2020-2021

Concordia Lutheran School
8701 SW 124th Street
Miami, FL 33176
305-235-0160/FAX 305-235-6168
concordiaschool@bellsouth.net

FOR OFFICE USE ONLY

Class _____ Teacher _____

Room # _____ Start Date ___/___/___

REGISTRATION AND SUPPLY FEES ARE NON-REFUNDABLE

CHECK ALL THAT APPLY

FALL

12 – 29 MONTHS
___ 9:00 am to 1:00 pm
___ 9:00 am to 3:00 pm
___ 9:00 am to 6:00 pm

30 MONTHS – Pre Kindergarten
___ 9:00 am to 1:00 pm
___ 9:00 am to 3:00 pm
___ 9:00 am to 6:00 pm
___ VPK (Pre-K only) 9:00 am to 12:00 pm

Kindergarten
___ AM Care
___ 8:30 am to 3:00 pm
___ Extended Care

LUNCH: ___ M-F ___ F only

___ **AM Care (7:00am -9:00am)**

SUPPLY FEE
___ 1 pymt. of $325 OR ___ 10 pymts. of $33

___ Child will nap OR ___ Child will attend VPK enrichment
___ I would like more information about extracurricular clubs
* Uniforms are required.

SUMMER

Session I: _____
June 15th thru July 10th
VPK: June 15th thru July 10th

Session II: _____
July 13th thru August 12th
VPK: July 13th thru August 7th

_____ **AM Care** (7 am to 9 am)
_____ **EXTENDED Care** (4:30 pm to 6:00 pm)

12 – 24 MONTHS:
___ 9:00 am to 1:00 pm (1/2 day)
___ 9:00 am to 4:30 pm (full day)

HOT LUNCH: _____ M-F _____ F only

2 YEARS TO 6 YEARS OLDS: ___ 9:00 am to 4:30 pm (full day) **Summer VPK (Pre-K only):** ___ 8:30 am to 4:30 pm (full day)

Student Information:

Full Name: _____
Last First Middle Nickname

Date of Birth: _____/_____/_____ Sex: Male Female Ethnicity: _____

Child's Address: _____ Zip: _____ Phone: (____) _____

Email Address: _____

Family Information: Child lives with: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Phone: (____) _____ Cell: (____)_____ Phone: (____) _____ Cell: (___)_____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: (_____) _____ Work Phone: (____) _____

DCF License # C11MD0316

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Medical Information:
I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if required.

Doctor: _____ Address: _____ Phone: (____) _____
Dentist: _____ Address: _____ Phone: (____) _____
Hospital Preference: _____ Phone: (____) _____

Please list all allergies, special medical or dietary needs or other areas of concern:
_____
_____

About Concordia:
Would you like to know more about our church? Yes No Is the child baptized? Yes No
Your home church: _____ Child's religion: _____

Referral Information:
How did you find out about Concordia? Website? Ad? Sign? Referred by: _____

Contacts:
The child will be released only to the custodial parent or legal guardian and the persons listed below. The individuals listed below are also authorized to sign-in and sign-out on the Early Learning Coalition of Miami-Dade and Monroe's Parental Signature Sheet & Attendance Verification Form for my child. 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 Relation Work # Home #

_____
Name Relation Work # Home #

_____
Name Relation Work # Home #

_____
Name Relation Work # Home #

_____
Name Relation Work # Home #

_____
Name Relation Work # Home #

Name and phone number of the first person to be called in case of an emergency:
_____

Custody:
Who has custody of the child? _____ Mother _____ Father _____ Other _____
Name/Relation

Helpful Information About the Child:
_____
_____

2020-2021

Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE Facility" (CF/PI 175-24.)

Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.

Your signature below indicates that you have received the above items and that all information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

_____

Print Name-Parent/Guardian

_____ _____

Signature of Parent/Guardian Date

Nut Sensitive School

Discipline Policy

We are required by the Department of Children and Families to provide parents with a written discipline policy. Please sign this form and return it to our office.

Our program will ensure that age-appropriate constructive disciplinary practices are used for your child. This care will allow the children to build their own self-control. We will encourage children to choose alternatives to improper behavior. Our staff will guide and reinforce good behavior and use intervention assistance and redirect to help children achieve self-control and self-direction.

- Teacher/staff will observe them doing well and praise them, accordingly.
- Set children up to succeed.
- Encourage children's active involvement
- Speak to children using positive words.
- Listen with interest and respect.
- Be fair.

Should positive redirection fail to change behavior, time-out will be given in one-minute increments for each year of the child's age. Time-outs will not exceed four minutes. Parents will be made aware of continuous misbehavior. At no time will physical/corporal punishment be used. Guidance is never tied to food or toileting.

I, _____, have received in writing the disciplinary practices used by Concordia Lutheran School.

_____ _____

Signature of Parent or Guardian Date

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.

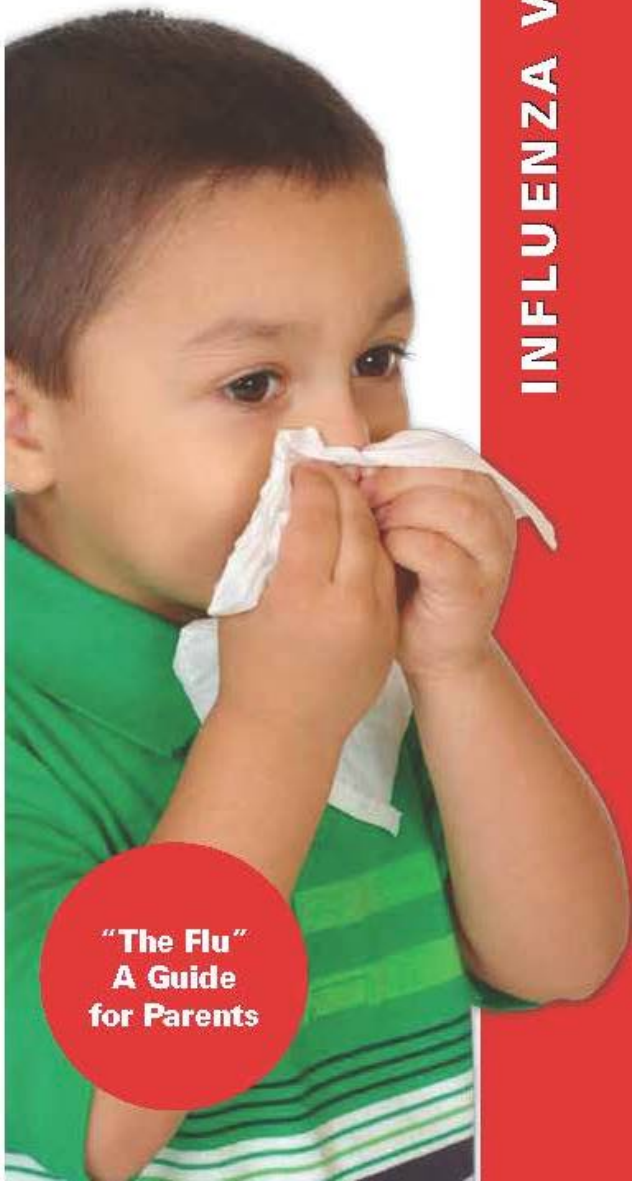
Florida Department of Children & Families

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.

INFLUENZA VIRUS



"The Flu"
A Guide for Parents

2020-2021

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:_September 2020_____

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/

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DCF License # C11MD0316

A change in daily routine,
lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

MYFLFAMILIES.COM

Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

When life happens...Don't be a

DISTRACTED ADULT

2020-2021

DCF License # C11MD0316

FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked,** the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.

PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.

My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

_____

Child's Name:

_____

Date:

September 2020

_____

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

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Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.

More information and free resources:

MyFLFamilies.com/ChildCare

This child care facility is licensed accordingto 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: C11MD0316
License Issued on 06/30/19
License Expires on 06/29/20
For more information regarding the compliance history of this child care provider, please visit: MyFLFamilies.com/childcare

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014
This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.,

Know Your Child Care Facility

MyFLFamilies.com/ChildCare

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General Requirements

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:

- ☐ Valid license posted for parents to see.
- ☐ All staff appropriately screened.
- ☐ 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.
- ☐ Maintain minimum staff-to-child ratios:

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

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.

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.

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.

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.
- ☐ Equipped 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.

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 Activities

- ☐ Are children initiated and teacher facilitated.
- ☐ Include social interchanges with all children.
- ☐ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ☐ Include exercise and coordination development.
- ☐ Include free play and organized activities.
- ☐ Include opportunities for all children to read, be creative, explore, and problem-solve.

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 freqently hold, cuddle, and talk to the children.
- ☐ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ☐ Allow children to play alone or in small groups.
- ☐ Are attentive to and interact with the children.
- ☐ Provide stimulating, interesting, and educational activities.
- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.

Quality Environments

- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.

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Authorization For Emergency Treatment

Permission to the Director, Acting Director, or the teacher to take whatever steps may be necessary for medical care of an emergency is hereby given, I understand that the order of actions taken will follow the outline below unless there is a need for immediate action, but will not be limited to these action

1. Parent or Guardian will be called.
2. Child's Physician will be called.
3. Contact person will be called (those that parents have listed).
4. If none of these efforts are successful:
    a. Another physician will be called.
    b. An ambulance will be called.
    c. Authorize Concordia Lutheran School to transport my child to:
    _____Baptist Hospital (Children's ER)_____
5. In order for the school assume responsibility for my child. I understand that I must sign the child in and out at departure time.

Child's Physician Name:
_____

Address:
_____

Phone Number:
_____

Chronic Health Conditions:
_____

Health Insurance Coverage:
_____

Signed: _____ Date: _____
Parent/ Guardian

In signing this page, you are giving us authority to call rescue even in the event that we cannot get in contact with either parent/guardian or the ones parents have listed.

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Photography / Video / Shutterfly Permission

Concordia Lutheran School, Concordia PTA and Concordia Lutheran Church takes photographs and videos of children enrolled at its center on a regular basis for business purposes. Concordia Lutheran School, PTA, and Church retains all rights, title, and interest in these materials and may use and disseminate them in the class Shutterfly accounts. Concordia Lutheran School, PTA, and Church takes care that any use, display, or dissemination of photographs or videos of children, whether at a particular center where the child attends or for its general business purpose, is accomplished in a thoughtful, safe, and secure manner appropriate under the particular circumstances. For example, at Concordia, these materials may be used to better communicate with families and to illustrate the daily curriculum, to chronicle a child's development, or document center activities. These photos may be shared with you and other families on a secure Shutterfly account, Concordia website, Concordia Lutheran Church and School Facebook, private PTA Facebook page and posted in the center.

Concordia School and each class will be putting together a Shutterfly email list. (It will only include child's name, parent/guardian's name and email address.) We would like all of the families to participate.

- ☐ I give permission to Concordia Lutheran School and Church to take photographs and video of my child during his/her enrollment and to use these materials for its business purpose.
- ☐ I **do not give** permission to Concordia Lutheran School to take photographs and video of my child during his/her enrollment and to use these materials for its business purpose.
- ☐ Concordia Lutheran School and class **does not have** permission to include my child's information in the Shutterfly directory. I realize that if I choose this option, then my child's name will not appear on the class list.

Child Name:_____

Parent/Guardians Name:_____

Parent/Guardian E-mail Address: _____

_____

Signature:_____ Date:_____

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Billing Preferences

Child's Name: _____

Parent Name: _____

Please select your choice:

A. How would you like to receive your invoice?
   1. By e-mail _____ E-mail address _____
   2. In the school mail box_____

B. Would you like to receive a receipt?
   1. Yes _____
   2. No _____

C. Do you need an invoice showing payments and charges for your flexible spending account?
   1. Yes _____
   2. No _____

D. Would you like to sign up for savings, checking or credit card automatic payment?
   1. Yes _____ (if yes please complete attached enrollment form)
   2. No _____

Savings, Checking or Credit Card Automatic Payment Authorization Form

I hereby authorize

_____
(Print name of your financial institution)

to make my automatic payment on my behalf from the savings, checking or credit card account listed below and transfer it to **Concordia Lutheran School**.

CHOOSE ONE:

____ Checking Account Transfer
(Voided check must be attached.)

____ Savings Account Transfer

_____
(Account Number)

_____
(Routing Number)

____ Credit Card Charge
___ Visa ___ American Express
___ MasterCard ___ Discover

_____
(Credit Card Number)

_____/_____ (month/year)
(Expiration date)

CVV Number _____

Concordia will assess a 1% non-refundable convenience fee for every credit card transaction made.

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will notify **Concordia Lutheran School**. Change of payment method will not affect the terms of my contract.

Billing Address Information:

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____

Date _____

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Credit Card On File

I, _____ authorize **Concordia Lutheran School** to charge to my credit card listed below for any invoice of services provided for my child/children which has not been paid within 30 days of due date. Should I have any problems with my bill I will notify the school in writing prior to the due date. I have provided my credit card billing information voluntarily and acknowledge full financial responsibility for all charges incurred as a result of services provided to us. **Concordia will assess a 1% non-refundable convenience fee for every credit card transaction made.**
Please charge the credit card listed below.

CHOOSE ONE:

____ Credit Card Charge

____ Visa ____ American Express ____ MasterCard ____ Discover

_____
(Account Number)

_____/_____ (month/year)
(Expiration date)

CVV Number _____

Billing Address Information:

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____ Date _____

DCF License # C11MD0316