

# GROWING TREE LEARNING CENTER

Date Enrolled: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_  
Medical Records: \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_  
Status Change: \_\_\_\_\_ Registration Fee: \_\_\_\_\_  
Hours for Care: \_\_\_\_\_  
School Name: \_\_\_\_\_

(The Above Information to be Completed by Growing Tree Personnel )

Child's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Child's Nickname: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Marital Status: S M D W  
Home Address: \_\_\_\_\_ Person child lives with: \_\_\_\_\_  
City: \_\_\_\_\_ Brothers: Older: \_\_\_\_\_ Younger: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Sisters: Older: \_\_\_\_\_ Younger: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Elementary School: \_\_\_\_\_  
Mother's Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Father's Work: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name, Address and Phone No. of Someone Other than Parents Who We Can Contact in Case Of an Emergency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ City / Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Parent Permitted to remove / Pick-up Child: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other Authorized Persons: \_\_\_\_\_

List any Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Daily? Y \_\_\_ N \_\_\_

I will be Paying By: Check: \_\_\_\_\_ Cash: \_\_\_\_\_ If paying by Check, please complete the following:  
Drivers License No. \_\_\_\_\_

How Did You Learn About Growing Tree? \_\_\_\_\_

I have read and completely understand the policies and procedures as outlined and stated in the General Information Folder set forth by Growing Tree Learning Center, including but not limited to, "Discipline".

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_ has my permission to accompany Growing Tree Learning Center fellow students and staff on field trips from time to time. I understand that I will be notified in advance of any such activities by bulletin board and /or newsletter notice.

\_\_\_\_\_  
(Parent/Guardian Signature)

I grant my permission to Growing Tree learning Center to use my child or children's photograph for advertising purposes and for display of activities within the school.

\_\_\_\_\_  
(Parent/Guardian Signature)

### **AUTHORIZATION FOR MEDICAL TREATMENT**

Should the need for medical attention arise, in the event of my not being available, as the parent or legal guardian I authorize Growing Tree Learning Center and Staff to arrange for medical treatment as necessary for our child or children, named below:

If necessary, the following medical specialists and facilities reflect my preferences:

Hospital: _____	Family Physician: _____
Pediatrician: _____	Address: _____
Ophthalmologist: _____	_____
Dentist: _____	Phone: _____

In the event of a medical emergency, and parent (s) and /or legal guardian (s) cannot be reached, please notify the following person of treatment, if any, that may be necessary to be performed under this authorization.

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

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

I have received the Children and Family Services Child Care Facility Brochure Statement (Chapter 402.3125, F. S.)

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



# GROWING TREE LEARNING CENTER

900 Dodd Road, Casselberry, FL 32707

(407) 696-4010

Growing Tree Learning Center

Policy: Discipline

Effective: Immediately

## Behavior

Growing Tree Learning Center believes we can maintain proper behavior by rewarding with the use of positive actions.

1. Verbal praise
2. Hugs
3. Stamps
4. Stickers

Growing Tree Learning Center will use the appropriate consequences for improper behavior. We first strive to handle the incident through re-direction. If that fails to solve the problem, the next steps will be:

1. Child will have the opportunity to go to the safe place established in the class room. One minute for each year of the child's age.
2. Safe place established in the office with another adult
3. Conference with the parents.

We appreciate your cooperation in this matter in order that we maintain quality care for all the children attending. Growing Tree believes each child deserves the optimal care and attention. This is not possible if one or two children are allowed to disrupt the group. If a child's behavior continues to prove dangerous or disruptive to him/herself or to others and the steps for re-direction fail, dismissal will result.

## Biting

Common reasons infants and toddlers bite are teething and frustration and anxiety. It is developmentally appropriate at this age since they still lack self-control to express their feelings. The staff will intervene by shadowing, re-direction and removing child from group. Biting by 3 to 5 year olds will not be tolerated. If the intervention established does not work, the child may be dismissed from Growing Tree.

Parents signature \_\_\_\_\_

Date \_\_\_\_\_

Growing Tree Learning Center

900 Dodd Road

Casselberry, Florida 32707

Permission to Participate in Food Related Activities

Chapter 65C-22

Florida Administrative Code Child Care Standards

Revised August 2013

Page 46, 2 (d)

Parent or legal guardians must be advised in advance of each food related activity, such as special occasions and learning activities, which include food consumption. Written parental permission may be obtained in the general or special permission slip. Documentation of parent permission for food activities must be maintained for a minimum of four months from the date of the activity.

This will include all class cooking projects, (see /read lesson plan posted outside classroom weekly), Holiday Celebrations, Event treats, lunches and or dinners , Theme based celebrations, Birthday celebrations. Refer to Monthly Newsletter, Weekly Individual class lesson plans posted outside the class room , class TODAY SHEETS and DAILY REPORTS posted or coming home in their folder, that is your responsibility to check daily. Refer to the "Special Eatery Event" posted outside your child's classroom for all cooking projects. Please update any food allergy information below:

Child's name \_\_\_\_\_

Food allergy or restriction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my child \_\_\_\_\_ permission to participate in food related activities that take place GROWING TREE LEARNING CENTER.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

I do \_\_\_\_\_ do not \_\_\_\_\_ grant permission to have my child observed and/or screened for potential delays, challenging behaviors or other concerns.

Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If child was born prematurely, how early was the birth?

Is your child currently receiving therapy of any kind? Yes \_\_\_\_\_ No \_\_\_\_\_

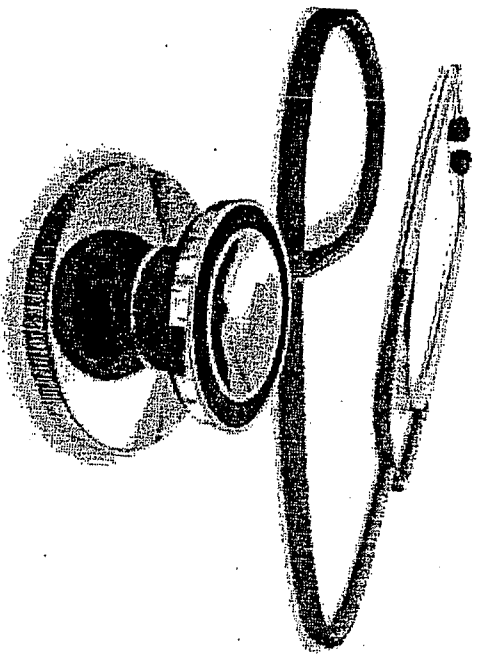
(If yes, please list type of therapy \_\_\_\_\_)

Other (i.e. relevant medical condition, sibling with a disability etc) \_\_\_\_\_

\_\_\_\_\_

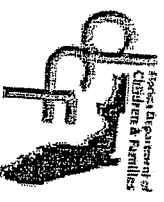
## What is the influenza (flu) virus?

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 redness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



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

CF/PI 175-70, June 2009

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



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.

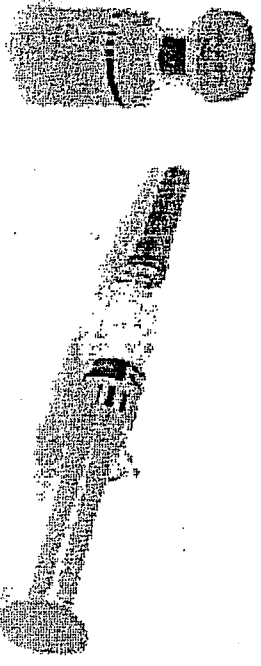


### What should I do if my child gets sick?

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



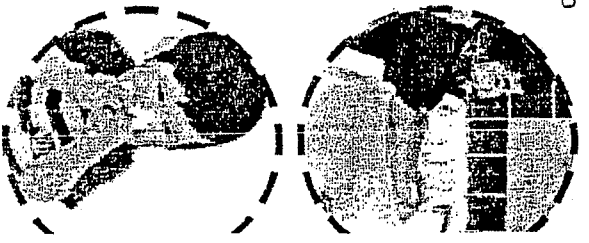
### How can I protect my child from the flu?

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. A child should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

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



### Child Care Food Program

## Child Participation Form

Name of Child: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

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. _____ p.m. to a.m. _____ 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. _____ p.m. to a.m. _____ 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. _____ p.m. to a.m. _____ 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. _____ p.m. to a.m. _____ 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. _____ p.m. to a.m. _____ 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. _____ p.m. to a.m. _____ 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. _____ p.m. to a.m. _____ 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. _____ p.m. to a.m. _____ 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: \_\_\_\_\_



# FLORIDA DEPARTMENT OF HEALTH

## 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 \_\_\_\_\_ . If you need assistance filling out this form, call this number: \_\_\_\_\_

**PART 1 - INFORMATION ON CHILD:**

Child's Name: \_\_\_\_\_ NAME AND ADDRESS OF CCC/OSHCC: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PART 2 - HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS:** Complete this part and Part 4.  
 Food Assistance Program Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

**PART 3 - ALL OTHER HOUSEHOLDS:** If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS		INCOME AMOUNT & FREQUENCY				
		List pay frequency (i.e., annually, monthly, twice a month, biweekly, or weekly) after each amount.				
List the Names of <u>Everyone</u> in Your Household (include child listed in Part 1 above)	Check Box if Foster Child	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (including personal use income of a foster child)	Check Box if Person has NO INCOME
Last Name, First Name	<input type="checkbox"/>	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	<input type="checkbox"/>
1. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

**PART 4 - SIGNATURE AND SSN:** An adult household member must sign the application before it can be approved.

Signature of Adult Household Member \_\_\_\_\_ Date Signed \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Street Address, City, State, Zip Code \_\_\_\_\_ Work Phone # \_\_\_\_\_

Last Four Digits of Social Security Number \_\_\_\_\_ Write NONE if you don't have a Social Security Number

**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.

**PART 5 (Optional) - RACIAL IDENTITY OF CHILD**  
 American Indian or Alaskan Native     Asian     Black or African American    **ETHNIC IDENTITY OF CHILD**  
 Native Hawaiian or other Pacific Islander     White     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 last four digits of 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 the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of 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. 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 look into violations of program rules.

**For Contractor Use Only:**

Food Assistance Program/TANF household    Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_  
 Foster Child    Income Frequency: Weekly / Biweekly / Twice a Month / Monthly / Annual (circle one)

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

Eligibility Determination:  Free     Reduced     Non-need

Reason for Non-need Status:  Income too High     Incomplete Application     Other (Reason) \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_



# GROWING TREE LEARNING CENTER

900 Dodd Road, Casselberry, FL 32707

(407) 696-4010

## Check It Out!!!!

### Our Website is up and running

[www.growingtreelearningcenter.net](http://www.growingtreelearningcenter.net)

All Growing Tree information for you at a click

- Monthly Newsletter
- Monthly Calendar
- Monthly Menu
- Teachers Notes
- Special Events
- Pictures

Before we can post any pictures of children participating in activities associated with Growing Tree, your permission is needed. Please fill out bottom and return it to the front office.

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I give Growing Tree Learning Center my permission to post my child's pictures on the Growing Tree website.

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

Childs name \_\_\_\_\_

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_