

Little Angels DAYCARE AND LEARNING CENTER

STANDARD ENROLLMENT FORM

CHILD'S INFORMATION

ENROLLED ON : ___/___/___

LAST NAME: _____ FIRST: _____ MI: _____ SEX: _____ D.O.B. ___/___/___
 ADDRESS: _____ CITY: _____ ZIP: _____

PARENT/GUARDIAN INFORMATION:

How did you hear about us? _____

PRIMARY

LAST NAME: _____ FIRST: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (____)____-____ WORK: (____)____-____ EXT# _____ CELL: (____)____-____

PLACE OF EMPLOYMENT: _____ E-MAIL: _____

SECONDARY

LAST NAME: _____ FIRST: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (____)____-____ WORK: (____)____-____ EXT# _____ CELL: (____)____-____

PLACE OF EMPLOYMENT: _____ E-MAIL: _____

MARITAL STATUS BETWEEN PARENTS: (circle) SINGLE MARRIED SEPARATED DIVORCED
 IF DIVORCED INDICATE SPECIAL PROCEDURE AND/OR RESTRICTIONS: _____

EMERGENCY CONTACT (AT LEAST ONE OTHER PERSON NOT LISTED ABOVE IS MANDATORY)

LAST NAME: _____ FIRST: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (____)____-____ WORK: (____)____-____ EXT# _____ CELL: (____)____-____

LAST NAME: _____ FIRST: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (____)____-____ WORK: (____)____-____ EXT# _____ CELL: (____)____-____

PLEASE LIST ANY ALLERGIES YOUR CHILD MAY HAVE OR OTHER MEDICAL CONCERNS : _____

EMERGENCY CARE AUTHORIZATION: I CERTIFY THAT I AM THE LEGAL GUARDIAN OF THE CHILD NAMED ABOVE, AND GIVE CONSENT FOR EMERGENCY MEDICAL CARE, SURGICAL TREATMENT, AND/OR TRANSPORTATION TO A CARE FACILITY, SHOULD MY CHILD'S CONDITION REQUIRE IT IN MY ABSENCE. I UNDERSTAND THAT, TIME AND CONDITIONS PERMITTING, REASONABLE ATTEMPTS WILL FIRST BE MADE TO CONTACT ME AND ANY DESIGNATED EMERGENCY CONTACTS IN SUCH CASE. I HERBY ASSUME ALL RESPONSIBILITY FOR SUCH ACTIONS TAKEN ON BEHALF OF MY CHILD.

FURTHERMORE I UNDERSTAND THAT THE ABOVE INFORMATION IS AN INTEGRAL PART OF MY CHILD'S RECORD. THE CENTER WILL DEPEND ON THE ACCURACY OF THE INFORMATION PROVIDED FOR MY CHILD'S SAFETY.

PARENT/ LEGAL GUARDIAN: _____ DATE ___/___/___
 SIGNATURE OF AGREEMENT

Little Angels DAYCARE AND LEARNING CENTER

STANDARD ENROLLMENT FORM AUTHORIZATION FOR CHILD PICK-UP

CHILD'S FULL NAME _____

LIST THE NAMES OF **ALL** INDIVIDUALS ALLOWED TO PICK-UP AND REMOVE YOUR CHILD FROM OUR FACILITY. ANY PERSON NOT ON THIS LIST WILL NOT BE ALLOWED TO PICK UP YOUR CHILD. THIS LIST CAN ONLY BE UPDATED IN PERSON AT OUR FRONT OFFICE. WE WILL NOT ACCEPT PHONE CALLS, EMAILS, FAX, LETTERS, OR ANY OTHER TYPE OF NOTICE FOR REQUEST TO ADD OR REMOVE AN INDIVIDUAL. ALL PERSONS ON THIS LIST MUST PRESENT A STATE ISSUED PHOTO I.D. UPON PICK-UP OF CHILD, PERSONS WITHOUT I.D. WILL NOT BE ALLOWED TO REMOVE YOUR CHILD. IT IS YOUR RESPONSIBILITY TO MAINTAIN AN ACCURATE PICK-UP LIST.

PERSON(S) AUTHORIZED TO PICK-UP YOUR CHILD:

PRINT FULL NAME:

RELATIONSHIP TO CHILD:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

SPECIAL INSTRUCTIONS: _____

PARENT/LEGAL GUARDIAN (PRINT FULL NAME) _____

SIGNATURE OF APPROVAL: _____

DATE: ____ / ____ / ____

Little Angels DAYCARE AND LEARNING CENTER

STANDARD ENROLLMENT FORM

CONSENT AND RELEASE

CHILD'S FULL NAME _____

READ THE FOLLOWING STATEMENTS AND SIGN TO INDICATE FULL UNDERSTANDING

(1) SEEKING PRIVATE CARE DISCLOSURE

I (PARENT/GUARDIAN OF ABOVE NAMED CHILD) DO HERBY RELEASE AND HOLD HARMLESS LITTLE ANGELS DAYCARE AND LEARNING CENTER FROM ANY LIABILITY OR ACCIDENT THAT MAY OCCUR SHOULD I RETAIN THE SERVICES OF ANY LITTLE ANGELS DAYCARE AND LEARNING CENTER EMPLOYEE, FOR THE PRIVATE CARE OF MY CHILD, OUTSIDE THE CHILD CARE FACILITY.

PARENT/LEGAL GUARDIAN: _____ DATE: ____/____/____
SIGNATURE OF ACKNOWLEDGEMENT

(2) FILM, PHOTOGRAPHY, VIDEO SURVEILLANCE DISCLOSURE

I (PARENT/GUARDIAN OF ABOVE NAMED CHILD) HERBY GIVE LITTLE ANGELS DAYCARE AND LEARNING CENTER, ABSOLUTE RIGHT AND PERMISSION TO MONITOR AND RECORD MY CHILD ON SECURITY SURVEILLANCE CAMERAS THAT ARE INSTALLED ON SITE. I ALSO CONSENT TO MY CHILD BEING PHOTOGRAPHED FOR ART, MEDIA, OR ADVERTISING PURPOSES, AND UNDERSTAND THAT HIS/HER FULL NAME WILL NEVER BE USED OR MADE AVAILABLE TO THE PUBLIC.

PARENT/LEGAL GUARDIAN: _____ DATE: ____/____/____
SIGNATURE OF ACKNOWLEDGEMENT

(3) DISCIPLINE POLICY

ARTICLE IV. C, 5, PBC RULES REQUIRES THAT I (PARENT/GUARDIAN OF ABOVE NAMED CHILD) BE NOTIFIED IN WRITING OF THE DISCIPLINARY PRACTICES USED BY THE CHILD CARE FACILITY. I HAVE RECEIVED THIS DISCIPLINARY POLICY IN THE PARENT HANDBOOK MADE AVAILABLE TO ME, AS WELL AS OUTLINED BELOW.

"HERE AT LITTLE ANGELS DAYCARE AND LEARNING CENTER, WE USE PRAISE AND POSITIVE REINFORCEMENT AS OUR FORM OF DISCIPLINE. WE BELIEVE POSITIVE ATTENTION AND MOTIVATION WILL LEAD TO POSITIVE BEHAVIOR. WE ARE HONORED TO BE A PART OF YOUR CHILD'S LIFE, AND ARE GRATEFUL FOR THE OPPORTUNITY TO TEACH YOUR CHILD. "

PARENT/LEGAL GUARDIAN: _____ DATE: ____/____/____
SIGNATURE OF ACKNOWLEDGEMENT

Little Angels DAYCARE AND LEARNING CENTER

STANDARD ENROLLMENT FORM FAQ's Regarding RULES & REGULATIONS

The following is an outline of some of the most frequently asked questions. **You are still required to read the entire PARENT HANDBOOK** for all the rules and regulations governing our child care facility.

Tuition Obligations:

PAYMENTS ARE DUE ON FRIDAYS OF THE WEEK BEFORE! We allow you to make payments on Mondays, because we understand that sometimes there are issues. ANY payment made after Monday, will result in a **late fee of \$10.00 per day**, for every day after the due date. **NO EXEPTIONS!**

Attendance/ Holidays:

CLOSED ON: *New Years Day, Good Friday, Memorial Day, and Fourth of July, Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Day.* Although that on these Holidays our facility will be closed, **you are still obligated to pay your dues for that week**, including Holidays. Your child is allowed to be absent for **TWO** weeks, per year, without tuition dues dependent on proper notification & authorization. If child is absent for more than two weeks, or w/o authorization, tuition will be due in order for your child's place to be reserved here at Little Angels Daycare & Learning Center.

Overview of frequently asked policies:

- **Each Child Must Have** a change of clothes, blanket, as well as a current Physical & Shot Records on a 'State of Florida Health Form'.
- **ANY CHILD THAT IS NOT COMPLETELY POTTY-TRAINED** (including those still in training) will need to **bring Diapers & Wipes Daily**. Our facility **does not** provide diapers or wipes, nor do we have 'extras'.
- We are open 6:00a to 6:30p, however that does not mean that we recommend a child to stay at the facility for that entire time. It is unethical, and negligent for your child to stay more than ten hours daily. We open early and close late in order to accommodate those parents that have early/ or late shifts, please be considerate of your child's emotional needs.
- **Late pick-up fee** is as follows: \$5.00 - Every Minute You are Late
- Breakfast Lunch and Snack will be provided daily. It is your responsibility to make sure that they arrive in time for each meal. **BREAKFAST ENDS AT 8:45am!**
- **NO CHILD** will be permitted to enter our center after cut-off time , 9:59am!
- **All children enrolling ages 3+ must be fully potty trained, failure to disclose this may lead to termination from our care.**
- **NO OUTSIDE** food, toys, or personal belongings are to be brought into our center.
- **YOU MUST MAINTAIN** your child's immunization Records AND Physical Up-To-Date!
- **ENSURE** that all your contact numbers are up-to-date, and **PICK UP LIST** is current.
- **YOU ARE RESPONSIBLE** for informing all those authorized to pick up your child regarding the appropriate sign in/out procedures.

Thank you for your understanding in these matters, please know that these obligations are in order to ensure a safe, fun, and developmental learning environment for your child. We do our part; we need each parent to do theirs. If you have any questions or concerns, please don't hesitate to contact us.

PARENT HANDBOOK STATEMENT

NAME OF CHILD: _____

On ___/___/___

I, _____
(Name of Parent or Legal Guardian)

Received, Read, & FULLY UNDERSTOOD Little Angels Daycare and Learning Center's "Parent Handbook". Moreover, I understand that I am responsible for knowing and complying with all Rules & Regulations covered in the handbook. If any information changes, I will be advised in writing.

(Signature of Acknowledgement by Parent or Legal Guardian)

Little Angels DAYCARE AND LEARNING CENTER

STANDARD ENROLLMENT FORM

Attendance Policy: PROPER SIGN IN/OUT PROCEDURES

The Following Is Mandated BY STATE LAW

Upon enrolling your child at our facility you have agreed to our Rules and Regulations. I cannot stress enough how important it is for you to take responsibility in signing in and out your child every day. It has been brought to our attention by Health Department inspectors that this issue will no longer be tolerated.

Therefore, **if you do not cooperate your child will be denied entrance into our facility.**

PALM BEACH COUNTY RULES & REGULATIONS GOVERNING CHILD CARE FACILITIES (Article XV Section E.)

Attendance logs

- a) Daily attendance of children shall be recorded by the child care facility personnel, documenting the time when each child enters and departs the child care facility or program. The custodial parent, guardian, or other person who drops off the child, or the authorized person who picks up the child shall be made to sign the child in or out as the case may be.
- b) An attendance log shall be maintained for each class or group. This log must contain the names of all children assigned to the class or group, and shall show all children present in the class or group, and those students absent from the class, at any given time.
- c) To assure adherence to these rules, each child care facility, shall maintain and keep at the facility for no less than one (1) year, a daily attendance log identifying by name all children attending the child care facility on that day as well as a sign-in/sign-out log signed by the person who dropped off and picked up the child on that day.
- d) Drop-in child care facilities shall also maintain a sign-in/sign-out daily attendance log, including day, date, time of arrival and departure, and signatures of the parent obtained at drop-off and pick-up.
- e) Child care personnel shall ensure that attendance records are complete and accurate, since these records are important in accounting for children during emergencies and other incidents.

LITTLE ANGELS DAYCARE AND LEARNING CENTER PARENT HANDBOOK (Section IV. Policies & Regulations No. 18 Arrival/Departure)

18. ARRIVAL/ DEPARTURE: All children MUST be SIGNED IN & OUT DAILY!
This is not only mandatory, but a safety precaution as well.

It is **your** responsibility to inform anyone picking up your child on where and how to properly sign in&out.
***SIGN with Full Name Daily, *with correct time, *BLUE ink only.* DO NOT sign ahead!**

BY SIGNING THIS FORM YOU ACKNOWLEDGE FULL CONSENT TO OUR ATTENDANCE POLICY AND UNDERSTAND YOUR OBLIGATION TO COMPLY,

CHILD's NAME: _____

PRINT PARENT(Guardian) FULL NAME: _____

Signature : _____ DATE: ____/____/____

Little Angels DAYCARE AND LEARNING CENTER

STANDARD ENROLLMENT FORM

Child Care Facility Brochure & Influenza Virus Brochure

[BOTH Brochures are at the back of this enrollment packet.]

CHILD'S NAME: _____

Child Care Facility Brochure Statement

On ___/___/___

I, _____
(Name of Parent or Legal Guardian)

Received a copy of the "Know Your Child Care Center" pamphlet.

Signature of Parent or Legal Guardian: _____

Influenza Virus Brochure Statement

On ___/___/___

I, _____
(Name of Parent or Legal Guardian)

received a copy of the "The Flu' A Guide for Parents" pamphlet.

Signature of Parent or Legal Guardian: _____

***THESE BROCHURES WILL BE PROVIDED ANNUALLY AND WILL BE REQUIRED TO ACKNOWLEDGE RECEIPT BY FORM OF SIGNATURE ANNUALLY AS WELL.**

TRANSPORTATION PERMISSION

This Section is only for School Aged children (Kindergarten through 5th Grade)

I hereby give permission to Little Angels Daycare and Learning Center LLC, located at 2927 Ranch House Rd West Palm Beach Florida 33406, to pick up my child from their elementary school and transport them to our facility so that they can attend Little Angels Daycare and Learning Center LLC for after school care. They will be transported in a Health Department inspected & approved vehicle from their school & the vehicle may stop at other schools to pick up more students before dropping your child off at our facility. By you signing this permission, you acknowledge that you are giving the Little Angels Daycare & Learning Center LLC, and it's Employees permission to transport your child from their school to our facility in order to participate in the aftercare program provided by Little Angels Daycare & Learning Center LLC. Furthermore, you understand that failure or declining to sign will result in your child not being provided transportation.

PARENT/LEGAL GUARDIAN: _____ DATE: ___/___/___
SIGNATURE OF AGREEMENT

CHILD CARE FOOD PROGRAM FREE ... D REDUCED-PRICE MEAL APPLICATION

2427 Ranch House Rd.
wps, Fl. 33406

Center Name & Address: Little Angels Daycare & Learning Center (561) 689-7310

Child's Name: _____

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

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 4.

FAP/ SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: 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)

A. 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.

Total children's income: \$ _____

How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

B. 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
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (children and adults): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 4: 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 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: _____

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1-009-12

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

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/ISNAP) 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 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/ISNAP 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: 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 4. If you are applying for foster and non-foster children, complete STEPS 1, 3, and 4. 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: A. Enter the total income received by all children listed in STEP 1, then check how often the income is received. B. 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 4: 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
Social Security	• A child is blind or disabled and receives Social Security benefits	• Salary, wages, cash bonuses	• Unemployment benefits
• Disability Payments	• A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Net income from self-employment (farm or business)	• Worker's compensation
• Survivor's Benefits	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military:	• Supplemental Security Income (SSI)
Income from person outside the household	A child receives regular income from a private pension fund, annuity, or trust	• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	• Cash assistance from State or local government
Income from any other source		• Allowances for off-base housing, food and clothing	• Alimony payments
			• Child support payments
			• Veteran's benefits
			• Strike benefits
			• Pensions/Retirement/All Other Income
			• 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

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/ISNAP) 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/ISNAP 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 educational, 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

Florida Department of Health

Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: Little Angels Daycare & Learning Center

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. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input checked="" type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack <input checked="" type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	_____ a.m. to _____ 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. to _____ 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. to _____ 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. to _____ 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. to _____ 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. to _____ 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. to _____ 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: _____

Little Angels DAYCARE AND LEARNING CENTER

STANDARD ENROLLMENT FORM CHILD NUTRITION PLAN

ARTICLE XII, B, PBC RULES REQUIRE THE PARENT AND CENTER COMPLETE AND "ALTERNATE NUTRITION PLAN AGREEMENT"

LITTLE ANGELS DAYCARE AND LEARNING CENTER WILL PROVIDE THE FOLLOWING MEALS & SNACKS:

BREAKFAST
*8:00am-8:45pm

NOON MEAL
*11:00am-11:30am

P.M. SNACK
*2:30pm

INDICATE SPECIAL DIETARY REQUIREMENTS FOR YOUR CHILD: _____

I UNDERSTAND AND APPROVE THE "ALTERNATE NUTRITION PLAN" SET FORTH BY THE CENTER, AND HAVE REVIEWED THE MENU PROVIDED TO ME. I UNDERSTAND IN THE EVENT OF A MENU CHANGE A NEW COPY WILL BE PROVIDED. FURTHERMORE, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE MY CHILD IS AT THE FACILITY IN TIME TO RECEIVE MEALS, AND AGREE TO PROVIDE ANY OTHER MEALS AND/OR SNACKS NOT PROVIDED OR MISSED, TO MEET MY CHILD'S NUTRITIONAL AND DIETARY NEEDS.

PARENT/ LEGAL GUARDIAN: _____ DATE: ____/____/____

4 Weeks of Rotating Menus (continued on reverse side.)

Week #	Meal	Food Item	Serving Size Information for different age groups:			Lunch	Food Item	Serving Size Information for different age groups:			Snack	Food Item	Serving Size Information for different age groups:		
			1 & 2	3 to 5	6 to 18			1 & 2	3 to 5	6 to 18			1 & 2	3 to 5	6 to 18
Monday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz
	Veg/Trif	Banana (1/4 cup)	1/4 cup	1/4 cup	1/2 cup	Veg	Broccoli & Cauliflower	1/4 cup	1/4 cup	1/2 cup	Veg	Van	Van	1/4 cup	1/4 cup
	Grain/rd	Hot Cereal (1/2 cup)	1/4 cup	1/4 cup	1/2 cup	Meat/nt all	Meat/nt all	1 oz	1/2 oz	2 oz	Meat/nt all	Meat/nt all	1/4 serving	1/2 serving	1 serving
Tuesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz
	Veg/Trif	Mixed Fruit	1/2 cup	1/2 cup	1/2 cup	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg	Van	Van	1/4 cup	1/4 cup
	Grain/rd	Whole Wheat Pasta (1/2 cup)	1/2 cup	1/2 cup	1/2 cup	Meat/nt all	Meat/nt all	1 oz	1/2 oz	2 oz	Meat/nt all	Meat/nt all	1/4 serving	1/2 serving	1 serving
Wednesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz
	Veg/Trif	Apple Sauce	1/4 cup	1/4 cup	1/2 cup	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg	Van	Van	1/4 cup	1/4 cup
	Grain/rd	Hot Cereal (1/2 cup)	1/4 cup	1/4 cup	1/2 cup	Meat/nt all	Meat/nt all	1 oz	1/2 oz	2 oz	Meat/nt all	Meat/nt all	1/4 serving	1/2 serving	1 serving
Thursday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz
	Veg/Trif	Apple Sauce	1/4 cup	1/4 cup	1/2 cup	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg	Van	Van	1/4 cup	1/4 cup
	Grain/rd	Hot Cereal (1/2 cup)	1/4 cup	1/4 cup	1/2 cup	Meat/nt all	Meat/nt all	1 oz	1/2 oz	2 oz	Meat/nt all	Meat/nt all	1/4 serving	1/2 serving	1 serving
Friday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz
	Veg/Trif	Mixed Fruit	1/2 cup	1/2 cup	1/2 cup	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg	Van	Van	1/4 cup	1/4 cup
	Grain/rd	Whole Wheat Pasta (1/2 cup)	1/2 cup	1/2 cup	1/2 cup	Meat/nt all	Meat/nt all	1 oz	1/2 oz	2 oz	Meat/nt all	Meat/nt all	1/4 serving	1/2 serving	1 serving

*Serving size information means the amount of food required by cups, ounces, and individual pieces of a food item. A copy of a CN Label or Manufacturer's Analysis must be attached if a processed combination main dish item is indicated.

Week #	Meal	Food Item	Serving Size Information for different age groups:			Lunch	Food Item	Serving Size Information for different age groups:			Snack	Food Item	Serving Size Information for different age groups:		
			1 & 2	3 to 5	6 to 18			1 & 2	3 to 5	6 to 18			1 & 2	3 to 5	6 to 18
Monday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz
	Veg/Trif	Mixed Fruit	1/2 cup	1/2 cup	1/2 cup	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg	Van	Van	1/4 cup	1/4 cup
	Grain/rd	Whole Wheat Pasta (1/2 cup)	1/2 cup	1/2 cup	1/2 cup	Meat/nt all	Meat/nt all	1 oz	1/2 oz	2 oz	Meat/nt all	Meat/nt all	1/4 serving	1/2 serving	1 serving
Tuesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz
	Veg/Trif	Banana	1/2 cup	1/2 cup	1/2 cup	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg	Van	Van	1/4 cup	1/4 cup
	Grain/rd	Whole Wheat Pasta (1/2 cup)	1/2 cup	1/2 cup	1/2 cup	Meat/nt all	Meat/nt all	1 oz	1/2 oz	2 oz	Meat/nt all	Meat/nt all	1/4 serving	1/2 serving	1 serving
Wednesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz
	Veg/Trif	Apple Sauce	1/4 cup	1/4 cup	1/2 cup	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg	Van	Van	1/4 cup	1/4 cup
	Grain/rd	Whole Wheat Pasta (1/2 cup)	1/2 cup	1/2 cup	1/2 cup	Meat/nt all	Meat/nt all	1 oz	1/2 oz	2 oz	Meat/nt all	Meat/nt all	1/4 serving	1/2 serving	1 serving
Thursday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz
	Veg/Trif	Apple Sauce	1/4 cup	1/4 cup	1/2 cup	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg	Van	Van	1/4 cup	1/4 cup
	Grain/rd	Whole Wheat Pasta (1/2 cup)	1/2 cup	1/2 cup	1/2 cup	Meat/nt all	Meat/nt all	1 oz	1/2 oz	2 oz	Meat/nt all	Meat/nt all	1/4 serving	1/2 serving	1 serving
Friday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 4oz
	Veg/Trif	Banana	1/2 cup	1/2 cup	1/2 cup	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg	Van	Van	1/4 cup	1/4 cup
	Grain/rd	Whole Wheat Pasta (1/2 cup)	1/2 cup	1/2 cup	1/2 cup	Meat/nt all	Meat/nt all	1 oz	1/2 oz	2 oz	Meat/nt all	Meat/nt all	1/4 serving	1/2 serving	1 serving

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Week #	Breakfast	Food Item	Serving Size Information for different age groups:			Lunch	Food Item	Serving Size Information for different age groups:			Snack	Food Item	Serving Size Information for different age groups:		
			1 to 2	3 to 5	6 to 18			1 to 2	3 to 5	6 to 18			1 to 2	3 to 5	6 to 18
Monday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Apple Slices	1.5 cup	1.5 cup	1.5 cup	Veg	Corn	1.5 cup	1.5 cup	1.5 cup	Veg	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Grain/brd	Honey Bunches of Oats Whole Wheat	1.4 cup	1.4 cup	1 cup	Grain/brd	Mandarin Oranges	1.5 cup	1.5 cup	1.5 cup	Fruit	Crackers	1/2 portion	1 portion	1 portion
Tuesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Apple Slices	1.4 serving	1.4 serving	1.2 serving	Veg	Urea Beans & Black Beans	1.5 cup	1.4 cup	1.2 cup	Veg	String Cheese	1 portion	1 portion	1 portion
	Grain/brd	Pancakes	1 piece	1 piece	1.5 pieces	Grain/brd	Popcorn Cheddar	1 oz	1.5 oz	2 oz	Meat/mt all	Meat/mt all			
Wednesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Pineapple Tidbits	1.4 cup	1.4 cup	1.3 cup	Veg	Pear & Carrots	1.5 cup	1.4 cup	1.2 cup	Veg				
	Grain/brd	Blueberry Muffin	1 piece	1 piece	1.5 pieces	Grain/brd	Peanut Butter	1.5 cup	1.4 cup	1.2 cup	Fruit	100% Grape Juice	4 oz	4 oz	6 oz
Thursday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Pear Slices	1.4 cup	1.4 cup	1.2 cup	Veg	French Fries & Onions	1.5 cup	1.4 cup	1.2 cup	Veg	100% Apple Juice	4 oz	4 oz	6 oz
	Grain/brd	Kix Cereal (Heavy Berry Honey)	1.4 serving	1.4 serving	1.2 serving	Grain/brd	Wheat Bread	1.5 slice	1.5 slice	1 slice	Grain/brd	Original Sun Chips (Whole Grain)	1.4 serving	1 serving	1.4 serving
Friday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Kumars	1.4 cup	1.4 cup	1.2 cup	Veg	Dried Beans	1.5 cup	1.4 cup	1.2 cup	Veg				
	Grain/brd	Whole Grain Muffin	1 piece	1 piece	1.5 pieces	Grain/brd	Mandarin Oranges	1.5 cup	1.4 cup	1.2 cup	Fruit	Crackers	1.4 serving	1 serving	1.4 serving

*Serving size information means the amount of food required by cups, ounces, and individual pieces of a food item. A copy of a CN Label or Manufacturer's Analysis must be attached if a processed combination main dish item is indicated.

Week #	Breakfast	Food Item	Serving Size Information for different age groups:			Lunch	Food Item	Serving Size Information for different age groups:			Snack	Food Item	Serving Size Information for different age groups:		
			1 to 2	3 to 5	6 to 18			1 to 2	3 to 5	6 to 18			1 to 2	3 to 5	6 to 18
Monday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Apple Slices	1.4 serving	1.4 serving	1.2 serving	Veg	Corn	1.5 cup	1.4 cup	1.2 cup	Veg				
	Grain/brd	Hotdog Cakes w/ Whole Wheat	1.4 cup	1.4 cup	1.2 cup	Grain/brd	Peanut Butter	1.5 cup	1.4 cup	1.2 cup	Fruit	Crackers	1.2 serving	1.2 serving	1 serving
Tuesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Pear Slices	1.4 cup	1.4 cup	1.2 cup	Veg	Green Beans	1.5 cup	1.4 cup	1.2 cup	Veg	100% Apple Juice	4 oz	4 oz	6 oz
	Grain/brd	Kix Cereal (Heavy Berry Honey)	1.4 serving	1.4 serving	1.2 serving	Grain/brd	Wheat Bread	1.5 slice	1.5 slice	1 slice	Grain/brd	Peanut Butter	1.4 cup	1.4 cup	1.2 cup
Wednesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Pineapple Tidbits	1.4 cup	1.4 cup	1.4 cup	Veg	Onions	1.5 cup	1.4 cup	1.4 cup	Veg				
	Grain/brd	Whole Grain Muffin	1 piece	1 piece	1.5 pieces	Grain/brd	Green French Fries	1.5 cup	1.4 cup	1.2 cup	Grain/brd	Corn Bread	1 piece	1 piece	1 piece
Thursday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Kumars	1.4 cup	1.4 cup	1.2 cup	Veg	Peanut Butter	1.5 cup	1.4 cup	1.2 cup	Veg	100% Grape Juice	4 oz	4 oz	6 oz
	Grain/brd	Blueberry Muffin (w/ cream cheese)	1.2	1.2	1.2	Grain/brd	Mashed Potatoes	1.5 cup	1.4 cup	1.2 cup	Grain/brd	Original Sun Chips (Whole Grain)	1.4 serving	1 serving	1.4 serving
Friday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Mandarin Oranges	1.4 cup	1.4 cup	1.4 cup	Veg	Dried Carrots	1.5 cup	1.4 cup	1.2 cup	Veg				
	Grain/brd	Chocolate Bread	1 piece	1 piece	1.5 pieces	Grain/brd	Pear Slices	1.5 cup	1.4 cup	1.4 cup	Fruit	Crackers	1.2 serving	1.2 serving	1 serving

*Serving size information means the amount of food required by cups, ounces, and individual pieces of a food item. A copy of a CN Label or Manufacturer's Analysis must be attached if a processed combination main dish item is indicated.

Week #	Breakfast	Food Item	Serving Size Information for different age groups:			Lunch	Food Item	Serving Size Information for different age groups:			Snack	Food Item	Serving Size Information for different age groups:		
			1 to 2	3 to 5	6 to 18			1 to 2	3 to 5	6 to 18			1 to 2	3 to 5	6 to 18
Monday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Pear Slices	1.4 cup	1.4 cup	1.2 cup	Veg	Dried Carrots	1.5 cup	1.4 cup	1.2 cup	Veg				
	Grain/brd	Blueberry Muffin (w/ cream cheese)	1.2	1.2	1.2	Grain/brd	Mashed Potatoes	1.5 cup	1.4 cup	1.2 cup	Fruit	Whole Grain Rice Muffin	1 serving	1 serving	1.4 serving
Tuesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Onions	1.2 of Onions	1.2 of Onions	Whole Onions	Veg	Corn	1.5 cup	1.4 cup	1.2 cup	Veg				
	Grain/brd	Wheat Bran Flakes Cereal	1.4 cup	1.4 cup	1.4 cup	Grain/brd	Pineapple Tidbits	1.5 cup	1.4 cup	1.4 cup	Fruit	100% Grape Juice	4 oz	4 oz	6 oz
Wednesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Mandarin Oranges	1.4 cup	1.4 cup	1.2 cup	Veg	Green Beans	1.5 cup	1.4 cup	1.2 cup	Veg				
	Grain/brd	Kix Cereal (Heavy Berry Honey)	1.4 serving	1.4 serving	1.2 serving	Grain/brd	Mandarin Oranges	1.5 cup	1.4 cup	1.2 cup	Fruit	Onions	1.2 Onions	1.2 Onions	Whole Onions
Thursday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Mixed Fruit	1.4 cup	1.4 cup	1.2 cup	Veg	Urea Beans & Black Beans	1.5 cup	1.4 cup	1.2 cup	Veg				
	Grain/brd	Blueberry Muffin	1.4 cup	1.4 cup	1.2 cup	Grain/brd	Peanut Butter	1.5 cup	1.4 cup	1.2 cup	Fruit	Crackers	1.4 portion	1.4 portion	1.2 portion
Friday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 5oz
	Veg/Flt	Apple Slices	1.4 serving	1.4 serving	1.2 serving	Veg/Flt	Pear & Carrots	1.5 cup	1.4 cup	1.2 cup	Veg				
	Grain/brd	Fruit & Toast (from box of cereal)	2 pieces	2 pieces	1 portion	Grain/brd	Mashed Potatoes & W/ Shred Cheese	1.5 cup	1.4 cup	1.2 cup	Grain/brd	Crackers	1.2 portion	1.2 portion	1 portion

*Serving size information means the amount of food required by cups, ounces, and individual pieces of a food item. A copy of a CN Label or Manufacturer's Analysis must be attached if a processed combination main dish item is indicated.

Attention Parents:

We have a system of using email & text notices to remind you of pertinent information regarding you child(ren).

Email will be used to remind you of things that would normally require reminders on sign in sheets. Examples of this are, payments due, tax statements, reminder of days closed, expiring physical & immunization records, and anything that is specific to your child.

Text will be used for more urgent notices such as closure & opening during storms or unexpected situations.

You will still receive phone calls when your child is sick or there is an incident that you need to be aware of.

Providing this information is optional and you can choose not to provide it. Or you can choose to provide one & not the other. If you provide this information, please make sure you update it if there are any changes.

Please provide your information below:

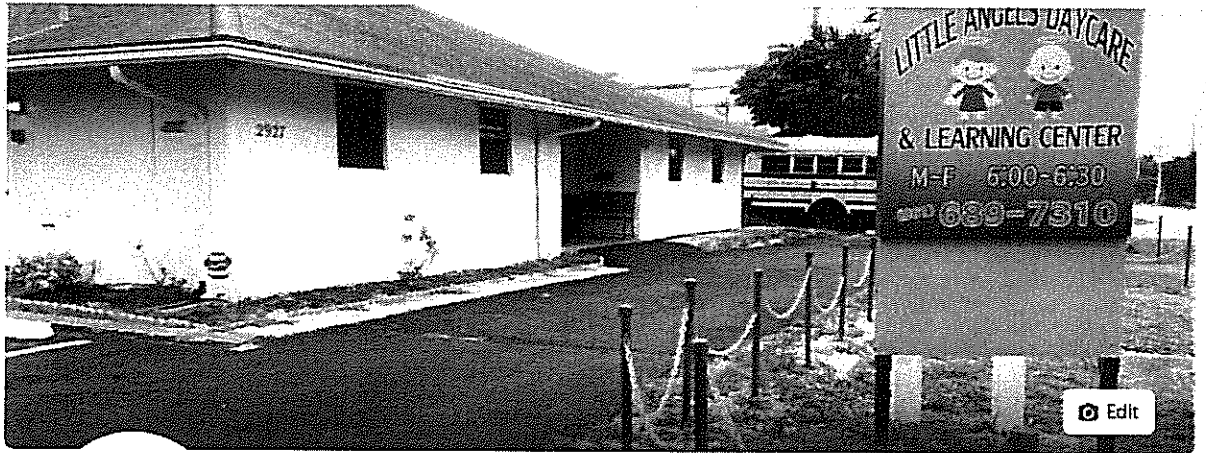
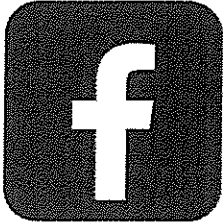
Parent Name: _____

Email: _____

Cell Phone #: _____

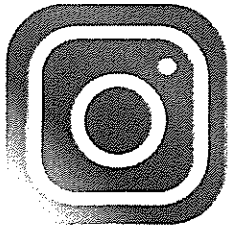
Cell Phone Service Provider: _____

Follow us on social media.



Little Angels Daycare & Learning Center

@littleangelsdaycarelearningcenter Day Care



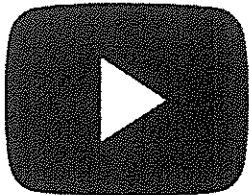
Instagram



littleangelscenter

144 posts 81 followers 0 following

Little Angels Center



LittleAngelsWPB



Little Angels Daycare & Learning Center

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ABOUT

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 for 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

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.

How can I protect my child from the flu?

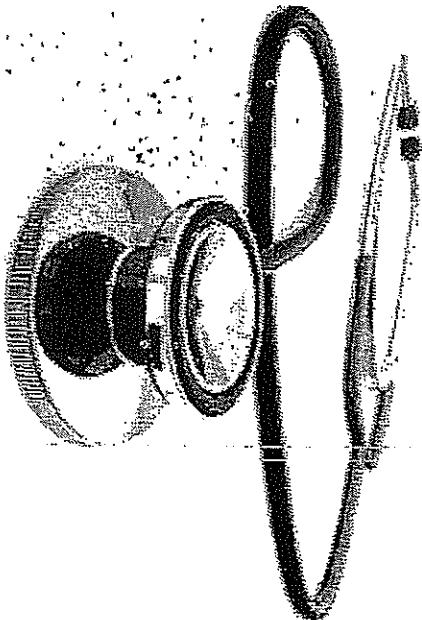
A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving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

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/>

KEEP THIS COPY FOR

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the U.S. 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

Licensing Standards

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 www.myflorida.com/childcare.

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:

General Requirements

- ✓ Valid licenses posted for parents to see.
- ✓ All staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:

Under 1 yr. old	1:4
1 yr. old	1:6
2 yrs. old	1:11
3 yrs. old	1:15
4 yrs. old	1:20
5 yrs. old & older	1:25

- ✓ Maintain appropriate transportation vehicles (*if transportation is provided*).

- ✓ Provide parents with written disciplinary practices used by the facility.
- ✓ Provide access to the facility during normal hours of operation.

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.
- ✓ Maintain sufficient lighting and inside temperatures.
- ✓ Equip 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.

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.

Health Related Requirements

- ✓ Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and Infant/Child 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.

Food and Nutrition

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

Record Keeping

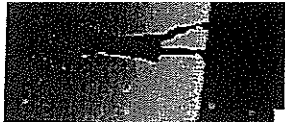
- ✓ Maintain accurate records that include:
 - Children's health exam/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and administration of medications.

Parent's Role

The parent's role in quality child care is vital to it's success. In partnering with the caregiver to achieve this goal, parents should:

- ✓ Familiarize themselves with the child care standards used to license the child care facility.
- ✓ Inquire about the qualifications and experience of child care staff, as well as longevity.
- ✓ Know the facility's policies and procedure.
- ✓ Communicate with the caregiver.
- ✓ Visit and observe the facility.
- ✓ Participate in special activities, meet and conferences.
- ✓ Talk to their child about their daily experiences in child care.
- ✓ Arrange alternate care for their child they are sick.

To report non-compliance with state licensing standards, please contact your local licensing office.



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, the following indicators should be considered:

Quality Caregivers

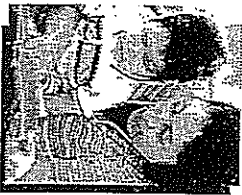
- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child's individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- Help children manage their behavior in a positive, constructive, and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting, and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks of all children.
- Communicate with parents.

Quality Environments

- ✓ Are clean, safe, inviting, comfortable, and child-friendly.
- ✓ Provide easy access to age-appropriate toys.
- ✓ Display children's activities and creations.
- ✓ Provide a safe and secure environment that fosters the growing independence of all children.

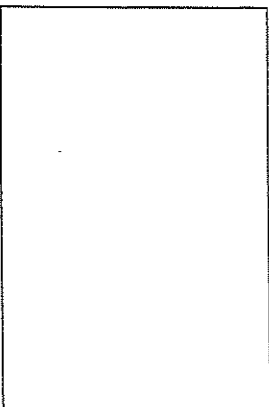
Quality Activities

- ✓ Are children initiated and teacher facilitated.
- ✓ Include social interchanges with all children.
- ✓ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ✓ Include exercise and coordination development.
- ✓ Include free play and organized activities.
- ✓ Include opportunities for all children to read, be creative, explore, and problem-solve.



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

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



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This brochure was created by the Department of Children and Families, Child Care Program Office pursuant to s. 402.3125(5), F.S.



**Know
Your
Child
Care
Facility**

