



January 30, 2017

Dear Parents,

Thank you for your interest in our school! We are pleased to say that this will be our 49<sup>th</sup> year of Christian Commitment and Academic Excellence. Our school mission is to promote the spiritual, intellectual, emotional, social, and physical development of the young people entrusted in our care. We consider it a privilege to be your choice for the academic and spiritual growth of your student!

We are currently accepting registrations for the 2017-2018 school year. To secure your child's placement, please complete the enrollment packet and return it to our school office with your application fee. An appointment will be scheduled at your convenience for grade-level placement.

Your enrollment packet includes the forms required for registration. If you have any questions regarding enrollment, let us help you in the process. We look forward to having you and your child in our school, and we welcome you to Lake Park Baptist School.

Yours in Christ,

Mrs. Carol Hyatt  
Principal

*"For I know the plans I have for you, "declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future." Jeremiah 29:11*



## LAKE PARK BAPTIST SCHOOL

### New Student Registration

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#### Getting Started

1. Please review the Tuition & Fee Schedule for the 2017-2018 school year.
2. Complete the Student Application. \*
3. An appointment will be scheduled at your convenience for testing to determine grade placement for your child. Submit testing fee.\*
4. Review and sign the Financial Contract. Submit Registration Fee.\*
5. Complete the Medical Information Form.\*
6. Complete the Extended Care Registration Form, if needed. Submit Extended Care Registration Fee.
7. Include a Recommendation Form from a Teacher/Administrator at your current school.
8. Please read the brochure, "Know your Child Care Facility," for Preschool-3 and PK-4 families.
9. Complete the Enrollment Form #2 (Preschool-3 – PK-4). Signatures are required on both sides of the form.
10. Complete the Notarized Authorization to Consent to Treat a Minor. A Notary is available in the school office to assist you.\*
11. Provide a copy of the Birth Certificate.\*
12. A School Physical is required to be completed within the past 12 months. The School Physical is to be on Form DH 3040, and it must be the original.
13. Provide an original up-to-date Florida Certificate of Immunization on DH 680.
14. Submit a recent dental exam. Any form is acceptable from your dentist.

**\*Required at the time the application is submitted.**  
**Please return your Enrollment Packet to the School Office. Thank you.**



# LAKE PARK BAPTIST SCHOOL

## 2017-2018 Tuition & Fee Schedule

### PK-4

#### TUITION

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VPK – Voluntary Pre-Kindergarten Program (8:30 am-11:30am)	Funded
Snack & Craft Fee	\$100
Extended School Day (11:30am-3:00pm)	\$3500*

\*Ten month tuition payment plan begins August 1, 2017.

*Please note: to be more user friendly, LPBS will no longer be using FACTS for tuition collection for the 2017-2018 school year. More information on how to make your tuition and lunch payments will be going home in the near future.*

#### REQUIRED FEES

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Registration Fee	*Not required for VPK Hours	\$ 375
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#### OTHER FEES

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##### Morning Care: 7:00am – 8:00am

###### ❖ Annual Rate:

1 Child:	\$500
2 or more:	\$850

###### ❖ Daily Rate:

1 Child:	\$5
2 or more:	\$8

##### After School Care: 3:00pm – 6:00pm

###### ❖ Annual Rate:

1 Child:	\$1800
2 Children:	\$3200
3 or more:	\$4100

###### ❖ Daily Rate:

1 Child:	\$15
2 Children:	\$20
3 or more:	\$25

Returned Check Fee: \$40

Late Charge:\* \$30 \* Applied 10 days after due date

- ❖ Registration fee includes textbooks, testing materials, student insurance, including catastrophic insurance.
- ❖ Must be 4 years old by September 1.
- ❖ VPK registration is required through the Early Learning Coalition of Palm Beach County: ([www.elcpalmbeach.org](http://www.elcpalmbeach.org))
- ❖ It is the parent's responsibility to secure the VPK Certificate from Early Learning Coalition of PBC and turn it in to LPBS.
- ❖ LPBS reserves the right to dismiss any student who does not conform to the rules and regulations in our LPBS Handbook or if a child is absent more than 20% of the VPK instructional hours.
- ❖ Active, regularly attending, financially contributing members of the First Baptist Church of Lake Park receive a \$500 discount per child annually. (This does not apply to VPK hours.)
- ❖ Multiple Sibling Discount (This does not apply to VPK hours.)
  - Full price for the oldest student
  - \$500 annual discount for the 2nd student
  - \$1,000 annual discount for the 3rd student
  - Free for the 4th student.
- ❖ There is a referral discount of \$1000 available for students not receiving any other discounts. Other restrictions apply. A referral form is available in the school office.



**LAKE PARK BAPTIST SCHOOL**  
**2017-2018 Morning Care/After School Care Fees**  
**PK-4**

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**Morning Care: 7:00am-8:00am**

❖ **Annual Rate:**

1 Child: \$500  
2 or more: \$850

❖ **Daily Rate:**

1 Child: \$5  
2 or more: \$8

**After School Care: 3:00pm-6:00pm**

❖ **Annual Rate:**

1 Child: \$1800  
2 Children: \$3200  
3 or more: \$4100

❖ **Daily Rate:**

1 Child: \$15  
2 Children: \$20  
3 or more: \$25

**Returned Check Fee** \$40

**Late Charge\*** \$30 *\* Applied 10 days after due date.*



# LAKE PARK BAPTIST SCHOOL ENROLLMENT FORM

Admission Information		
Present Grade Level:	Grade Applying For:	<input type="checkbox"/> PS3 - School Day, ½ Day (8:30 am - 12:00pm)
Comments:		<input type="checkbox"/> PS3 - School Day (8:30 am – 3:00 pm)
		<input type="checkbox"/> PS3 - Full day (7:00 am – 6:00 pm)
		<input type="checkbox"/> Voluntary Prekindergarten (8:30 am – 12:00pm)
		<input type="checkbox"/> PreK Extended Day (12:00 – 3:00 pm)
		<input type="checkbox"/> K <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth
		<input type="checkbox"/> Fifth <input type="checkbox"/> Sixth <input type="checkbox"/> Seventh <input type="checkbox"/> Eighth

Student Demographic Information		
Last Name:	First Name:	Middle Initial:
Address:	City, State, Zip:	
Phone:	Email:	
Date of Birth:	Ethnicity:	Last Four SSN:
Place of Birth:	Gender:	

Student Medical Information		
<b>Physician</b>		
Name:	Address:	Phone:
<b>Dentist</b>		
Name:	Address:	Phone:
<b>Insurance</b>		
Company	Group Number	Policy Number
Preferred Hospital:		
Allergies:		

Family Information				
<b>Parent/Guardian One:</b>				
Full Name:			Relationship to Student:	
Lives with student?	Y	N	Address:	
Financially Responsible?	Y	N	City, State, Zip:	
Should receive School Correspondence?	Y	N	Home Phone:	
ParentWeb enabled for this person?	Y	N	Cell Phone:	
Church Attending:			Work Phone:	
Occupation:			E-mail 1:	
Company:			E-mail 2:	
<b>Parent/Guardian Two:</b>				
Full Name:			Relationship to Student:	
Lives with student?	Y	N	Address:	
Financially Responsible?	Y	N	City, State, Zip:	
Should receive School Correspondence?	Y	N	Home Phone:	
ParentWeb enabled for this person?	Y	N	Cell Phone:	
Church Attending:			Work Phone:	
Occupation:			E-mail 1:	
Company:			E-mail 2:	

**Emergency Contact Information**

In an emergency, Lake Park Baptist School will contact parent/guardian one and/or two using the information listed in the Family Information Section. In the event Lake Park Baptist School is unable to contact the parents/guardians listed in the Family Information Section, the emergency contacts below will be notified.

**Emergency Contact One**

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

**Emergency Contact Two**

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

**Emergency Contact Three**

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

**Pickup Information**

Parent/Guardian one and/or two (listed above) has pickup rights for this student. Other adults who are not listed above must be on the pickup list below in order to pick up this student.

**Pickup One**

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

**Pickup Two**

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

**Pickup Three**

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

**Custody Information**

**IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW.**

A.	Is there a Court Order barring either parent from removing the student from the school?	YES	NO
B.	Do Parents have shared (or joint) parental rights and responsibility? If no, please provide the school with a copy of the Court Order which limits either parent's parental rights or responsibility regarding the student.	YES	NO
C.	Does either parent have a final decision making authority regarding educational decisions for the student? If yes, please provide the school with a copy of the Court Order stating that one parent has final parental decision making authority regarding education.	YES	NO
D.	Is there a Temporary Restraining Order, Permanent Restraining Order, Order No Contact, or other Court Order that restricts or impacts access to the student by anyone, including a parent? If yes, please provide the school with a copy of the applicable Court Order.	YES	NO

**Education Information**

School attended last year:

Have all financial obligations been fulfilled at the school listed above?	YES	NO
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**A recommendation letter from a current or previous teacher, guidance counselor, or school principal may be requested upon testing.**

Reason for leaving current school?

How did you hear about our school?  Internet  Friend  LPBS Website  Postcard  Daycare: \_\_\_\_\_  
 Event: \_\_\_\_\_  Other: \_\_\_\_\_

Has the applicant received any type of tutoring or therapy? If so, please explain:

Has the applicant ever repeated a grade level? If yes, please indicate grade repeated and why:

Has the applicant ever been treated for any nervous, mental, or emotional disorder? Please explain.

Does the applicant exhibit any kind of rebellion toward parents or others in authority? Please explain.

If any answer is affirmative and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, principal, or court.

### **Our Agreement Together**

**We agree that it is our responsibility to read and understand the Lake Park Baptist School student handbook(s) and will abide by its policies and guidelines.**

**We give the school permission for my child to take part in all school activities, including sports activities, and school-sponsored trips away from the school premises.**

**We give permission for our student's photograph to be used on the LPBS website, in the yearbook, and in any promotional or advertising materials.**

**We further agree to hold the school and its agents harmless for any liability to my child, guardian, or parent because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child.**

**Should legal action, for any reason, be taken against LPBS or any employee or agent on my child's behalf and/or the school, or an LPBS agent not be found at fault. Also, we agree to pay any attorney fees, damages, or other costs that the school or its agent incur to defend itself against such action.**

**We agree to uphold and support the high academic standards of the LPBS by providing a place at home for our child to study and by giving our child encouragement in the completion of homework and assignments.**

**We recognize that in order for our child to make good progress in his/her work, it is essential that he/she have confidence in his/her teacher and the school. Therefore, we will do all in our power to see that our child respects and obeys the school staff and standards.**

**We agree that if our child should become involved in any difficulty with other children, teachers, or staff in the school, we will refrain from complaining to any parent, but with prayerful, Christian spirit will register complaints with the teacher and/or principal.**

**We shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way.**

**This state of cooperation will be in effect for as long as my child(ren) attend the school.**

**Father Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

*Lake Park Baptist School, in accordance with U.S.C.2000(d), does not discriminate on the basis of race, color, or ethnicity.*

## ENROLLMENT FORM RECORD OF CHILD ACCEPTED FOR CARE

Mark an "X" by address where child lives:

Child's Name:

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Alias)

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

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

	Home Address	Phone	Employment Address	Phone
Mother				
Father				

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

May the Center call another physician if unable to contact the above? Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Custody  
Yes \_\_\_\_\_ No \_\_\_\_\_

Persons permitted to remove child:

Mother Yes \_\_\_\_\_ No \_\_\_\_\_

Father Yes \_\_\_\_\_ No \_\_\_\_\_

Guardian Yes \_\_\_\_\_ No \_\_\_\_\_

Persons to be contacted in case of illness, accident or emergency, if for some reason the parents or guardians cannot be reached, and authorized to remove the child from the facility: If none, indicate "None."

Name	Address	Phone	Relationship

Name	Address	Phone	Relationship

Other persons authorized by the parents or guardians to take the child from the facility (if different from above). If none, indicate "None."

Name	Address	Phone	Relationship

Name	Address	Phone	Relationship

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

Special Instructions regarding eating habits, toileting or areas of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

Signature of Person Enrolling Child



CHILD'S NAME: \_\_\_\_\_

1. ARTICLE XV, B, 7, a, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**. I have received a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**.
2. ARTICLE IV, C, 5, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. ARTICLE XIII, B, 1, PBC Rules requires the parents complete an **AUTHORIZATION FOR EMERGENCY MEDICAL CARE** in the event of serious illness or accident and if the parents cannot be reached. I authorize the child care center to obtain emergency medical care for my child.
4. I understand and agree to the above statements indicated in numbers 1 through 3:

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

5. ARTICLE XII, B, PBC Rules require the parent and the center complete an **ALTERNATE NUTRITION PLAN AGREEMENT** if the meals or snacks are furnished by the child's parent. **ALTERNATE NUTRITION PLAN AGREEMENT:**

Indicate Special Dietary Requirements: \_\_\_\_\_

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(Mark P for Parent Provides, or C for Center Provides)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	A.M. Snack	Noon Meal	P.M. Snack	Dinner	Evening Snack	Formula

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

\_\_\_\_\_  
 Date Signature of Owner/Operator

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



**LAKE PARK BAPTIST SCHOOL**  
**2017-2018 Financial Contract and Statement of Cooperation**  
**Voluntary Pre-Kindergarten Program**

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In this Parent Contract and Statement of Cooperation between Lake Park Baptist School and Mr. and Mrs. \_\_\_\_\_ the parents (or guardian) of \_\_\_\_\_ (name of student), agree to the following stipulations:

1. VPK registration is required through the Early Learning Coalition of Palm Beach County ([www.elcpalmbeach.org](http://www.elcpalmbeach.org)).
2. It is the parent's responsibility to secure the VPK Voucher from the Early Learning Coalition of PBC and turn it in to Lake Park Baptist School.
3. Parents are to read, understand, and sign that you have read the Parent Handbook of LPBS.
4. Lake Park Baptist School reserves the right to dismiss any child who does not conform to the rules and regulations as outlined in the Parent Handbook or if a child is absent more than 20% of the VPK instructional hours.
5. I understand VPK hours are from 8:30am to 11:30am only.
6. I understand that my child is enrolled for the VPK instructional hours that follow the LPBS 2017-2018 calendar.
7. Withdrawals: Parents withdrawing students from school MUST complete the withdrawal process through the school office. Written notice is required for withdrawal from all programs.
8. We will endeavor to support and uphold the principles, practices, and financial policies of the school in every way.

Father's Signature: \_\_\_\_\_

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

Mother's Signature: \_\_\_\_\_

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



## LAKE PARK BAPTIST SCHOOL 2017-2018 Financial Contract and Statement of Cooperation PK-4 Program and VPK with Extended School Day

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In this Parent Contract and Statement of Cooperation between Lake Park Baptist School and Mr. and Mrs. \_\_\_\_\_, the parents (or guardian) of \_\_\_\_\_ (name of student), agree to the following stipulations:

1. VPK registration is required through the Early Learning Coalition of Palm Beach County ([www.elcpalmbeach.org](http://www.elcpalmbeach.org)).
2. It is the parent's responsibility to secure the VPK Voucher from the Early Learning Coalition of PBC and turn it in to Lake Park Baptist School to hold a place in the VPK Program.
3. I understand VPK hours are from 8:30am to 11:30am. I further understand that by completing this application, I am enrolling my child in Lake Park Baptist's Extended School Day program from 12:00pm to 3:00pm. I agree to pay all fees pertaining to the Extended School Day program.
4. I understand that my child is enrolled for VPK and the LPBS Extended Day for the 2017-2018 LPBS school year calendar.
5. We understand that the Registration Fee is to accompany the enrollment papers for enrollment in the extended day program. Registration Fees are refundable only in the event your child is not accepted into the school. We understand that the charge or tuition, yearly aftercare, and morning care is divided into ten (10) equal installments to be paid on the 10<sup>th</sup> of the month.
6. We understand that if payments are not paid within ten (10) days after the due date a \$30 late charge will be applied to our account; and furthermore, we understand there will be a \$40 charge for any checks the bank may return to the school.
7. After two returned checks, the bookkeeping department will only receive cash, money orders, or cashier's checks for all school fee payments.
8. If more than two payments are delinquent, our child(ren) will not be permitted to remain in school unless previous arrangements have been made with the bookkeeping department. Our school is completely dependent upon the tuition payments for its operation, and it is very important that payments are received promptly when due. The School is unable to assume this financial responsibility. If your child is transferred, dismissed or withdraws from the school for any reason, you will be charged the full month's a tuition even if your child has attended only one day or part of the month.
9. Parents are required to read, understand, and sign that you have read the new school year Parent Handbook of LPBS. A copy will be provided at the beginning of the new school year.
10. Lake Park Baptist School reserves the right to dismiss any child who does not conform to the rules and regulations as outlined in the Parent Handbook or if a child is absent more than 20% of the VPK instructional hours.
11. Withdrawals: Parents withdrawing students from school MUST complete the withdrawal process through the school office. Written notice is required for withdrawal from all programs. No records will be transferred and report cards will not be released if there is an outstanding balance due on your student's account.
12. We will endeavor to support and uphold the principles, practices, and financial policies of the school in every way. If legal action is required to collect my account should it become delinquent, we agree to pay any attorney's fees, collection fees, or court fees that the school or its agents should incur.

Father's Signature: \_\_\_\_\_

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

Mother's Signature: \_\_\_\_\_

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



## LAKE PARK BAPTIST SCHOOL 2017-2018 School Year Medical Information

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Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_

Family doctor in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Family dentist in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of choice \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Yes**    **No**

- \_\_\_    \_\_\_    Do you have concerns about your child's general health (eating, sleeping, weight, teeth, etc.)?
- \_\_\_    \_\_\_    Does your child have any other specific illness or impairment which may affect activities or progress?
- \_\_\_    \_\_\_    Does your child have any allergies (food, insects, medication, etc.)?
- \_\_\_    \_\_\_    Does your child take any medication (daily or occasionally)?
- \_\_\_    \_\_\_    Does your child have any problems with vision, speech, or hearing (glasses, contacts, ear tubes)?
- \_\_\_    \_\_\_    Has your child had any hospitalizations, operations, or major illness (specify problem)?
- \_\_\_    \_\_\_    Has your child had any significant injury or accident (specify problem)?
- \_\_\_    \_\_\_    Would you like to discuss anything about your child's health with the school nurse?

(Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.)

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Signature \_\_\_\_\_ Date \_\_\_\_\_



**LAKE PARK BAPTIST SCHOOL**  
**2017-2018 Morning Care/Aftercare Registration Form**  
**PK-4 & VPK**

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- ❖ Morning care: 7:00am-8:00am during regular school days only
- ❖ Aftercare: 3:00pm-6:00pm during regular school days only
- ❖ Additional fees are charged when school is not in session (8am-6pm)
- ❖ Registration Fee: \$40

**CHOICE OF PAYMENT PLAN:**

**Morning Care**

- Daily/Occasional Use \_\_\_\_\_
- Annual \_\_\_\_\_

**Aftercare**

- Daily/Occasional Use \_\_\_\_\_
- Annual \_\_\_\_\_

**EMERGENCY INFORMATION:**

Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list any physical or special needs your child might have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list names of relatives or friends that may be called in case of emergency.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list the adults with permission to pick up your child.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## 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 for 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.

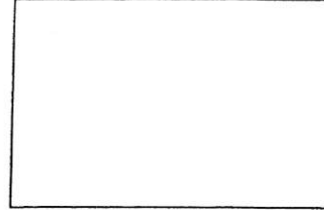
### Quality Activities

- ✓ 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](http://www.myflorida.com/childcare) or contact your local licensing office below:



CF/PI 175-24, 7/2005

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

FLORIDA DEPARTMENT OF  
**CHILDREN & FAMILIES**

## 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](http://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, A.C., which include, but are not limited to, the following:

### General Requirements

Valid license 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 CPR on the premises at all times.
  - Fully stocked first aid kit.
  - A working fire extinguisher and monthly fire drills with children and staff.
- ✓ Locked storage place for storing medication and hazardous materials.

### 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 medications.

## Parent's Role

The parent's role in quality child care is vital to its 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 staff longevity.
- ✓ Know the facility's policies and procedures.
- ✓ Communicate with the caregiver.
- ✓ Visit and observe the facility.
- ✓ Participate in special activities, meetings, and conferences.
- ✓ Talk to their child about their daily experiences in child care.
- ✓ Arrange alternate care for their child when they are sick.

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