



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

Family Information: Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

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 (if applicable):

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name	Address	Work#	Home#
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Helpful Information About Child:

- 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 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

Child Name: _____

Impact Learning Center Permission Form

Food for Special Occasions: There may be food and drink items brought into the center on special occasions (such as birthday celebrations or holiday parties) that are not as nutritious as the food normally prepared from our posted menu. Some of these foods and drinks may include items such as drinks that are not 100% juice (like Caprisuns), cake, cupcakes, chips, and/or appetizers. When this occurs we will usually notify you in advance verbally or in writing, but not always. This is your opportunity to tell us now whether you would like your child to consume these items occasionally. Please initial next to one of the statements below.

_____ Yes, I approve of my child consuming such foods and drinks occasionally at the center.

_____ No, I DO NOT approve of my child consuming such foods and drinks.

Special Activities and Events: There may be special activities and events taking place at the center on special occasions (such as birthday celebrations, holiday parties, and water fun day) that are not part of the normal routine, schedule or pre-approved curricula. We will usually notify you in advance verbally or in writing, but not always. This is your opportunity now to tell us whether you would like your child to participate in these activities and events. Please initial next to one of the statements below.

_____ Yes, I approve of my child participating in these activities occasionally.

_____ No, I DO NOT approve of my child participating in these activities.

Photos, Internet, and Marketing: We often take photos and video images of the children to document their progress in their portfolio, post in their classroom, or to use for marketing purposed on fliers, on our website, or to post on our Facebook page. Please initial below with your wishes regarding your child.

_____ Yes, I approve of my child's image being used for ALL purposes explained above.

_____ I approve ONLY of my child being photographed or video recorded to use inside the center (ex. to post in my child's classroom or in his/her portfolio, etc.), not for use on marketing materials or to be posted on the internet (center's website, Facebook, etc.)

_____ No, I DO NOT approve of my child being photographed or video recorded at all.

Permission to Screen: We complete portfolios, assessments, and screenings on the students as a way to monitor their progress and determine if your child has any early developmental concerns that may need addressing. The first five years of a child's life is critical for making sure they are developing at the level they should be as we prepare them for school.

_____ Yes, I give my child permission to participate

_____ No, I do NOT give my child permission to participate

Child's DOB: _____ Was child premature at birth _____ If child was premature, how many weeks _____

***This form will remain on file as long as your child attends this center. If at any time your wishes change regarding the above mentioned items please let us know and we will allow you to complete a new form**

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

RECEIPT OF PARENT HANDBOOK

I understand a copy of Impact Learning Center's parent handbook can be accessed on their website at www.impactLCJax.com or I can request one e-mailed to me. I agree to abide by the policies of Impact Learning Center (last updated January 2024). I have also received the "Parent Handbook Reminders" including information about late fees and the illness policy.

Parent of _____ (child's name).

Parent Signature _____ Date _____

Director Signature _____ Date _____

ON-LINE PORTFOLIOS PARTICIPATION AGREEMENT

I understand the center utilizes on-line portfolios and parent communication systems in conjunction with the following websites www.teachingstrategies.com, and/or www.Smartcare.com to document my child's progress and activities he/she is engaged in at the center. I give the center staff and volunteers permission to include photos/videography of my child and his/her work in the on-line portfolio. I also give them permission to include notes and observations pertaining to my child's day, tuition, and events at the center.

Note that sometimes other children in the center may be feature in photos, videos, or stories of your child that are shared with other families at the center. By giving your consent you agree not to share photos or video of any child, other than your own outside of the program without permission. You also understand that your child's other classmates and families will have access to these photos as well.

Parent Signature _____ Date _____

Parent E-mail Address: _____

SPECIAL NEEDS/CARE/INSTRUCTIONS

Impact Learning Center does not discriminate on the basis of race, color, sex, national origin, disability, or any other characteristic protected by law. Impact Learning Center will make reasonable accommodations for children with known disabilities unless doing so would result in an undue hardship or would result in unsafe conditions for the child or other children, families, or staff. The space below may be used to write in any special needs or care that your child may request due to any suspected disabilities or behavior issues:

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: _____
 Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: **(M)** **(T)** **(W)** **(T)** **(F)** **(S)** **(S)** Meals Typically Served While in Care: **(BR)** **(MS)** **(LU)** **(AS)** **(SU)** **(ES)** **(None)**
 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
		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 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____
STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)
 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.
 Children's Income - Total: \$ _____ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually
STEP 4: 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)

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

Total Household Members (Add STEP 1 & 4): _____ **Last four digits of Social Security Number (SSN) of adult household member:** _____ **If no SSN, write "none."**
STEP 5: 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.
 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: _____

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

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/ SNAP) 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 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: Enter either the FAP/ SNAP 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: Skip this step. STEP 5: 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 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. 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: Enter the total income received by all children listed in STEP 1, then check how often the income is received. STEP 4: 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 5: 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	Pensions/Retirement/All Other Income
Social Security	• A child is blind or disabled and receives Social Security benefits	• Salary, wages, cash bonuses	• Unemployment benefits	• Social Security (including railroad retirement and black lung 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	• Private pensions or disability benefits
Survivor's Benefits			• Supplemental Security Income (SSI)	• Regular income from trusts or estates
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military:	• Cash assistance from State or local government	• Annuities
Income from any other source	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)	• Alimony payments	• Investment income
		• Allowances for off-base housing, food and clothing	• Child support payments	• Earned interest
			• Veteran's benefits	• Rental income
			• Strike benefits	• 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/ SNAP) 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/ SNAP 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 received, claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, 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

Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	Impact Learning Center
*Formulas offered at this facility: Milk-based:	Parent's Choice (Enfamil equivalent/Purple Can)
Soy-based:	Parent's Choice (Enfamil equivalent/ Purple Can)

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

Parents please complete the following:

Baby's full name: _____ Date of Birth: _____

Please check this box if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk Visit facility to nurse

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of *formula): _____

This facility has not requested or required me to provide infant formula or food.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food

ILC Parent Handbook Reminders

(see entire handbook at www.ImpactLCJax.com)

- Center hours 7am-5:30pm (VPK only 9am-12pm, Head Start 8am-2pm, EHS 8am-3pm).
- **Students must arrive by 8:30am** if eating breakfast or 9:00am if they are not. An exception made if accompanied by a doctor/dentist's note or other pre-approved documentation.
- Parent must call if child will be late or absent. **Bring doctors notes when out sick.**
- Center closures on bulletin board. Separate schedule for EHS, Head Start, & VPK.
- Tuition is due Friday prior, will be late after Monday. **\$25 late fee applied Tuesday.**
- **Children will not be accepted the next week if tuition is past due.**
- **Cash is not accepted! We accept debit/credit cards, or payment through Smartcare app.**
- **Late pick up is \$1 a minute after the center closes at 5:30pm. Fee is due the next business day.**
- Smartcare- Electronic portfolio & payment system used/direct billing for tuition will be set up.
- All children must be signed in center through Smartcare app and on paper Sign-In/Out form.
- **Children on SR Voucher only get 3 unexcused absences a month. Bring doctors/dentist note.**
- **Children must maintain updated Immunizations & Physicals to come into center.**
- We are mandated DCF reporters- we must report any marks/bruises/signs of abuse.
- Emergency pick up required when signs of illness (diarrhea/fever/vomiting).
- Accident report will be written if child is hurt (parent notified by phone if urgent).
- Signed Medication Authorization form needed for medications, diapering cream, etc.
- Emergency contacts listed on DCF form must be 18 years or older and ID is required.
- Children must wear enclosed shoes such as sneakers (no sandals or flip flops!).
- We *usually* follow DCPS for closures due to weather conditions, Smartcare notices also sent.
- Visitors must sign-in and all parents, staff, & visitors must follow posted Standards of Conduct.
- This is a smoke free and cell phone free environment! No smoking even in the parking lot.
- Discuss special needs, allergies, & behavior/academic/social/disability concerns with director.
- Please make sure you are bringing a blanket for your child on Mondays (or first day of the new week) & taking it home Fridays to wash/return.

ITEMS PARENTS/GUARDIANS MUST BRING: Diapers, wipes, 2 extra outfits, blanket, immunization record, physical, transfer SR or VPK voucher, etc.

