provided.

A member of our management team will accompany your child if medical transport is needed.

☐ I give permission for my child to be transported for emergency care if absolutely necessary.

☐ I do NOT give permission for my child to be transported for emergency care.
(If not permitted, please provide instructions:)

_____
Guardian Name

_____
Guardian Signature

_____
Date

Immunization Exemption Acknowledgement Form

In accordance with Florida law and Florida Department of Children and Families (DCF) regulations, Steps to Success enrolls children who meet Florida's immunization requirements. Florida law permits children to attend childcare programs with valid medical or religious exemptions from immunizations, as documented on the appropriate state forms.

By signing below, I acknowledge and understand that children attending Steps to Success may have approved medical or religious immunization exemptions on file, as permitted by Florida law. I further understand that Steps to Success complies with all applicable state health and safety regulations and maintains required immunization and exemption documentation for enrolled children.

I acknowledge that Steps to Success cannot disclose the immunization status of any individual child and that enrollment indicates acceptance of this policy.

_____

Guardian Name

_____

Guardian Signature

_____

Date

Parent/Guardian Consent to Access Child Records

I, _____, give permission for the staff and management of Steps to Success of Hollywood to access my child's, _____, file. This includes all documentation necessary for enrollment, health and safety compliance, progress monitoring, and any additional records required to support my child's participation in the program. I understand that all information will be kept confidential and used solely for educational and administrative purposes.

_____

Guardian Name

_____

Guardian Signature

_____

Date

Child's Personal Password

For the safety and privacy of all children, Steps to Success of Hollywood requires each parent or guardian to provide a personalized password. This password will be used to verify your identity during any phone calls regarding your child. We will not release information, authorize pick-ups, or discuss your child's records over the phone without this password on file.

You may create any password you wish, but please limit it to 5-8 characters.

Password: _____

_____
Guardian Name

_____
Guardian Signature

_____
Date

Know Your Childcare Facility

I, ---------- , have received the Know Your Child Care Facility brochure and have carefully read and understood it.

_____

Guardian Name

_____

Guardian Signature

_____

Date

STATE OF FLORIDA
School Entry Health Exam

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

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.
(Please explain any "Yes" answers in the space provided below.)

1. Yes ☐ No ☐ Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes ☐ No ☐ Any other specific illness or social/emotional or behavioral problems?
3. Yes ☐ No ☐ Any allergies (food, insects, medication, etc.)?
4. Yes ☐ No ☐ Any prescription medication (daily or occasionally)?
5. Yes ☐ No ☐ Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes ☐ No ☐ Any hospitalization, operation, or major illness (specify problem)?
7. Yes ☐ No ☐ Any significant injury or accident (specify problem)?
8. Yes ☐ No ☐ Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

_____

_____

_____

_____

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

☒ _____ _____
Signature of Parent/Guardian **Date**

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ *(check one)* Optometrist ☐ Ophthalmologist ☐	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.

Name of Child (Last, First, Middle)	Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date: _____ Month _____ Day _____ Year

(Exam must be within one year of enrollment)

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/_____	Left 20/_____	Passed ☐ Failed ☐ Referred ☐	Hearing – Right	Passed ☐ Failed ☐ Referred ☐
Vision - With Glasses	Right 20/_____	Left 20/_____		Hearing – Left	Passed ☐ Failed ☐ Referred ☐

Gross dental (teeth and gums)	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Head/scalp/skin	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Eyes/Ears/Nose/Throat	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Chest/Lungs/Heart	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Abdomen	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Postural assessment	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____

TB risk assessment done ☐ ***(Please review Targeted Testing Guidelines listed below.)***

This child has the following problems that may impact the educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: _____

☐ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

☐ This child may participate fully in school activities including physical education.

☐ This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
☒	___/___/___	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. ***Do not record administration of any TB test or related information on this form.***

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

FLORIDA DEPARTMENT OF HEALTH

FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MO/DA/YR)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes" for information and instructions on form completion. Guidelines are available at: http://us/disease_ctrl/immune/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A					
DT	B					
Td/Tdap	C					
Polio	D					
Hib	E					
MMR (Combined)	F					
(Separate)	G, H,					
		Measles (dose 1)	*Measles (dose2)*	*Mumps (dose 1)*	*Mumps (dose 2)*	
	I					
		Rubella (dose 1)	*Rubella (dose 2)*			
Hepatitis B	J					
Varicella	K					
Varicella Disease	L					
		Year				
PneumoConju						

Select appropriate box(es)
Certificate of Immunization for K-12

☐ **Part A-Complete**

Part A (Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7th grade {and for grades kindergarten through 12.} I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance as documented above.) DOE Code 1

Temporary Medical Exemption **Expiration date:** _____

☐ **Part B-Temporary**

Part B (For children in day care, family day care homes, preschool and kindergarten grades through 12 who are incomplete for immunization in Part A) **Invalid without expiration date**. DOE Code 2

Permanent Medical Exemption

☐ **Part C-Permanent**

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)
DOE Code 3 _____
I certify the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name

_____
_____
_____

Physician or
Authorized Signature: _____
Issued By: _____
Date: _____

SAMPLE

FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-22.011 Florida Administrative Code

PATIENT	TEST		01/01/2006
Last Name	**First Name**	**MI**	**DOB**
MOM PATIENT		9900001032	
Parent or Guardian	Child's SS# (optional)	State Immunization ID#	

Directions:

* *For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.*

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A					
DT	B					
Td/Tdap	C				*Booster*	
Polio	D					
HIB	E					
MMR (Combined)	F					
(Separate)	G,H	*Measles (dose 1)*	*Measles (dose 2)*	*Mumps (dose 1)*	*Mumps (dose 2)*	
	I	*Rubella (dose 1)*	*Rubella (dose 2)*			
Hepatitis B	J					
Varicella	K					
Varicella Disease	L	*Year*				
PneuConju						

Certificate of Immunization for K-12

PART A (Immunizations are complete for school entry and attendance for grades kindergarten through 12.) DOE Code 1

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name:
BUREAU OF IMMUNIZATION
2585 MERCHANTS ROW BLVD
TALLAHASSEE, FL 32399

Physician or Authorized Signature: TEST DOCTOR
Electronic Certification: MD4N6GWBLG9
Date: 07/03/2007
Issued By: TEST USER

Form DH-680, 01-07 Stock Number: 574009906800

SAMPLE

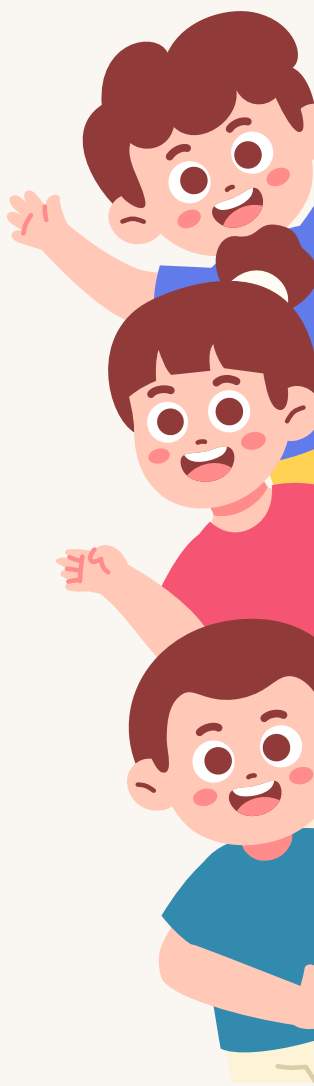
Let's Get Social!

Follow us on Instagram:

@stepstosuccess_hollywood

STEPSTOSUCCESS_HOLLYWOOD





2027 Calendar of Closures

Monday, January 4	Classes Resume
Monday, January 18	Martin Luther King Jr. Day
Monday, February 15	Presidents Day
Friday, March 26	Good Friday
Wednesday, April 21	Passover - 3PM Early Closure
Monday, May 31	Memorial Day
Monday, July 5	Fourth of July (Observed)
Tuesday, August 31	Professional Development Day
Monday, September 6	Labor Day
Friday, October 1	Rosh Hashanah - 3PM Early Closure
Monday, October 11	Columbus Day/Yom Kippur
Thursday, November 11	Veterans Day
Thursday, November 25 - Friday, November 26	Thanksgiving Break
Friday, December 24 - Friday, December 31	Winter Break

Monday

Breakfast: Greek Yogurt with Granola/ Sliced Oranges
Lunch: Homemade Vegetable Soup/ Grilled Cheese/ Sliced Tomatoes
Snack: Cous Cous with Baked Salmon/ Sliced Bananas

Tuesday

Breakfast: Syrniki with Jam/ Sliced Pears
Lunch: Homemade Borscht Soup/ Chicken Nuggets/ Sliced Cucumbers
Snack: Shell Pasta with Ground Beef/ Sliced Apples

Wednesday

Breakfast: Homemade Oatmeal/ Sliced Melon
Lunch: Homemade Chicken Noodle Soup/ Mozzarella Sticks/ Sliced Cucumbers
Snack: Meatballs with Quinoa/ Sliced Bell Peppers

Thursday

Breakfast: Homemade Crepes with Berries/ Yogurt
Lunch: Homemade Creamy Tomato Soup/ Tater Tots/ Sliced Cucumbers
Snack: Baked Chicken with Buckwheat/ Apple Sauce

Friday

Breakfast: Cheese Omelet with Toast/ Sliced Apples
Lunch: Homemade Meatball Soup/ Turkey Panini/ Sliced Tomatoes
Snack: Chicken Dumplings with Sour Cream/ Sliced Oranges

Supply List

Please do not allow children to bring any toy items and/or candy of any sort to the daycare facility. We understand that removing these items in the morning may be challenging, but it can potentially cause conflict between the children and we strictly prohibit it. It can also be a safety hazard for students with allergies to certain food items.

- (3) Changes of Clothing 
- Sleeping Bag 
- (3) Rolls of Paper Towels 
- Silicone Bibs (12mo-2yo) 
- (1) box of tissues 
- Diapers (if needed) 
- Indoor Slippers 
- (4) Packs of Wet Wipes 
- Water Bottle 
- Laundry Bag (to put sleeping bag in) 

Please label everything with your child's first and last name! Mabel's Labels makes wonderful label for clothing and all other items.



Tips for Entering Daycare

Try to get your child into a routine several weeks before daycare begins. Less surprises for your child will make the transition easier and more comfortable.

Try to bring your child to the center during the registration process so they can become familiar with the school setting. It always helps if they have a visual picture in their minds of where they will be during their time away from you.



Speak with your children about their first day of daycare and explain the process to them. The more information you provide, the more comfortable and in control they will feel. Explain to them how their day will look and let them know you will be thinking about them!

Parents: Relax! Children can sense stress and this will be projected onto them. The less anxious you will be for your child, the smoother the transition will be. We promise they are in good hands and you may contact us anytime!

Saying Goodbye to Diapers

We are always here to help, but this is a process that requires commitment at home as well.



Start when they're showing signs of readiness. Look for indicators such as: Staying dry for longer periods - Interest in the toilet or potty - Hiding when they need to go - Discomfort with dirty diapers - Ability to follow simple instructions



Always communicate to your child what will be happening. The more informed your child is about the process, the more confidence they will have.



Get them excited about the process. Explain that they will become big boys and girls. Have them "potty train" a doll and praise the doll's success.



Celebrate the effort, not just their successes. Rewards like stickers or toys when they are successful make this a fun experience and reduces stress.



Once your child says goodbye to diapers, say hello to pull-ups! There may be accidents along the way - it's part of the process! Reassure them that they're doing a great job.

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 your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, you should consider the facility's quality indicators related to activities, caregivers, and environment.

Quality Activities

- Activities are children initiated and teacher faciliated.
- Activities include social exchanges with all children.

Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

Quality Environments

- Environments are clean, safe, inviting, confortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.

www.myflfamilies.com/childcare

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

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

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



KNOW YOUR CHILD CARE FACILITY

Know Your Child Care Facility - General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

Health Related Requirements

Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

Ratios



Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Food and Nutrition

Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

Maintain accurate records that include:

- Children's health exam/immunization record.
- Medication records.
- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and administration of medications.

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.



To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline 1.800.962.2873