



## ENROLLMENT FORMS

701. Cypress Gardens Blvd.

Winter Haven, FL 33880

863-845-5099

7:00AM-5:30PM



**State of Florida**  
**Department of Children and Families**  
**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:**      Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last                      First                      Middle                      Nickname

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

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

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

Meals Typically Served While in Care:    Breakfast    AM Snack    Lunch    PM Snack    Supper

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

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

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

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

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

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

Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_                      Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_                      Relationship to the child: \_\_\_\_\_

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

**Medical Information:**

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Emergency Contacts:**

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

**Helpful Information About Child:**

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- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

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

\_\_\_\_\_  
Date

Name of Center: Cypress Academy Preschool

## **Discipline and Behavior Policy**

Date Adopted: 5/24/2021

Praise and positive reinforcement are effective methods of the behavior management of children.

When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self discipline.

Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior policy:

### **We:**

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-out".
12. DO stay consistent in our behavior management program.

### **We:**

1. DO NOT spank, shake, bite, pinch, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms. Closets, or boxes as punishments.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_,  
(Childs Full Name)

Do hereby state that I have read and received a copy of the facility's discipline and behavior management policy and that the facility's director/coordinator has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **65C-22.001(8)9b) 65c-20.010(6)**

Child care policies prohibit children from being subjected to discipline which is severe, humiliating, fighting, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all child care personnel.

# Parent Permission Form

I hereby certify that I am the parent/guardian of

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

and give my permission to Cypress Academy Preschool for the following:

**Photo Release Form:**

I give my permission for my child's photograph or video to be taken while she/he is in the care of preschool personnel. Such images may be posted in classrooms or other appropriate places within the center, on the center FB page, or used in center presentations or promotional materials, or distributed to staff or clients. I understand that I may terminate this permission at any time in the future.

**Authorization to Transport:**

I give permission for the transport of my child for field trips. In the event of an emergency that requires the preschool to vacate the premises and I and/or my contacts are unreachable, I hereby authorize the director, or the person in charge in the event of her absence, to transport my child to a safe environment until I can be reached.

**Screening Assessment:**

I give permission for my child to be given developmental screening assessments.

**Authorization of Emergency Treatment:**

I give my permission for the Director, acting director or teacher to take whatever steps may be necessary for medical care. I understand that the order of actions taken will follow the outline below unless there is a need for immediate action, but will not be limited to these actions:

1. Parent or guardian will be called
2. Child's physician will be called **Physicians name** \_\_\_\_\_
3. Contact person parents have listed will be called
4. If none of these efforts are successful:
  - a) Another physician will be called
  - b) An ambulance will be called
  - c) The child will be taken to the closest medical facility

**\*in order for the school to assume responsibility for my child, I understand that I must sign the child in at arrival time.**

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

\_\_\_\_\_  
Date:

State of Florida County of Polk Sworn to and subscribed before me in the aforementioned State and County: this \_\_\_\_\_ Day of \_\_\_\_\_, in the year \_\_\_\_\_,

personally appeared \_\_\_\_\_ who is personally known to me

or has produced Florida Driver's license # \_\_\_\_\_

as identification and who did not take an oath.

Notary Public, State of Florida: \_\_\_\_\_

## Parent's Statement of Cooperation

Please read and initial each statement:

\_\_\_\_\_ I have read and support the Mission and Philosophy of Cypress Academy Preschool explained in the Academy handbook.

\_\_\_\_\_ I have read, understand and agree to all the policy and procedures set forth in the **Parents Handbook** for Cypress Academy Preschool

\_\_\_\_\_ I agree with and support Cypress Academy Preschool policy on discipline

\_\_\_\_\_ I am aware that Cypress Academy Preschool is a Christian Preschool

\_\_\_\_\_ I agree to pay tuition in the amount of \_\_\_\_\_ by Friday of each week, prior to rendered services and regardless of holidays (including school closed holidays/weeks), vacations, emergency closure, storm/weather closure, facility utility closure, and absences. Payments cease only upon withdrawal.

\_\_\_\_\_ I understand the **additional fees** that will be added to my account if I am late on a picking up my child. If legal action becomes necessary to collect tuition, the undersigned will be responsible to pay reasonable attorney fees. I also understand that records cannot be forwarded to another school until all financial obligations are met.

\_\_\_\_\_ I am aware that **all fees** are **non-refundable** and subject to change.

\_\_\_\_\_ I am aware that upon disenrollment I must give a written two week notice and am responsible to Pay for those two weeks

\_\_\_\_\_ I must notify the school in writing if anyone other than the persons previously listed is to pick up my child/children. For my child's protection, he or she will not be released to an unauthorized person. Picture identification will be required

\_\_\_\_\_ Parents will be notified and required to pick up their child who is suspected to have a communicable illness, such as, but not limited to fever of 100 +, diarrhea, rash, conjunctivitis (pink eye), ringworm, head lice, strep throat or rotavirus. **Children shall not return to the center until signs and symptoms are no longer present.** A written statement from a physician attesting that the child has been appropriately treated may be necessary for your child to return to school. Most illnesses listed will require your child to be absent from school for a period of 24 hours. Please see the parent handbook for more information.

My signature indicates that I have read, understand and agree with the Parent's Statement in making application for my child to attend Cypress Academy Preschool.

\_\_\_\_\_ Print Child's Name

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date

**Academy Child Health and Development Questionnaire**

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

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

List any known allergies to food or environment. What is the allergic reaction?  
\_\_\_\_\_

Does your child complain of feeling ill often? \_\_\_\_\_ has your child had seizures? \_\_\_\_\_

Describe your child's appetite: \_\_\_\_\_

Does your child dislike any foods? \_\_\_\_\_ If so, what? \_\_\_\_\_

How easily does your child fall asleep? \_\_\_\_\_

What is the usual bedtime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

Is your child completely toilet trained? \_\_\_ Yes \_\_\_ No

When did the child begin to walk alone? \_\_\_\_\_

Are other adults (not family) able to understand the child's speech?  
\_\_\_ Yes \_\_\_ No

Does your child have a regular playmate?  
\_\_\_ Same age \_\_\_ Older \_\_\_ Younger

Are any other languages, besides English, used at home and If so, what are they?  
\_\_\_\_\_

If your child is troubled, what best calms them down?  
\_\_\_\_\_

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

Does your child have temper tantrums? \_\_\_\_\_ Bite nails \_\_\_ twist hair \_\_\_

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

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

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

Are there any concerns at home that you would like to share with us?

# Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

## **Rilya Wilson Act Requirements:**

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<https://www.myflfamilies.com/service-programs/community-based-care/docs/leadagencycontacts.pdf>

**\*\* If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline: 1-800-962-2873**





# RILYA WILSON ACKNOWLEDGEMENT

I have been provided with a Rilya Wilson Act brochure by Cypress Academy Preschool.

Child Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# BITING POLICY

Biting is a natural behavior for young children. One- and two-year-olds bite because their gums hurt and they cannot express themselves. Anyone might be a target.

At Cypress Academy Preschool we clean the bite with soap and water, put ice on the area for a short time and give tender loving care. Both the biter and the child who received the bite have an incident report.

According to the latest medical opinion, the biter is the one at risk for disease, not the unlucky recipient.

At Cypress Academy Preschool, the staff member removes the biter from play, reminds the biter that we use our words and that we bite food. We will tell the biter that biting hurts. The school rule is consistently reinforced, "you may not bite your friends!"

I have read and understand the above policy.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

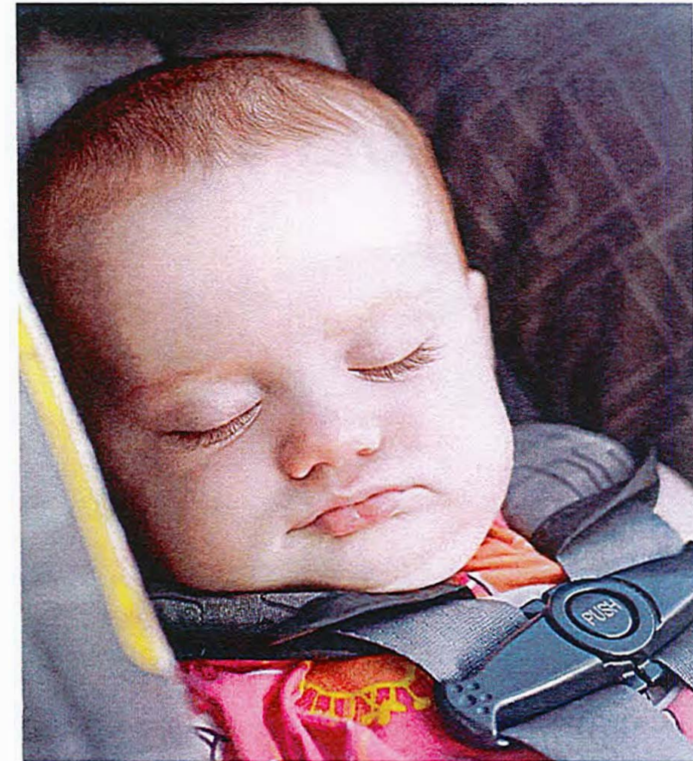
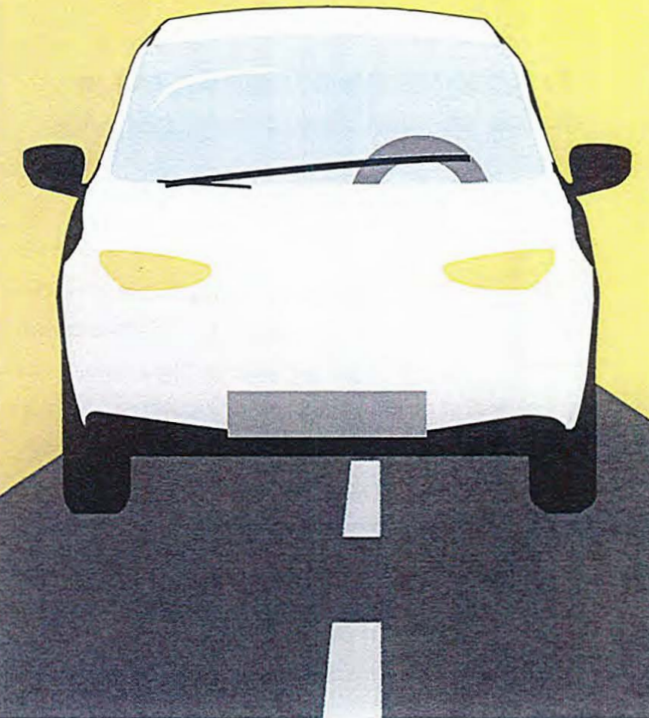
**A change in daily routine,** lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



Developed by:  
The Office of Child Care Regulation

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)  
CF/PI 175-12, May 2019

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





## FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

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



## PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

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Child's Name:

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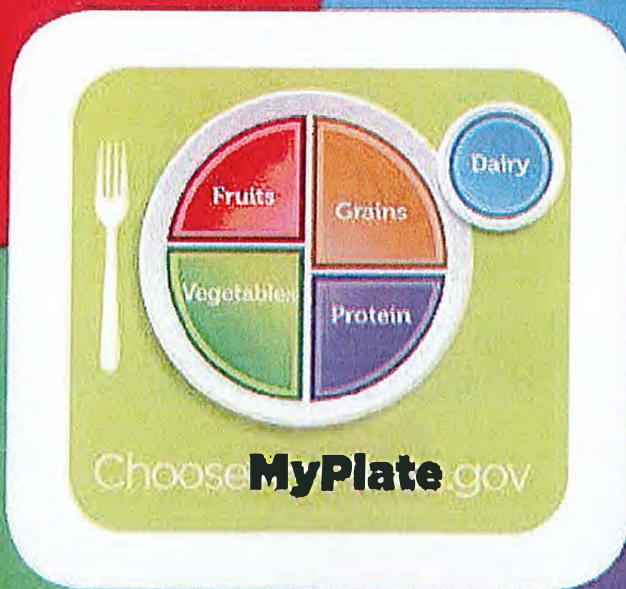
Date:

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

## Make half your plate fruits and vegetables

- Choose fresh, frozen, canned, or dried fruits and vegetables.
- Eat red, orange, and dark green vegetables, such as tomatoes, sweet potatoes, and broccoli, in main and side dishes.
- Use fruit as snacks, salads, or desserts.
- Keep raw, cut-up vegetables handy for quick snacks.
- Choose whole or cut-up fruits more often than fruit juice.



## Switch to skim or 1% milk

- They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.

## Make at least half your grains whole

- Choose 100% whole-grain cereals, breads, crackers, rice, and pasta.
- Check the ingredients list on food packages to find whole-grain foods.

## Vary your protein food choices

- Choose a variety of foods including seafood, beans, and peas, nuts, lean meats, poultry, and eggs.
- Keep meat and poultry portions small and lean.
- Try getting, lifting, pushing, or working. These methods do not add extra fat.



## Cut back on foods high in solid fats, added sugars, and salt

- Choose foods and drinks with little or no added sugar.
- Look out for salt (sodium) in foods.
- Eat fewer foods that are high in solid fats.

## Eat the right amount of calories for you

- Enjoy your food, but eat less.
- Control portion sizes and serve yourself up an amount of food that fits your body.
- When eating out, choose lower-calorie menu options.

Get your personal daily calorie limit at

[www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov) and keep that number in mind when deciding what to eat.

## Be physically active your way

Think about the things you like and start thinking what you can do next to a walk or a bike. Every bit adds up and it's worth the effort to know you're using more time being active.

## Parent's Role

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

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

More  
information  
and free  
resources:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).  
License Number: \_\_\_\_\_  
License Issued on \_\_/\_\_/\_\_\_\_  
License Expires on \_\_/\_\_/\_\_\_\_  
For more information regarding the compliance history of this child care provider, please visit:  
[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



OFFICE OF CHILD CARE REGULATORY  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

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

CF/PI 175-24, 03/2014

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



Know Your  
Child Care  
Facility

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)

## 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 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.
- Maintain minimum staff-to-child 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

### 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.

### 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.
- 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.

## 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 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.

### 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 for all children.
- Communicate with parents.

### Quality Environments

- Are clean, safe, inviting, comfortable, 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.



## 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?

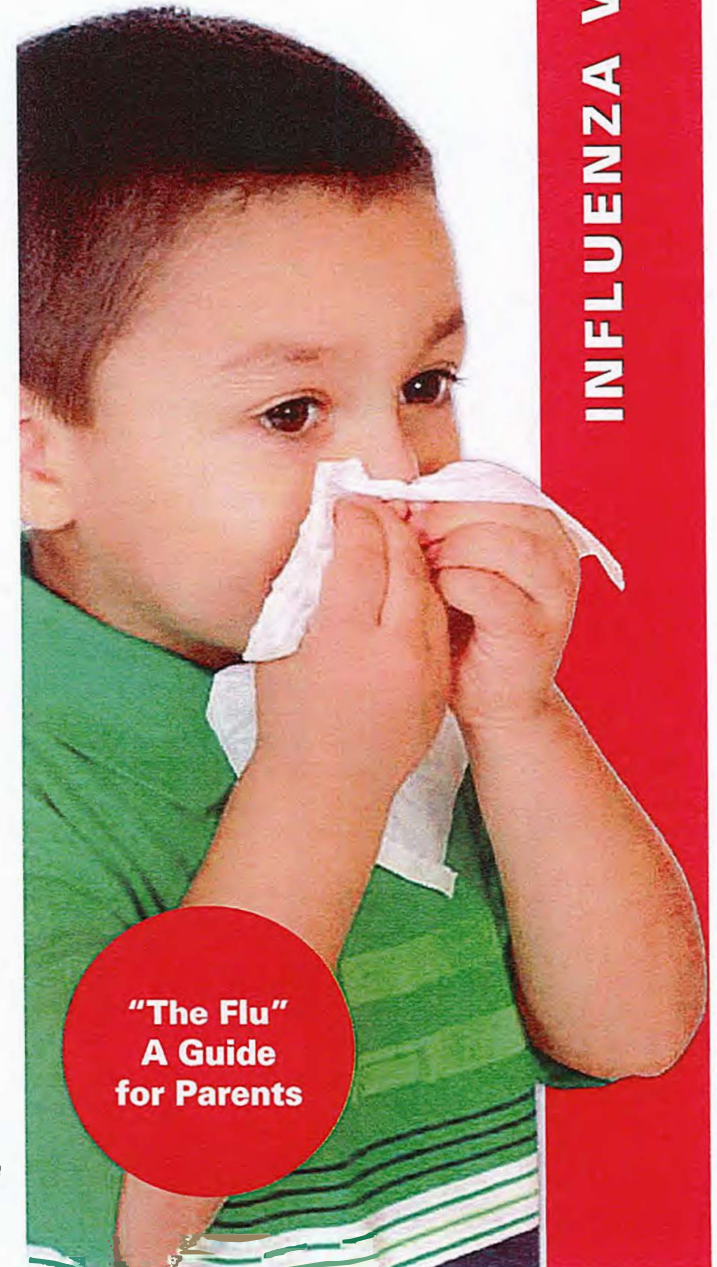
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between 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](http://www.myflorida.com/childcare) or contact your local licensing office below:

CF/PI 175-70, June 2009

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



**INFLUENZA VIRUS**

**"The Flu"  
A Guide  
for Parents**



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

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

**Name:** \_\_\_\_\_

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

**Date Received:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



## **What should I do if my child gets sick?**

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

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

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



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

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

## **What can I do to prevent the spread of germs?**

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

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



## **When should my child stay home from child care?**

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

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



# PARENT ORIENTATION PLAN

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

- \_\_\_\_\_ Tour of the Facility
- \_\_\_\_\_ Meet the Academy Staff
- \_\_\_\_\_ Parent Visit with Classroom Teacher
- \_\_\_\_\_ Receive Parent Handbook
- \_\_\_\_\_ Discuss Family Expectations and Child's Needs
- \_\_\_\_\_ Overview of and Needed Family Support Resources
- \_\_\_\_\_ Discuss School Healthy Lunch Requirements
- \_\_\_\_\_ Submit Tuition & Enrollment Deposit (Non-Refundable)
- \_\_\_\_\_ Notified of our "No Bag" policy
- \_\_\_\_\_ Shown How to Use Smart Care Check-In Kiosk
- \_\_\_\_\_ Shown how to Operate Smart Care App

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_