



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

School Site: \_\_\_\_\_

[www.ymcasuncoast.org](http://www.ymcasuncoast.org)

**Please Clearly Print** all the information requested below so we may accurately register your child/ren without delay.

Child's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Gender: Male ☐ Female ☐ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnicity: ☐ African American ☐ Asian/Pacific Islander ☐ Spanish/Hispanic/Chicano/Latino  
☐ Caucasian/White ☐ Native American ☐ Bi/Multi-racial ☐ Other

**Does your child/you receive any of the following discounts (subsidies)?**

Does your child currently have an approved Open Doors Scholarship (financial assist.)? ☐ Yes ☐ No

Are you receiving a Government Subsidy? (ELC)? ☐ Yes ☐ No

Are you or your spouse employed by the Pinellas County School District? ☐ Yes ☐ No

Parent/Legal Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity: ☐ African American ☐ Asian/Pacific Islander ☐ Spanish/Hispanic/Chicano/Latino  
☐ Caucasian/White ☐ Native American ☐ Bi/Multi-racial ☐ Other

Household Email: \_\_\_\_\_ Household Phone: (\_\_\_\_) \_\_\_\_\_

We will not disclose your email information for any non-related YMCA use.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Household Income: ☐ Under \$19,999 ☐ \$20,000-\$29,999 ☐ \$30,000-\$49,999 ☐ \$50,000-\$75,000 ☐ Over \$75,000

☐ I have completed and signed my (EFT)/Draft Authorization Form and Payment Policy Agreement.

Parent Initial \_\_\_\_\_

Date \_\_\_\_\_

By initialing this document, I verify that all information provided to the YMCA of the Suncoast is complete

**Amount Paid Today:**

Registration Fee: \$ \_\_\_\_\_

Weekly Fee: \$ \_\_\_\_\_

Prior Balance: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Paid Today: \$ \_\_\_\_\_

**Staff Use Only... Must be filled out completely (please clearly print all information)**

Registration packet received by: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Start Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Credit Card: last (4) digits \_\_\_\_\_ ☐ Check (#) \_\_\_\_\_

**Funding Codes:** ☐ Full Fee ☐ School Board ☐ Open Doors

☐ Gov't Disc ☐ PT Y Emp ☐ FT Y Emp ☐ OST ☐ 21<sup>st</sup> CCLC

Subsidy Amount Approved: \$ \_\_\_\_\_ or \_\_\_\_\_%

Parent Weekly Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Subsidy Approved by: \_\_\_\_\_

**CHILD'S ID #**

The YMCA does not discriminate on the basis of race, creed, religion or economic ability.

Financial assistance is available for this and all YMCA programs.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



## CHILD'S ENROLLMENT RECORD

**DIRECTOR'S USE ONLY**

Date enrolled \_\_\_\_\_

Child's full legal name \_\_\_\_\_  
First Middle Last

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's preferred name/nickname \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Primary hours child will be in the children's center \_\_\_\_\_

Days of week child will be in the children's center \_\_\_\_\_

Who has legal custody \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Place of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Place of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone \_\_\_\_\_

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

CONTINUED ON BACK

## CHILD'S ENROLLMENT RECORD

(Back Page)

Child's Physician/Health Resource \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

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

Name of Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

### MISCELLANEOUS INFORMATION

List all known allergies \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special medical or dietary needs of child \_\_\_\_\_

List any areas of concern \_\_\_\_\_

**My signature below verifies that:**

**I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.**

**I have received a copy of "Know Your Child's Children's Center" brochure, "A Guide For Parents" Influenza Virus brochure and a copy of the children's center discipline policy.**

**I was notified that the snacks/meals served daily are:** ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner

**I verify that the information on this enrollment form is complete and accurate.**

\_\_\_\_\_  
**Signature of Custodial Parent or Legal Guardian**

\_\_\_\_\_  
**Date**



## EMERGENCY MEDICAL RELEASE

### Please Print Information

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

Allergies: \_\_\_\_\_

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

### Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child  
\_\_\_\_\_, in the event of an emergency at which time  
(Child's Full Name)  
I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

by \_\_\_\_\_, who is personally known to me or who has  
(Name of Affiant)

produced \_\_\_\_\_ as identification.  
(Type of Identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_  
(Signature of Notary)

**PHOTO RELEASE:** I give permission for photographs of my child to be used by the YMCA of the Suncoast for promotional and/or educational purposes. I realize that neither my child nor I will receive any compensation of any kind for use of the photographs.

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

**PARENTAL AGREEMENT:**

- Any outstanding balances due to the YMCA of the Suncoast must be paid in full prior to registering for School Age Programs.
- I understand that I am responsible for adhering to the late fee policy if I fail to pick up my child on time each day.
- I understand that the YMCA of the Suncoast does not carry accident insurance.
- I realize that the responsibility for payment of an injury requiring medical care is mine.
- I have reviewed the YMCA Discipline Policy.
- I give permission for my child to attend all YMCA activities and field trips.
- I understand that it is my responsibility to pay for YMCA programs.

**PAYMENT AGREEMENT:**

Your weekly fee will be processed by EFT (Electronic Fund Transfer), unless other arrangements are requested in writing. If weekly payment consideration has been approved, payments by money order are due 10 days prior to the week your child will be attending. Money orders should include; child's name, school site and week/date being paid. If your payment is not received by the due date, your child may lose their reserved spot in our program. Additional fees may include:

- Any payment received after the designated due date will be charged a \$10 late fee per occurrence.
- If you are late picking up your child, you will be charged \$10 per child for every 15 minutes or portion thereof.
- You will be notified if an EFT payment (credit card or bank) is denied or returned for any reason.
- All returned payments from bank are subject to a \$20 bank processing fee.

**DISCLAIMER:**

The YMCA of the Suncoast does not discriminate on the basis of race, religion, gender, creed or socio-economic status. Charitable contributions to the YMCA enable us to provide financial assistance on a sliding scale. We promise that everyone who qualifies will receive assistance to the greatest extent possible based on the availability of funds. If you would like to apply for financial assistance for your child, please visit our website at [www.suncoastymca.org](http://www.suncoastymca.org) or ask a YMCA staff member for a People Helping People application. An application must be completed and approved prior to receiving financial assistance. Please complete each section in its entirety to insure accurate processing. If you receive government assistance (ELC), your signature indicates that you understand that the correct paperwork must be turned in and you will adhere to the attendance policy set by the funding agency.

**WAIVER & RELEASE:**

In consideration of gaining membership and/or my child being allowed to participate in the activities and programs of the YMCA in its facilities, including but not limited to camp locations or field trip locations, and to use its said facilities, equipment, and machinery in addition to the payment of any fee or change, I do hereby waive, forever discharge and covenant not to sue the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities, liability or negligence for injuries or damages resulting from my child's participation in any activities or use of equipment or machinery in the above mentioned facilities, or in any activities at said facilities. I agree to adhere to all policies set by the YMCA of the Suncoast.

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



# YMCA of the Suncoast 2012/2013

## Payment Policy Agreement

Pinellas/Pasco County School Age Programs:  
All school fees are to be paid by EFT (electronic fund transfer)

**All Inclusive Plan**  
**\$60.00 per week**

rate stated above is based on full fee amount – if receiving a subsidy-fee amount will vary.

This plan not available after January 4, 2013

**Fee Includes: 42 weeks of Before & After Care AND All School Holiday Breaks**

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I am requesting the-  
**All Inclusive Plan:**

Parent's initial:

**Standard Plan**  
**\$62.00 per week**

rate stated above is based on full fee amount – if receiving a subsidy-fee amount will vary.

**Fee Includes: 38 weeks of Before & After Care Only**

**Not included in fee:**  
School Holiday Breaks

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I am requesting the-  
**Standard Plan:**

Parent's initial:

**3 Day Plan**  
**\$49.00 per week**

rate stated above is based on full fee amount – if receiving a subsidy-fee amount will vary.

**Fee Includes: 38 weeks of Before & After Care Only**

**Not included in fee:**  
School Holiday Breaks

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I am requesting the-  
**3 Day Plan:**

Parent's initial:

**Wednesday – Afternoons Only (Pinellas Only)**  
**\$15.00 per week**

Fee amount is due if child attends or not. There are no subsidies available for this plan option.

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I am requesting the-  
**Wednesday Only Plan:**

Parent's initial:

**Parents, please note:** Our Standard, 3 Day and Wednesdays Only Plans do not include care for our Fall, Winter & Spring Breaks

**School Holiday Break Fees:**

\$62.00	Fall Break-3 full days of care
\$62.00	Winter Break (week 1) -3 full days of care
\$82.00	Winter Break (week 2) -4 full days of care
\$130.00	Winter Break (week 1 & 2 combo) -7 full days of care
\$100.00	Spring Break-5 full days of care

**SELECT ONLY ONE PAYMENT OPTION**

**All families are required to select one of the above EFT payment methods.**

However, we do understand that some families may have extenuating circumstances that would not allow for school age payments to be made by EFT. Written request is required and must be approved by the Executive Director. Please use reverse side of this form to document your request. All payments are due NO LATER than FRIDAY for the upcoming week. Payment is required if your child attends or not. A \$10.00 per week late fee will be added for each payment made after Friday.

Approved consideration fee: \$62.00 per week for 38 weeks of Before and After Care.

Additional cost of \$62.00-\$130.00 for holiday breaks.

Payment options with approved consideration:

Online payments – [www.ymcasuncoast.org](http://www.ymcasuncoast.org) or Money Order at School

☐ Approved Consideration: \_\_\_\_\_  

Exec. Director Signature

Additional Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_



**Pinellas/Pasco County School Age Programs 2012/2013  
Bank/Credit Card Drafting (EFT) Schedule:**

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<b>All Inclusive Plan</b> <b>\$60.00 per week</b>	<b>Standard Plan</b> <b>\$62.00 per week</b>
<b>3 Day Plan</b> <b>\$49.00 per week</b>	<b>Wednesdays Only – Pinellas Only</b> <b>\$15.00 per week</b>

All rates stated are based on full fee amounts, subsidies/financial assistance will be pro-rated accordingly.

**Please note: all weekly fees are required to be paid if your child attends or not.**

**Bank Account Draft (EFT) – Bi-Weekly**

First draft date: August 20, 2012  
Bank Draft (EFT) will be processed every other Monday through to May 27, 2013.

**Credit Card Draft (EFT) – Monthly**

First draft date: August 20, 2012  
Credit Card Draft (EFT) will be processed the first day of each month through to June 1, 2013.

**Standard, 3 Day & Wednesday Only**  
**Payment Plan Participants:**

\*Draft processing scheduled for November 12<sup>th</sup> and March 18<sup>th</sup> will only be for one week of care due to school holiday breaks.

\* **Please note:** there will be NO draft processed December 24<sup>th</sup> due to the Winter Holiday Break.

Draft schedule with specific processing dates is available at each school site.

Based on child's start date, a payment of one or two weeks will need to be paid with child's registration packet by check or money order. (Bank holidays will process the following day)

**All Payment Plans-Credit Card EFT:**  
**Credit Card Draft processing schedule**

Monday, August 20, 2012	(2 wks)
Tuesday, September 4, 2012	(5 wks)
Monday, October 1, 2012	(4 wks)
* Thursday, November 1, 2012	(4 wks)
* Monday, December 3, 2012	(5 wks)
Wednesday, January 2, 2013	(4 wks)
Friday, February 1, 2013	(4 wks)
* Friday, March 1, 2013	(5 wks)
Monday, April 1, 2013	(4 wks)
Wednesday, May 1, 2013	(4 wks)
Monday, June 3, 2013	(1 wk)
* Due to Holiday Break schedule, for participant not on the All-Inclusive Payment Plan, the draft processing dates stated will be pro-rated by either one or two weeks. For additional details, please contact 727-467-9622.	

Should your bank or credit card draft (EFT) not be honored by your financial institution for any reason, you are still responsible for the total payment due. In addition, you may incur a return payment service charge of \$20.00 assessed by the YMCA of the Suncoast. Restitution of any returned/unprocessed EFT must be made prior to the next scheduled processing date. It is also understood that you must notify the YMCA of the Suncoast in writing should your credit card expire, if your financial institution changes or you make any changes to your bank account information at anytime. If you have any questions or concerns regarding your draft (EFT), please feel free to contact: Information Processing Center Support Staff at 727-467-9622.



YMCA of the Suncoast  
School Age Programs Draft Authorization Form  
Bank/Credit Card Draft –EFT (electronic funds transfer)

Parent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Household Email: \_\_\_\_\_

☐ **Bank/Checking Information:** Processes Bi-Weekly

You must provide the YMCA of the Suncoast with a **voided check**; bank deposit slips do not provide the appropriate information required for an EFT. (Information remains confidential)

Parent initial: \_\_\_\_\_

Please photo-copy my check used to pay my child(ren's) annual registration fee and/or amount required based on my child(ren's) start date as my voided document.

☐ **Credit Card or Debit Card Information:** Processes Monthly

You must provide the YMCA of the Suncoast with a **complete** credit/debit card number and expiration date.

**Please note: Not all Bank/Checking Debit Cards process properly by EFT, please be prepared to provide bank routing & account number.**

Parent initial: \_\_\_\_\_

Please use this same credit/debit card to pay for the annual registration fee and/or amount required based on my child(ren's) start date).

Credit Card # (Information remains confidential)

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

☐ Visa ☐ Master Card ☐ Discover ☐ AmEx

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please see attachment for details on the 2012/2013 School Age Programs drafting amounts.

**In order to set up your School Age Program EFT, we need the following information:**

Child's Name

School Site Location

Draft Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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In order to secure your financial information, please return this **completed and signed form** along with your **voided check OR complete credit/debit card information** in a **sealed envelope** to:  
2469 Enterprise Road, Clearwater, Florida 33763 Attn: Information Processing Center.

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FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Pick Up Authorization List

Child's Name: \_\_\_\_\_ Grade/Group: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Are copies of custody/restraining papers on file for child/ren? ☐ Yes ☐ No  
Who has authorization to change/add/delete persons authorized for pick-up?

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The following people are allowed to pick up this/these child(ren):

_____ Name	_____ Phone	____/____/____ Date Added/Deleted	_____ Staff Init.
_____ Name	_____ Phone	____/____/____ Date Added/Deleted	_____ Staff Init.
_____ Name	_____ Phone	____/____/____ Date Added/Deleted	_____ Staff Init.
_____ Name	_____ Phone	____/____/____ Date Added/Deleted	_____ Staff Init.
_____ Name	_____ Phone	____/____/____ Date Added/Deleted	_____ Staff Init.
_____ Name	_____ Phone	____/____/____ Date Added/Deleted	_____ Staff Init.
_____ Name	_____ Phone	____/____/____ Date Added/Deleted	_____ Staff Init.
_____ Name	_____ Phone	____/____/____ Date Added/Deleted	_____ Staff Init.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Bardmoor • Clearwater • Citrus • Greater Palm Harbor • Greater Ridgecrest • Hernando • High Point • James P. Gills  
North Pinellas • New Port Richey SunTrust • Pinellas County School Age Programs • Hernando Country School Age Programs

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

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

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

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

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

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

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



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

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

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

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



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

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

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

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

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



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

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

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

## What is the influenza (flu) virus?

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



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

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



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

CF/PI 175-70, June 2009

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



**INFLUENZA VIRUS**

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

### QUALITY INDICATORS

Quality children's centers offer 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 children's center setting, the following indicators should be considered:

### CAREGIVERS

- ❖ Are friendly and eager to care for children.
- ❖ Are aware of the presence and activities of all children in their care.
- ❖ 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 talk with the children.
- ❖ Manage their behavior in a positive, constructive, and non-threatening manner.
- ❖ Allow children to play alone and in small groups.
- ❖ Are attentive to and interact with the children.
- ❖ Provide stimulating, interesting, and educational activities.
- ❖ Demonstrate knowledge of child development.
- ❖ Communicate with parents or legal guardians.

### ENVIRONMENT

- ❖ Is a safe and secure environment that fosters the growing independence of all children.
- ❖ Is clean, safe, inviting, comfortable, and child friendly.
- ❖ Has easy access to age-appropriate toys.
- ❖ Displays children's activities and creations.

### ACTIVITIES

- ❖ Are started by the children and facilitated by the teacher.
- ❖ Include social interchanges with all children.
- ❖ Include play, painting, drawing, story telling, music, dancing, and other varied activities.
- ❖ Include daily exercise for development of both small and large motor skills.
- ❖ Include free play and organized activities.
- ❖ Include opportunities for all children to read, explore, problem solve, and be creative.

### PARENT'S ROLE

The parent's or legal guardian's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, the parent(s) or legal guardian(s) should:

- ❖ Provide complete and accurate enrollment and health records. Update information as needed.
- ❖ Become familiar with the child care standards required to license the children's center.
- ❖ Ask about staff turnover.
- ❖ Know the policies of the children's center.
- ❖ Communicate with the caregiver.
- ❖ Visit and observe the children's center.
- ❖ Participate in special activities, meetings, and conferences.
- ❖ Talk with child(ren) about daily experiences in the children's center.
- ❖ Arrange alternate care for a sick child.

### PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact Child Care Resource and Referral at (727) 548-1439, extension 223.

For an appointment to review a children's center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4857.

For further information about child care in Florida or to view children's center inspection reports, visit the website:  
[www.myflorida.com/childcare](http://www.myflorida.com/childcare)



Our mission is to promote, protect and improve the health of all people in Pinellas County

The statewide toll-free telephone number for reporting child abuse is 1-800-96 ABUSE (1-800-962-2873). Reports of suspected and actual cases of child physical abuse, sexual abuse, and neglect received through the Abuse Registry number are referred to the Pinellas County Sheriff's Department for investigation.

# KNOW YOUR CHILD'S CHILDREN'S CENTER

Nursery School \* Kindergarten

Day Nursery \* School Age Center



PINELLAS COUNTY LICENSE BOARD  
for Children's Centers and  
Family Child Care Homes  
  
8751 Ulmerton Road, Suite 2000  
Largo, FL 33771  
Telephone 727-507-4857  
[www.pclb.org](http://www.pclb.org)

*The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services, and the Pinellas County Health Department.*



PINELLAS COUNTY CHILDREN'S  
CENTERS LICENSING STANDARDS

This children’s center has met regulations found in Licensing Regulations Governing Pinellas County Children’s Centers.

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity, and ages of children in care.

A LICENSED CHILDREN’S CENTER MUST:

- ❖ Adhere to its licensed capacity at all times.
- ❖ Post a schedule of daily activities.
- ❖ Have first aid and emergency procedures, and post evacuation diagrams in each room.
- ❖ Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- » Provide parent(s) or legal guardian(s) access to the children’s center during normal hours of operation.
- ❖ Report suspected child abuse to the statewide toll-free telephone number.
- ❖ Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- ❖ Document required information when administering medication.
- ❖ Document accidents and incidents and obtain parent’s, legal guardian’s or authorized pick-up person’s signature(s).
- ❖ Maintain vehicles in safe condition if transportation is provided.
- ❖ Obtain parent’s or legal guardian’s permission before transporting children.
- ❖ Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.

CHILDREN’S RECORDS  
REQUIREMENTS

The following documentation is required to be maintained in the children’s center for each child in care:

- ❖ A signed statement that parent or legal guardian received a copy of this brochure.
- ❖ A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- ❖ A signed statement that the children’s center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- ❖ A current health examination record (not required for school age children).
- ❖ A current Florida Certificate of Immunization (not required for school age children).
- ❖ An annual notarized Emergency Medical Release.
- ❖ Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- ❖ Primary hours of care and days of week in care.
- ❖ Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- ❖ Hospital preference.
- ❖ Child’s full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- ❖ Name, address, and telephone number of parent or legal guardian.
- ❖ Name, address, and telephone number of emergency person(s), other than parent or legal guardian.
- ❖ Name, address, and telephone number of physician and dentist.
- ❖ Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the influenza virus.

PERSONNEL REQUIREMENTS

- ❖ Director has a Director Credential with the certificate posted.
- ❖ Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- ❖ Completion of background screening.
- ❖ Completion of 40 Hour Introductory Child Care training.
- ❖ Completion of 10 hours training annually.
- ❖ Completion of early literacy training (not required for school age centers).
- ❖ Documentation of educational requirements.
- ❖ Meet minimum age requirements.
- ❖ Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- ❖ Staff trained in first aid and CPR on the premises at all times and on field trips
- ❖ Staff maintain direct supervision including minimum adult-child ratios:

2 months-1 year	1 adult for 3 children
1 year-2 years	1 adult for 5 children
2 year olds	1 adult for 10 children
3 year olds	1 adult for 15 children
4 year olds	1 adult for 20 children
5 years and up	1 adult for 25 children

NUTRITIONAL REQUIREMENTS

- ❖ Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child’s nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
  - Posted meal and snack menus.
  - Safe drinking water is available.

PHYSICAL ENVIRONMENT

- ❖ Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented, and in good repair.

- ❖ Has indoor and outdoor space that is clean and free of litter and other hazards.
- ❖ Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.
- ❖ Has appropriate bathroom facilities that are operable, clean and sanitized (daily).
- ❖ Has isolation area for ill children.
- ❖ Has equipment for proper sanitary hand washing, toileting, and diapering activities.
- ❖ Has at least one corded, operable telephone available to staff.

HEALTH RELATED ENVIRONMENTAL  
REQUIREMENTS

- ❖ Annual approved fire inspections conducted.
- ❖ Monthly checks to ensure all areas of the children’s center are free from fire hazards.
- ❖ Smoking is prohibited on premises.
- ❖ Storage of toxic and hazardous materials in areas inaccessible to children.
- ❖ Fire and emergency drills conducted as required.
- ❖ A labeled, fully stocked first aid kit.
- ❖ Parent(s) or legal guardian(s) notified of all animals on site.
- ❖ Records of immunizations for animals/fowl.
- ❖ Prohibit fire arms or weapons on premises (excluding federal, state, and local law enforcement officers).
- ❖ Prohibit narcotics, alcohol, or other impairing drugs on the premises.
- ❖ Bimonthly outdoor equipment maintenance checks.