

Student Enrollment Application

Elyon School & Child Care

1516 Norman St NE, Palm Bay, FL 32907 * Tel: 321-728-5503

Student Birth Date: _____ Sex: M F Enrollment Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Program: Full Part VPK VPK + Extended Care 1 yr old 2 yrs old Preschool Before School After School

Attendance M T W T F Arrive: _____ AM PM Depart: _____ AM PM Meals: Br Lunch pm snack

Enrolling Parent/Guardian Relationship: _____ Driver License #: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Home Phone: _____ Cell: _____

Employer _____ Address: _____ Phone: _____

Parent/Guardian Relationship: _____ Driver License #: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Home Phone: _____ Cell: _____

Employer _____ Address: _____ Phone: _____

Custody: Both Mother Father Other If divorced may non-custodial parent pick up the child? Y N

Other 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: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Medical Information

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

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical, or dietary needs, or other concerns: _____

Parent/Guardian Agreement

By signing the line below I hereby agree to the following:

I have fully read and understand this application including the obligation to confer with the school first if I have any questions or problems. All information is complete and accurate to the best of my knowledge. The school will rely on the truthfulness of this information and will not be held liable if any of the information is incorrect. I consent to have my child treated by a physician for a medical or surgical care should an emergency arise. I understand that every effort will be made to contact me or a relative before such action is taken. I agree to pay the amount due in advance on a weekly basis, for the time my child is enrolled. I understand that I may withdraw at any time by notifying the school one week in advance. Withdrawal is effective the Friday of the week of notification, and all other fees are payable upon other absences. I have been informed that a current physical examination (DH3040) and immunization record (DH680 or DH681) should be returned to the facility within 30 days of enrollment. I have received the brochure "Know Your Child Care Facility", and the parent handbook outlining the discipline practices of this facility.

Signature: _____ Date: _____



CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to the administrative office. If you need assistance filling out this form, call this number: 321-728-5503.

PART 1 – INFORMATION ON CHILD:

Child's Name: _____
Last Name First Name Date of Birth

NAME AND ADDRESS OF CCC/OSHCC:

Elyon School & Child Care
1516 Norman St, Palm Bay, FL 32907

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS: Complete this part and Part 5.

Food Assistance Program Case Number: _____ TANF Case Number: _____

PART 3 – HOUSEHOLDS WITH A FOSTER CHILD: Complete this Part and Part 5. If this is a foster child, check this box

List the child's monthly personal use income \$ _____ Write "0" if the child has no personal use income.

PART 4 – ALL OTHER HOUSEHOLDS: If you gave a Food Assistance Program or TANF number or if this is an application for a foster child then skip to Part 5. Otherwise, complete this part and Part 5.

NAMES	INCOME AMOUNT / FREQUENCY				
	Example: \$100 / month or \$100 / twice a month or \$100 / biweekly or \$100 / week				
List the Names of <u>Everyone</u> in Your Household (include child listed in Part 1 above)	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	Check If No Income
<i>(Example) Jane Smith</i>	\$ <u>199</u> / <u>week</u>	\$ <u>149</u> / <u>biweekly</u>	\$ <u> </u> / <u> </u>	\$ <u>99</u> / <u>month</u>	<input type="checkbox"/>
1. _____	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	<input type="checkbox"/>
2. _____	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	<input type="checkbox"/>
3. _____	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	<input type="checkbox"/>
4. _____	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	<input type="checkbox"/>
5. _____	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	<input type="checkbox"/>
6. _____	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	\$ <u> </u> / <u> </u>	<input type="checkbox"/>

PART 5 – SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Social Security Number _____ - _____ - _____

Write **NONE** if you don't have a Social Security Number

(Signature of Adult Household Member) _____ Home Phone No. _____ Work Phone No. _____
Date Signed _____ Home Address _____ Zip Code _____

PART 6 (Optional) - RACIAL IDENTITY OF CHILD

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

ETHNIC IDENTITY OF CHILD

- Hispanic or Latino
- Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

For Contractor Use Only:

- Food Assistance Program/TANF household
- Foster Child
- Zero Income Application – Temporary Free Until _____ (evaluate every 45 days)

Total Household Size: _____ Total Household Income: \$ _____ Weekly / Biweekly / Twice a Month / Monthly / Annually

Note: If different income frequencies are listed, convert all income to an annual amount. (Circle one of the above)

Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Eligibility Determination: Free Reduced Non-needy

Reason for Non-needy Status: Income too High Incomplete Application Other (Reason) _____

Signature of Determining Official: _____ Date Signed: _____

APPLICATION INSTRUCTIONS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

Part 2: List the current Food Assistance Program (formerly known as the Food Stamp Program) or TANF (Temporary Assistance for Needy Families) case number. The case number is on your letter of eligibility; it is not the number on your EBT card.

Skip Parts 3 and 4.

Part 5: An adult household member must sign the form, but a social security number is not necessary. Complete the address and phone number fields and date the form.

Part 6: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

Skip Part 2.

Part 3: Check the box and list the child's personal use monthly income. Write "0" if the child does not get personal use income.

- "Personal use" income is a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and/or b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.
- In certain cases, foster children are eligible for free or reduced-price meals regardless of the income of such household with whom they reside and households wishing to apply for such benefits for foster children should contact us.

Skip Part 4.

Part 5: A foster parent or other official representing the child must sign the form, but a social security number is not necessary. Complete the address and phone number fields and date the form.

Part 6: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

Skip Parts 2 and 3.

Part 4:

- (1) Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of income each household member regularly receives, before taxes or anything else is taken out, and how often it is received. List income in the appropriate column(s) to designate the source of the income, such as earnings, welfare, pensions, and other income (**refer to examples below for types of income to report**). If any amount(s) received during the last month was more or less than usual, write that person's usual income.
- (3) For any person with no income, including children, check the "No Income" box.

Part 5: An adult household member must sign the application and give his/her social security number (or write NONE if s/he doesn't have a social security number).

Part 6: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

INCOME TO REPORT

Earnings from Employment

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Other Income

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Any other income

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Military Households

All cash income for off base commercial/private housing allowances, excluding the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance (FSSA)

All cash income for uniform allowances

Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

All cash income made available to the household, except for combat pay



Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: Elyon School & Child Care

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

OR

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



Child Care Food Program
Medical Statement for Children with Disabilities
and Special Dietary Conditions

Child's Name: _____ Date: _____

Name and Address of Child Care Center: _____

Dear Parent/Guardian and Recognized Medical Authority:

This child care center participates in the Child Care Food Program (CCFP) and must serve meals and snacks meeting the CCFP requirements. Food substitutions must be made for children with a physical or mental disability when supported by a physician's statement. Food substitutions may also be made for children with special dietary conditions (unrelated to a disability) when supported by a statement signed by a physician, physician's assistant, nurse practitioner (ARNP), or registered dietitian. When supported by this documentation, the meal is not required to meet the meal pattern. Please return this completed form to the child care center. If you have any questions, please contact me at _____.

Child Care Center Phone Number

Sincerely: _____

Child Care Center Director

A recognized medical authority must complete the following information.

1. Does the child identified above have a disability? A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.

[] Yes

If yes:

a. State and describe the disability. _____

b. How does the disability restrict the diet? _____

c. What major life activity is affected? _____

[] No

If no:

Identify the medical condition (unrelated to a disability) that restricts the child's diet.

2. List any food(s) to be omitted from the child's diet.

3. List any food(s) to be substituted.

4. Describe any textural modification required.

Signature of Physician or Recognized Medical Authority
(For a disability, a physician must sign)

Date

Printed Name

Phone Number

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.

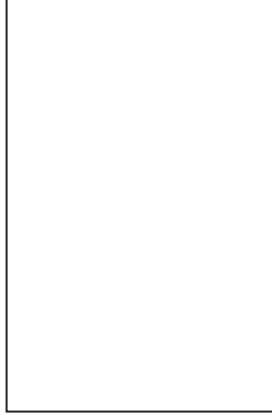
When evaluating the quality of a child care setting, the following indicators should be considered:

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.

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:



Know Your Child Care Facility



CF/PI 175-24, 10/2007

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



Licensing Standards

Parent's Role

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 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 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.



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.

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/>

What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



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

CF/PI 175-70, June 2009

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



**“The Flu”
A Guide
for Parents**

INFLUENZA VIRUS

Enrollment Checklist
Elyon School and Child Care
1516 Norman St NE
Palm Bay, FL 32907
321-728-5503

- Due upon enrollment:
 - signed Student Enrollment Application
 - signed Free and Reduced Price Meal Application
 - signed Child Care Food Program – Child Participation Form
 - signed Child Care Food Program – Medical Statement for Children with Disabilities and Special Dietary Conditions
 - signed Know Your Child Care Facility brochure
 - signed Influenza Virus Guide for Parents brochure
 - first week’s tuition which is due in advance of service. Discounts will be applied.
- You have up to 30 days after enrollment to submit the following medical records:
 - Immunization (shot) record (Blue Form)
 - Physical record (Yellow Form)
- Bring a blanket for nap time, at least one (1) change of clothes, and a bag to keep it all together

Parent Handbook

Elyon School & Child Care

...because early training matters (Proverbs 22:6)

**1516 Norman St. NE
Palm Bay, FL 32907**

Tel: 321-728-5503

Fax: 888-852-6479

Email: info@elyonschools.com

Web: www.elyonschools.com

Dear Parent,

Thank you for your interest in Elyon School & Child Care (Elyon). Elyon is a Christian, state licensed year round pre-school and child care program. It provides a much needed community service by offering quality child training at competitive market rates. In so doing, we help parents and guardians in preparing their children to lead spiritually, morally, and academically successful lives. The school's physical facility provides an excellent educational environment. It complies with all laws and regulations concerning food service activities, health and sanitation, building codes, and fire safety regulations.

The administration carefully interviews all potential employees regarding their personal health, moral character, educational philosophies, and experience in working with children. This is done to see that your child receives the best of instruction and care. This manual will help to answer questions you may have about our program. Please take the time to carefully read it. Address further questions to the school's director.

Physical Facilities

Building

Elyon School & Child Care is located at 1516 Norman St. NE, Palm Bay, FL 32907 and has a capacity for 70 children. It houses our main office, one large room and three smaller ones provide the children with ample space for learning. Five restroom facilities and a kitchenette are also on the premises. The entire building is air-conditioned. Each room has ample overhead lighting and windows that open for fresh air when appropriate. The facility meets Florida childcare building requirements for its intended use.

Outdoor Play

The school has two fenced-in playground areas. They contain equipment such as swings, merry-go-rounds, climbing equipment, and slides. There is also plenty of room for running, free play, and organized games.

General Information

Ages Served

1-year old, 2-year old, Pre-school (3 to 5 years old), Before / After (5 to 12 years), Voluntary Kindergarten (VPK), Early Learning Coalition (ELC)

Hours of Operation

Elyon School & Child Care is open Monday through Friday, from 6:00 a.m. to 6:00 p.m., year round, to suit the needs of working parents.

Holidays & School Closing

The school normally close for the following holidays:

Labor Day

Thanksgiving (Thursday & Friday)

Christmas (Dec. 24 & 25)

New Year's Day (Jan. 1)

Good Friday

Memorial Day

Independence Day (July 4)

When one of these holidays falls on a weekend, Elyon School & Child Care will close on either the Friday before or the Monday after the holiday. It may become necessary to close school or to dismiss early because of inclement weather or some other uncontrollable natural event. The Director will notify parents by telephone if this becomes necessary. Due to fixed costs, averaged over the entire year, there is no reduction in tuition for holidays or other days off for other reasons as stated above.

Open Door Policy & Parent/Staff Conferences

We invite those interested in learning more about our programs to visit our schools at any time without phoning ahead for an appointment. Any parent may schedule a conference with a particular teacher by making an appointment in the office.

Non-discrimination Policy

Elyon School & Child Care accepts applicants for enrollment without regard to race, religion, color, sex, or national origin.

Enrollment & Fees

Forms

Prior to a child entering Elyon School & Child Care, the Enrollment Application Form must be completed and returned. The Florida Shot Record (Blue Form) and the Florida Physical (Yellow Form) must be completed and returned within thirty days after the child has started school. Should the child be under the legal custody of only one parent a copy of the final court judgment must also be given to the facility.

Registration Fee

None

Book and Supply Fees

After the first full month in attendance, we assess a \$5.00 classroom supply fee on the last week's charges of each successive month. This fee covers the cost of consumable classroom supplies (crayons, paper, pencils, art supplies, and the like).

Tuition Policy

The first weeks' tuition payments are due before or at the time the child enters the school. Tuition payments are due each Friday for the following week. A \$10.00 late fee will be charged if payment is not made by the following Monday. All accounts must be kept current. Any child whose tuition account is delinquent by one week may not continue in school until the parent corrects the situation. If a child is out when the tuition payment is due, the parent is to make payment on the day the child returns to school. Parents may pay with cash, check or credit cards (Visa/MasterCard). If payment is with cash be sure to always ask for a receipt. Parents will be assessed a \$30.00 service charge for each returned check. This may result in the account being put on a cash-only basis. If a coupon or discount from advertising is used for tuition, it is limited to new full-time students, immediate family members, and one per family. It must be used for consecutive weeks. The coupon discount may not be combined with any other advertising. If a parent is late making the tuition payment or bounces a check, the coupon discount is rescinded and full payment will be required.

Attendance

Teachers take attendance each day. Children may come and go throughout the day as needed. We designed our program with that flexibility in mind.

Late Pick-up Charge

An overtime fee of \$5.00 for every ten minutes or portion thereof will be charged when a child is picked up after 6:00pm.

Absenteeism

If a child is absent for five consecutive school days, for any reason, the tuition for that week will be 40% of that child's regular rate. Any child present for any portion of a week will be charged their regular weekly rate.

Breakfast, Lunch & Snacks

The weekly tuition includes breakfast, lunch, and afternoon snacks. Throughout the year, for special occasions, the school will have class parties. At these times the school will send home a notice with each child giving parents the opportunity to bring in special treats for the day. Parents who wish to have their child's birthday celebrated at school are to furnish a store-bought birthday cake or the like to share with the class during the afternoon snack time.

Waiting List

To put your name on our waiting list, simply pay the first week's tuition in advance and fill out an application form. You usually will not be required to wait long. This advance tuition will be refunded to you if an opening does not occur within the time frame needed.

Arrival & Departure

All arrivals and departures will be only through the school's main entrance and in the presence of a qualified staff member. Children may be dropped off after 6:00 a.m. at the parent and child's convenience.

Children may be picked up anytime before closing. Whoever picks up a child must sign the child out before leaving. Children are to remain with their parent when leaving the building to help ensure the safety of the child in the parking lot. We request that parents not leave unattended children in their vehicles and turn off the ignition before entering the building.

Authorized Persons

Elyon School & Child Care will only allow parents, guardians, and those designated by the child's parent or custodian to pick up that child. In custody cases, the registering parent is to provide a copy of the legal document indicating who has legal custody of the child. Any first time person picking up a child must show proper identification prior to the release of the child.

Programs

Preschool / Child Care

We believe children function best and are most comfortable in an organized program. They always like to know what takes place next. It is their way of telling time and keeping track of the day's events. The pre-school program at Elyon School & Child Care flows in a predictable manner. This enables the child to know what to expect next.

Children have short attention spans but love repetition. Knowing this, Elyon School & Child Care has divided its daily program into short repetitive periods of instruction intertwined with center times, singing, and group time to retain the child's interest and

attention. This takes place in an enjoyable setting without pressure, and are designed to be age appropriate.

Each day the children will do activities during class time. Teachers send it home so the parents may monitor their child's daily progress. Teachers send homework home so parents may take an active part in their child's learning experience. For children who return their homework to school the next day, their teacher gives them a reward for a job well done. Teachers also keep parents involved by informing them of the week's theme.

Before/After School

Our before/after school program provides transportation and care for children, ages five (5) to twelve (12), to and from school.

Religious Instruction

We are a faith based organization. This means that the materials used by Elyon School & Child Care are based on Bible stories and characters. They are taught the Ten Commandments, to pray before meals, and also learn that there is a God who cares about them and can be approached through prayer.

Naptime

After lunch, all children have a rest period. Children should bring in their favorite blanket, stuffed animal, or other sleeping item to have at naptime.

Illness, Injury, and Medication

Illness

Children are to be kept home from school if they are visibly ill. If a child becomes ill while at school the parent will be notified and may be asked to come and pick up their child. In such an event, the child will be isolated from the other children until picked up.

Injury

Elyon School & Child Care makes every effort to provide the safest environment for all children. Occasionally, however, injuries do occur. Should this happen, the Director will take immediate first aid steps, which may include calling 911, and then inform the parent and await further instructions.

Medication

Parents who bring medicine to be given to their child while at school must fill out a Medication Authorization Form at the office. Parents must label the medicine with the child's name. Parents are to give the medicine directly to the person in the main office. The office personnel will see that it is properly stored until needed.

Insurance

Elyon School & Child Care maintains public liability insurance to cover any unforeseen accidents or injuries that may occur on the school grounds.

Discipline Policy

At Elyon School & Child Care we associate discipline with training. Young children are usually still learning how to get along with each other and how to interact with their environment. As such, the staff at Elyon seeks opportunities to teach children proper behavior. The main disciplinary method is to keep the child excited, interested, and involved in learning, which is reinforced through rewards. If a child becomes restless and does not exhibit good behavior our next disciplinary method is to redirect the child to another activity. There are times when time-outs do become necessary though the aforementioned methods are effective most of the time. Children shall not be subjected to discipline which is severe, humiliating or frightening. Discipline shall not be associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited. Elyon School & Child Care personnel do not have the authority nor can be given the authority to spank a child. Please report any suspected physical harm to your child to the director immediately.

We encourage good communication between the home and school; therefore we will keep you informed of behavioral problems that may arise at school. If the child refuses to comply with the above disciplinary methods then parent is brought in as our final disciplinary method. If necessary, we will schedule conferences to help work with you in the care and discipline of your child.

Elyon School & Child Care is dedicated to the total well being of the child. We make every effort to empower them in learning and developing successful character traits. Discipline is the key to achieving these goals. Without discipline, our program will be fruitless for everyone. For this reason Elyon School & Child Care reserves the right to dismiss a child that still refuses to comply with the above disciplinary methods.

Part-time Policy

Elyon School & Child Care provides education and care for your children at affordable prices. It is the "Best Value" to be enrolled full-time and have a space in our school whenever you need it, five days a week. We realize some have need for only two or three days per week, and for that reason we offer our part-time rate when and if space is available.

If you choose to have your child attend part-time, select the number of days per week you are interested in for your child (two day minimum). The Director will determine your weekly rate and will provide you with that information. Should you occasionally need to have your child attend more days than you have selected, the part-time daily rate will apply to the additional days. We will be happy to work with you on deciding what would be best for you.