

824 Paul St. Orlando, FL 32808 License Number: C09OR1140 Office: (407) 298-7005 Cell: (407) 406-3346 Email: Maria@smartufts.com Website: www.smartufts.com

Student Information:

| Date of Birth: | Sex: F/M | | | Date | of Enrol | | | | |
|--------------------------------------------------------------------------------|--------------|---------|------------|--------------|-----------|-----------|-----------|------------------------------|--|
| Child's Name: | | | | | | | | | |
| Last First | | Middle | | | | Nickname | | | |
| Hours of care: | From: | | | То | | | | | |
| Days of the week in care: | М | Т | W | TH | F | Sa | Su | | |
| Family Information: | | | | | | | | | |
| Mother's Name: | | | | Fathe | er's Nan | ne: | | | |
| Address: | | | Address: | | | | | | |
| Phone Number: | | | | Phone Number | | | | | |
| Email: | | | Email: | | | | | | |
| Employer: | | | Employer: | | | | | | |
| Address: | | | Address: | | | | | | |
| Work Phone: | | | | Work | Phone | : | | | |
| Custody: Mother | Father | | Both | | | Other | | | |
| Medical Information: I hereby grant permission f medical care if wanted. | or the staff | of this | facility t | o contact | t the fol | lowing n | nedical p | ersonnel to obtain emergency | |
| Doctor: | | Addro | ess: | | | | | Phone: | |
| Dentist: | Address: | | | Р | | | | Phone: | |
| Hospital Preference: | | | | | | | | | |
| Please list allergies, special | medical or | dietary | / needs, | or other | areas o | of concer | n: | | |
| Emergency care/Remarks: | | | | | | | | | |



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Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and 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 | Cell# | Work# |
|------|---------|-------|-------|
| Name | Address | Cell# | Work# |
| Name | Address | Cell# | Work# |
| Name | Address | Cell# | Work# |

Helpful Information About Your Child:

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|------|------|--|
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- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 2,8m of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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



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Policy and Procedure Guide Handbook

This handbook has been prepared to give you information and answer many of the questions you may have.

A copy of this handbook has been supplied for you to read on your own. If you have any questions or concerns, please feel free to discuss them with the Director.

I have received a copy of the Smartuft's Academy Policy and Procedure Guide and I agree to abide by all the requirements set forth.

Child's Name

Parent Name (printed)

Parent/Guardian Signature

Date



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Discipline Policy

At Smartuft's Academy we believe in guiding children towards, self-correction, independence and making positive choices. Therefore, our behavior techniques begin with speaking to your child about inappropriate behavior and then he or she is given the opportunity to choose an acceptable behavior. If the unacceptable behavior continues:

-Your child will be sent to the Director in charge for a restricted time length. If disruptive behavior continues, the Director will request a conference with the parent and teacher. The problem will be defined and documented. Goals will be established and approaches will be created for problem solving.

*If disciplinary measures prove to be ineffective in bringing out satisfactory behavior, your child will not be allowed to attend the Academy for the safety and protection of the other children and staff.

Once you have read the above policy, please sign below. A copy of this policy will remain in your child's file.

Child's Name

Parent/Guardian Signature

Date

Director/Owner Signature

Date



Email: Maria@smartufts.com Website: www.smartufts.com

Photo Release Consent Form

I hereby DO/DO NOT (please circle one) give permission for my child, ________ to have his/her photograph taken for use in classrooms, field trips, social media, school website or for projects at Smartuft's Academy. Smartuft's Academy will not use any picture for its own financial gain without direct consent of the parent or legal guardian.

Parent Name(printed)

Parent Signature

Date



Where we care, LOVE, respect, and educate. Know who you are. Identify your character. Become someone who cares and helps others. 824 Paul St. Orlando, FL 32808 License Number: C09OR1140 Office: (407) 298-7005 Cell: (407) 406-3346 Email: Maria@smartufts.com Website: www.smartufts.com

PERMISSION TO RECEIVE CAKES, CUPCAKES AND CANDY

Date: _____

Child's Name:

I, ______ give permission

for my son/daughter to receive cakes, cupcakes, ice cream, and candy brought in for different occasions at Smartuft's Academy.

Thank you!

Yours truly,

Parent/Guardian Signature



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EXPULSION POLICY

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know that we will o everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this Academy:

IMMEDIATE CAUSES FOR EXPULSION

- ✤ The child is at risk of causing serious injury to other children or him/herself.
- Parent threatens physical or intimidating actions towards staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- ✤ Failure to complete required forms including the child's immunization records.
- ✤ Habitual tardiness when picking up your child. Verbal abuse to staff

CHILD'S ACTIONS FOR EXPULSION

- ✤ Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.

Prior to expulsion, a parent will be called and correspondence will be sent home indicating what the problem is, and every effort will be made by both the center and the parent to correct the problem. If, after one or two weeks, depending on the risk to other children's welfare or safety, behavior does not improve, and the center finds that they can no longer accommodate the child, the parent will be asked to remove him/her. The parent will be given a minimum of one week's notice to find another center to provide care for this child.

Child's Name

Parent Signature and Date



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> > Child's Name

| 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). | | | | | |
| | | | | | |

| Parent Name: | | | | |
|-----------------|------|------|--|--|
| Pareni Name | | | | |
| i uroni i tunio | | | | |
| | | | | |

| License Issued on: | |
|--------------------|--|

License Number: _____

License Expires on: _____

For more information regarding the compliance history of this child care provider, please visit:

MyFLFamilies.com/childcare

Parent Signature: _____

Date: _____