



Office only (pencil)
 Physical exp _____
 Shot Record exp _____
 4c Cont exp _____
 Food Prog. App. _____

Child Care Enrollment Package/Application

Student Information:

Date of Enrollment _____
 Date of Birth _____ Sex: Female / Male

FullName _____
 Last First Middle

Child's Address _____
 E-MAIL _____

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____
 Address: _____ Address: _____
 Cell Phone: _____ Cell Phone: _____
 Employer: _____ Employer: _____
 Work Phone: _____ Work Phone: _____

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: _____
 Hospital Preference: _____
 Food Allergies: _____

ORCA is a nut free center. We provide care for children who have life threatening allergies to peanuts, tree nuts, etc...and our priority is safety. Due to this, we ask that families do not bring outside food into our center. This includes special treats, breakfast, or an extra snack. Many foods nowadays which do not contain nuts are often processed through machinery that also handles nuts. Our program participates in the USDA Childcare Food Program and NEMOURS Healthy eating habits meeting all requirements of the MY PLATE, and serving family style meals to all children.

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	Relationship to Child	Address	Work #	Cell #
	Relationship to Child	Address	Work #	Cell #
	Relationship to Child	Address	Work #	Cell #
	Relationship to Child	Address	Work #	Cell #
	Relationship to Child	Address	Work #	Cell #
	Relationship to Child	Address	Work #	Cell #

Parent or Guardian Signature _____ SS # _____ Date _____



Permission to Treat

I do hereby state that I am the parent or guardian of the said child. I hereby give permission for the appropriate facility to treat my child in the event of an emergency. I agree to be financially responsible for the child's medical treatment. I also request that I be notified if my child's condition and request that the admitting facility notify one of the other listed persons (on enrollment form) of my child's admission and condition(s).

Authorized Parent/Guardian Signature _____

Date _____

Return to School from Illness

I hereby state that I am the parent or guardian of the said child. I understand that in the event my child is ill and contagious they must be out of our facility for no less than 24 hours with a doctor's not or 48 hours without a doctor's note. I will notify the school of my child's absence and illness/illnesses diagnosed. The school reserves the right to veto the doctor's not in any case which the student's return ins hazardous to the other students/staff and or the operation of the school.

Authorized Parent/Guardian Signature _____

Date _____

Change of Information

I hereby state that I am the parent or guardian of the said child. I state that I will give any changes in writing to the office as soon as the changes take effect. If I have any questions or concerns, I will communicate with the office as necessary.

Authorized Parent/Guardian Signature _____

Date _____

Toddlers

I hereby state that I am the parent or guardian of the said child. I declare that I will provide the school with fresh diapers and sanitary wipes daily. I am aware that if I do not keep the supply stocked, and my child needs diapers or other necessary supplies, I will be notified to bring more of the necessary items or pick up my child or the center will charge my tuition account for daily diapers or a pack up to \$10.00

Authorized Parent/Guardian Signature _____

Date _____

Influenza Virus, The Flu

During the 2009 legislative session, a new law was passed that requires childcare 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.

Authorized Parent/Guardian Signature _____

Date _____

Consent to Access Records

I hereby state that I am the parent or guardian of the said child. I hereby give permission/consent to your facility and or its associates to access and review my child's records.

Authorized Parent/Guardian Signature _____

Date _____



FINANCIAL AGREEMENT

All tuition is due by Monday or Tuesday of the week or the first day the child is in attendance. Any tuition received on Wednesday will be accessed a \$10.00 late fee and an additional late fee of \$5.00 will also be added on for each day of that week. If your child is not in attendance the whole week, there is still a **weekly tuition fee** (unless excused by doctor's note). There is also a \$60.00 registration fee at the time of initial enrollment per child. If your child attends the center and miss any days during the week, the tuition rate for that week will remain the same.

Withdrawal

If for any reason you would like to withdraw your child from our facility, we require you to provide us with **two weeks notification** in writing. Parents who fail to provide a two weeks notification will be liable for up to two weeks of tuition and be subject to an additional registration fee. This also applies to any vacation time. Also, the account must be **paid current to receive end of the year tax statement.** Any child that disenrolls from the center for more than **30 days is subject to a registration fee of \$60.00**

Balances

All outstanding balances will have **late fees** accessed to it until tuition account is **PAID IN FULL.** Closed accounts that still reflect a balance are subject to legal fees, court costs.

Signature

Date



I hereby state that I am the parent/guardian of the following child. I declare that I have received, and read the Oak Ridge Children's Academy Parent Handbook, Expulsion Policy, and Discipline Policy I agree to follow all Policies and Procedures listed in the Handbook. I am also aware that Policies and Procedures are subject to change with or without notice. I agree to stay updated on any amendments and/or changes to the Parent Handbook.

Authorized Parent/Guardian Signature	Date	Name of Child
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Distracted Adult Acknowledgement:

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:

April 2019	September 2019
Parent Signature	Parent Signature

Please Check child's file

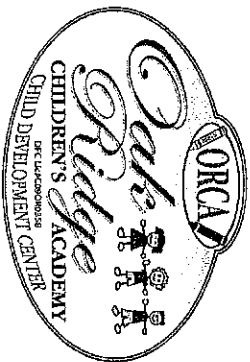
April 2020	September 2020
Parent Signature	Parent Signature

April 2021	September 2021
Parent Signature	Parent Signature

April 2022	September 2022
Parent Signature	Parent Signature

1118 W. Oak Ridge Road
Orlando, Florida 32809

Phone (407) 855-0080
Fax (407) 855-8223



Non-Vaccination Policy:

I understand that some children that are enrolled at Oakridge Children's Academy ARE NOT VACCINATED due to religious beliefs, parent consent, or medical exemptions. In case of an outbreak of one of the vaccines the child whom is not immunized will be excluded from care until proper documentation has been submitted for the child to return.

For children whom are not vaccinated the DH-681 form will be kept on file in order to facilitate identification of any unimmunized children.

Parent Name	Parent Signature	Date
_____	_____	_____

Media Release Form

I, _____ give permission for Oak Ridge Children's Academy staff and its associates to take pictures, videotape, and record audio of my child/minor to assist them in the technical assistance effort of improving early childhood development. I understand that these materials will be used to document Early Childhood Quality Improvement efforts in our community but may be more widely distributed. I hereby assign Oak Ridge Children's Academy and its associates, without limitations, the rights to edit, reproduce, copy, exhibit, publish or distribute such materials as part of their efforts.

Authorized Parent/Guardian Signature

Date



Describe any unusual family circumstances, which the center staff should be aware of such as death, divorce, adoption, abuse, etc. (Please keep in mind all information is confidential. Also indicate what the child has or has not been told)

Are there any foods you child may not or cannot eat? (Due to allergies, religious customs, etc.) _____

List behavioral Characteristics of your child..

Does you child exhibit specific fears? If so, please explain.

List any medical conditions that your child has or has had in the past.

Does you family have specific religious beliefs that we need to be aware of?

What methods of discipline do you use at home?

Section 10E-12.008 (2) F.A.C requires that parents must receive a copy of the Child Care Facility Brochure, "Know your child's day care center". The parent's or legal guardian's signature verifies receipt of the child care brochure. Please complete the following:

I _____, Have Received a copy of the Child Care Facility Brochure, Know your Child's Day Care Center.

Signature _____ Name of Child _____ Date _____

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 fall 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.



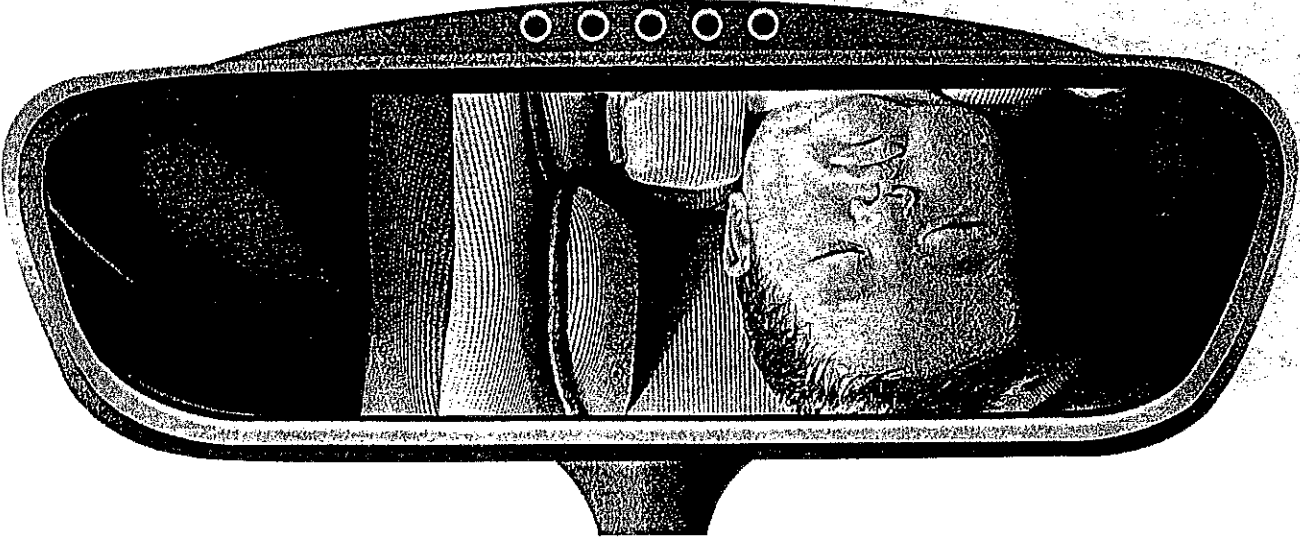
My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

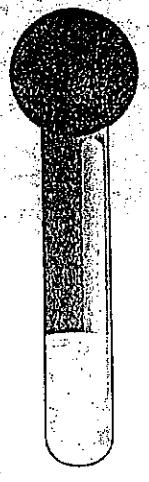
Date:

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



FACTS ABOUT HEATSTROKE:

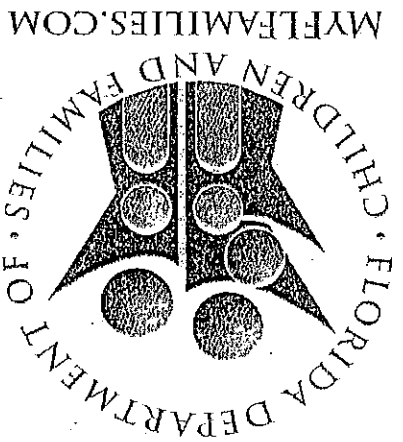
It only takes a car 10 minutes to heat up 20 degrees and become deadly. Even with a window cracked, the temperature inside a vehicle can cause heatstroke. The body temperature of a child increases 3 to 5 times faster than an adult's body.



PREVENTION TIPS:

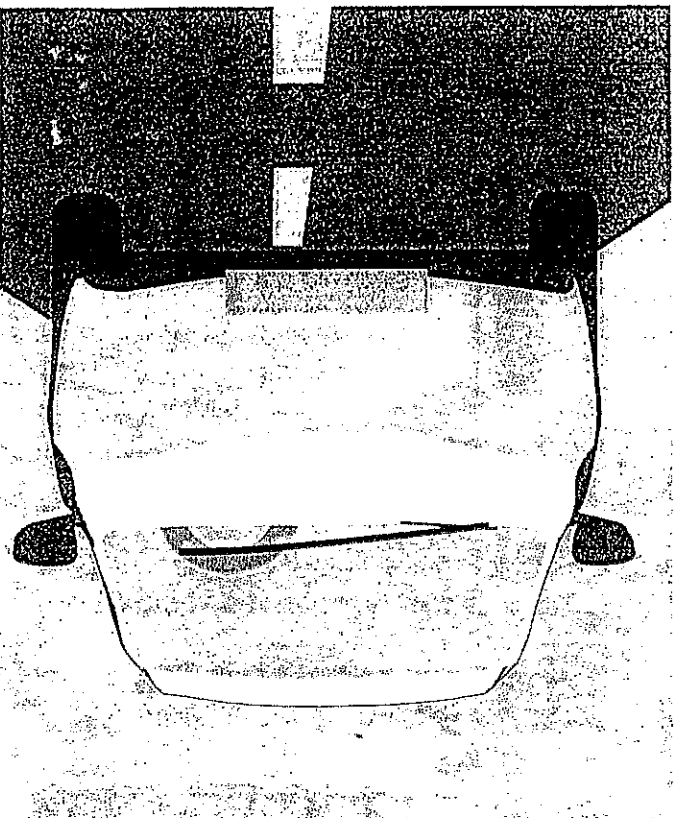
- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create 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.

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**





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

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

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

Name: _____

Child's Name: _____

Date Received: _____

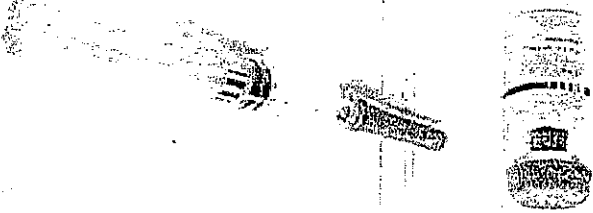
Signature: _____

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



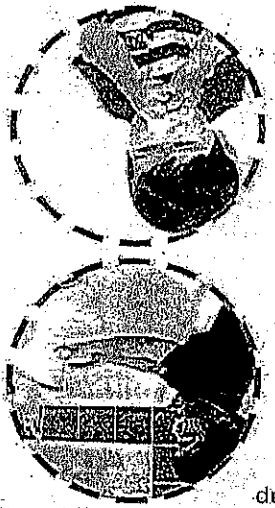
How can I protect my child from the flu?

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.



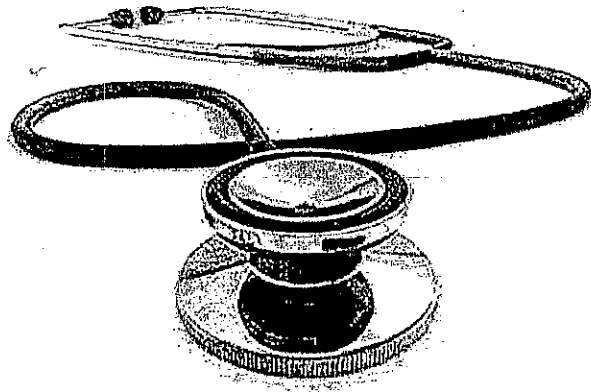
When should my child stay home from child care?

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?

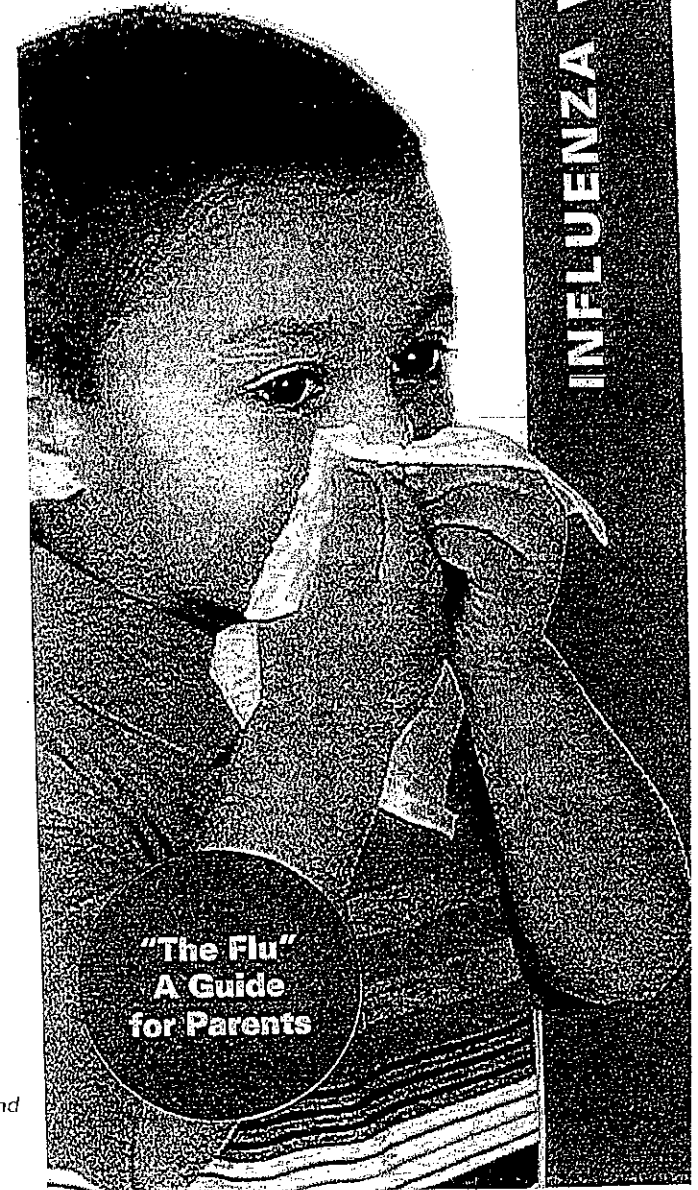
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between 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/RI 175-70, June 2009

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



CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Oak Ridge Children's Academy, Inc.
 1118 W. Oak Ridge Rd.
 Orlando, FL 32809
 407-855-0080

Center Name & Address:

Instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: ()

Are the following eligible for all infants and children through age 6 that reside in the household, even if not related (include child's name and form number):

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

P. 3. If YES, enter one of the following case numbers, then go to STEP 4.

Number: _____ or TANF Case Number _____

Child income and adult household member information (see reverse side for what types of income to report) (SKIP THIS STEP IF YOU LISTED ABOVE IN STEP 2)

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.
 Parent's income: \$ _____
 How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

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 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 who 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.

Household Member's 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
	\$ / Weekly Bimonthly Monthly / Twice a Month Annually	\$ / Weekly Bimonthly Monthly / Twice a Month Annually	\$ / Weekly Bimonthly Monthly / Twice a Month Annually

Information on adult household member's signature: _____ Last four digits of Social Security Number (SSN) or adult household member: _____ If no SSN, write "none."

I am certifying (promising) that all information on this application is true and that all income is reported, understand that this information is being given in connection with the receipt 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.

(if available): _____ Street Address, City, State, Zip Code _____ Daytime phone #: () _____

Adult household member: _____ Printed name: _____ Date signed: _____
 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. 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 _____

Other (more): _____ American Indian or Alaskan Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____
 Eligibility: FAP/SNAP or TANF Household Foster Child Total Household Size: _____ Total Household Income: \$ _____

Nation: Free Reduced-Price Non-needly How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually
 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
 Family Status: Income too High Incomplete Application Other Reason: _____

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.

Day	Normal Hours in Care	Meals Normally Received While in Care
Mon - Fri	a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are not the same every day, please complete this chart.

Monday	a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____