

## 2-WEEK FOLLOW-UP:

Time \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

\_\_\_\_\_ Phone Call to Check on New Student

\_\_\_\_\_ Face to Face Follow Up

\_\_\_\_\_ Follow-Up Letter



## Orientation Checklist

Physical Date: \_\_\_\_\_

Immunization Due Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Center: ELA

Parent Signature: \_\_\_\_\_

ParentStaff

- |       |       |  |
|-------|-------|--|
| _____ | _____ | Tour of Facility   |
| _____ | _____ | Staff Introductions  |
| _____ | _____ | Parent Visit with Classroom Teacher  |
| _____ | _____ | Parent Handbook & Overview   |
| _____ | _____ | Discuss Expectations of Family and Needs of the Child  |
| _____ | _____ | Interpreter Needed ____ Yes ____ No  |
| _____ | _____ | Parent & Child Visit Classroom   |
| _____ | _____ | School Calendar  |
| _____ | _____ | Child Enrollment Form (2 Pages)  |
| _____ | _____ | Child Information Form (2 Pages)   |
| _____ | _____ | 1 Notarized Emergency Treatment Form   |
| _____ | _____ | Parent Information Form (if applicable)  |
| _____ | _____ | JWB Authorization and Consent for Disclosure, Receipt and Use of Confidential Information by the Juvenile Welfare Board of Pinellas County (if applicable) |
| _____ | _____ | General Media Release  |
| _____ | _____ | Food Experience Form   |
| _____ | _____ | USDA Food Program Application – Center Provides Breakfast, Lunch, PM Snack   |
| _____ | _____ | 1 Notarized Emergency Treatment Card   |
| _____ | _____ | Disaster Card  |
| _____ | _____ | Fee Policy Agreement   |
| _____ | _____ | Discipline Policy  |
| _____ | _____ | Subsidy Application (if applicable)  |
| _____ | _____ | PCLB Know Your Child Care Facility Brochure  |
| _____ | _____ | Cross Reference (list siblings, if applicable) _____   |
| _____ | _____ | Family Programming & Support Information   |
| _____ | _____ | Any Special Cultural or Religious Needs Discussed with Parent:   |

\_\_\_\_\_ Alternate Nutrition Agreement:

If I choose not to participate in the USDA Food Program offered, I understand and approve the use of the Alternate Nutrition Plan. I agree to provide *all* formula, meals, snacks and drinks to meet my child's nutritional and dietary needs as outlined by the USDA My Plate provided to me by R'Club ELA. If I provide any food that requires refrigeration and/or must be kept cold, I will supply and include ice pack(s) to keep food cold.

Indicate Special Dietary Requirements:



**2025-2026**  
Pinellas County ELA

Fri., Aug. 8, 2025	<b>Professional Development Day – All sites <u>closed</u> for all students</b>
Mon., Aug. 11, 2025	Schools Open - Classes begin -- First day of VPK
Mon., Sept. 1, 2025	<b><u>Holiday</u> - Labor Day – All sites <u>closed</u> for staff and students</b>
Fri., Sept. 19, 2025	VPK Closed - R'Club open full day
Mon., Oct. 13, 2025	VPK Closed - R'Club open full day
Fri., Oct. 17, 2025	<b>Professional Development Day – All sites <u>closed</u> for all students</b>
Mon., Nov. 24–Wed., Nov. 26, 2025	VPK Closed - R'Club open full day
Thurs., Nov. 27, 2025	<b><u>Holiday</u> - Thanksgiving - Sites closed for staff and students</b>
Fri., Nov. 28, 2025	<b><u>Holiday</u> - Thanksgiving - Sites closed for staff and students</b>
Mon., Dec. 22, 2025	VPK Closed - R'Club open full day – Winter Holidays
Tues., Dec. 23, 2025	VPK Closed - R'Club open full day – Winter Holidays
Weds., Dec. 24, 2025	<b><u>Holiday</u> – Winter Holiday – All sites <u>closed</u> for staff and students</b>
Thurs., Dec. 25, 2025	<b><u>Holiday</u> – Winter Holiday – All sites <u>closed</u> for staff and students</b>
Fri., Dec. 26, 2025	VPK Closed - R'Club open full day – Winter Holidays
Mon., Dec. 29–Wed., Dec. 31, 2025	VPK Closed - R'Club open full days – Winter Holidays
Thurs., Jan. 1, 2026	<b><u>Holiday</u> – New Year's Day – All sites <u>closed</u> for staff and students</b>
Fri., Jan. 2, 2026	VPK Closed - R'Club open full day – Winter Holidays
Mon., Jan. 19, 2026	<b><u>Holiday</u> – M. L. King, Jr. Day – All sites <u>closed</u> for staff and students</b>
Fri., Feb. 13, 2026	VPK Closed - R'Club open full day
Mon., Mar. 16- Fri., Mar. 20, 2026	VPK Closed - R'Club open full days – Spring Holidays
Fri., Apr. 3, 2026	VPK Closed - R'Club open full day
Mon., Apr. 27, 2026	VPK Closed - R'Club open full day
Mon., May 25, 2026	<b><u>Holiday</u> - Memorial Day - All sites <u>closed</u> for staff and students</b>
Wed., May 27, 2026	Last day of VPK
Fri., Jul. 3, 2026	<b><u>Holiday</u> – 4<sup>th</sup> of July – All sites <u>closed</u> for staff and students</b>

**DIRECTOR'S USE ONLY**

Center Name: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

Registration Fee: \$45 \$60

Reinstatement Fee: \$50 \$65

Enrollment Type: FT

Class/Fund Group: \_\_\_\_\_

**CHILD'S ENROLLMENT RECORD**Child's full legal name \_\_\_\_\_  
*First Middle Last Nickname*

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Primary Hours of Care From \_\_\_\_\_ To \_\_\_\_\_ Days of Week in Care \_\_\_\_\_

Child's Physical Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code***Family Information:**

Child Lives with \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ Name \_\_\_\_\_

**Emergency Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center 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*

**Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.**



# Emergency Treatment Card

R'Club Child Care, Inc.

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

Medications: \_\_\_\_\_

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

Child Height: \_\_\_\_\_ Weight: \_\_\_\_\_

***Persons to be notified and permitted to remove child in case of an emergency when parent and/or guardian cannot be reached. Three emergency phone numbers are essential!***

3. Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

4. Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

5. Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

R'Club Form 7014 (3/20)

## TO WHOM IT MAY CONCERN:

I hereby give my consent to \_\_\_\_\_ to administer necessary treatment to my child, \_\_\_\_\_, \_\_\_\_\_  
(name of hospital)

in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_ Date of last DPT or Tetanus: \_\_\_\_\_

Insurance company covering child: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

(SEAL)

\_\_\_\_\_  
Witness by

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ Florida \_\_\_\_\_, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by means of

☐ physical presence or ☐ online notarization by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

Signed: \_\_\_\_\_  
Signature of Person Taking Acknowledgment

\_\_\_\_\_  
Name - typed, printed or stamped

\_\_\_\_\_  
Title or rank/Serial number (if any)



## CHILD'S ENROLLMENT RECORD Page 2

### Medical Information:

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

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Supper

Emergency Care Plan instructions (if applicable) \_\_\_\_\_

### 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 give my consent to administer First Aid and CPR in the event of an emergency.

I have received a copy of the "Know Your Child's Children's Center" brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

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.

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

\_\_\_\_\_  
Date

#### My signature below verifies that:

I have received a copy of the brochure "Influenza Virus" Form CF/PI 175-70.

I have received a copy of the Fee Policy and agree to abide by all policies stated within.

I give my consent to administer First Aid and CPR in the event of an emergency.

I give permission for R'Club to disclose and receive information from or to school personnel.

I do not hold R'Club responsible for my child(ren) if I fail to pick my child up at the close of business each day. I understand R'Club will make every effort to contact my emergency numbers and if necessary, the appropriate law enforcement agency.

I have received a copy of the Parent Handbook and agree to abide by all the policies stated within including the Health and Nutrition food safety practices and serving of healthy foods. If I provide any food that requires refrigeration and/or must be kept cold, I will supply and include ice pack(s) to keep this food cold.

PreK children must all have a current/valid immunization record in order to participate in the program.

I understand some children in care may not have current immunizations.

I give permission for my child to be transported to a safe location in the event of a disaster.

I give permission for R'Club to retain custody of my child if the person picking up is believed to be incapacitated.

I understand that without proper legal documentation in my child's file, R'Club can release my child to legal parent/guardian. I have provided a copy of any court order including the parenting plan.

I give permission for my child to participate in annual developmental screenings.

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

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_



## CHILD INFORMATION SHEET

This form is for data gathering purposes only. The information is not shared or used for any other purpose and is kept strictly confidential as required by R'Club Child Care, Inc., the Juvenile Welfare Board of Pinellas County, and Pinellas County Schools. We look forward to providing you and your child with the best in childcare services. Thank you for choosing R'Club.

### Child Information

**Name** (First, Middle Initial, Last): \_\_\_\_\_  
- Please Print -

**Date of Birth** (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** \_\_\_\_\_ **Relationship to Head of Household:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### Race

(Please select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Some Other Race: (Please specify) \_\_\_\_\_

### School Information

Please provide the following information for the current school year.

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

**Current Grade Level:** \_\_\_\_\_

**IEP** ☐ Yes ☐ No **504 plan** ☐ Yes ☐ No **IAP** ☐ Yes ☐ No

**Pinellas County Student ID:** \_\_\_\_\_

### Ethnicity

- ☐ No, not of Hispanic, Latino, or Spanish Origin
- ☐ Yes, Cuban
- ☐ Yes, Mexican, Mexican American, or Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, another Hispanic, Latino, or Spanish Origin

### Household Composition

- ☐ Dual Parent - Married
- ☐ Dual Parent - Non-Married Female Head of Household
- ☐ Dual Parent - Non-Married Male Head of Household
- ☐ Single Parent - Female Head of Household
- ☐ Single Parent - Male Head of Household
- ☐ Other - Relative/Kinship Care - Married
- ☐ Other - Relative/Kinship Care - Female Head of Household
- ☐ Other - Relative/Kinship Care - Male Head of Household
- ☐ Other - Relative/Kinship Care – Grandparent(s)
- ☐ Other - Non-Relative (such as guardian, foster parent, family friend, etc.)

### Household Information

**Annual Household Income** \$ \_\_\_\_\_ (before taxes)

**Number of People in Household:**

\_\_\_\_\_ Adults \_\_\_\_\_ Children

\_\_\_\_\_ Children over age 18 if in special needs program

**Please select all special needs below that apply to your child.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADD or ADHD               | <input type="checkbox"/> ODD                     | <input type="checkbox"/> Seizure Disorders       |
| <input type="checkbox"/> ASD Spectrum              | <input type="checkbox"/> EBD                     | <input type="checkbox"/> Severe Allergies/Asthma |
| <input type="checkbox"/> Bipolar                   | <input type="checkbox"/> Gifted                  | <input type="checkbox"/> Speech Disorders        |
| <input type="checkbox"/> Cerebral Palsy            | <input type="checkbox"/> Hearing Impaired        | <input type="checkbox"/> Spina-Bifida            |
| <input type="checkbox"/> Development Delays        | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> VE/SLD                  |
| <input type="checkbox"/> Depression, Anxiety, PTSD | <input type="checkbox"/> OCD                     | <input type="checkbox"/> Any medications?        |
| <input type="checkbox"/> Down's Syndrome           | <input type="checkbox"/> Prader-Willi Syndrome   | <input type="checkbox"/> Other: _____            |

### Parent Information - please print neatly

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**How did you hear about R'Club?** \_\_\_\_\_

### Why did you choose R'Club?

- |   |   |
|---|---|
| <input type="checkbox"/> Activities                                   | <input type="checkbox"/> Price                    |
| <input type="checkbox"/> Convenience or location                      | <input type="checkbox"/> Reputation               |
| <input type="checkbox"/> Curriculum                                   | <input type="checkbox"/> Safety/Supervision       |
| <input type="checkbox"/> Previous children enrolled                   | <input type="checkbox"/> Staff                    |
| <input type="checkbox"/> Referral by school, family member, or friend | <input type="checkbox"/> Special offer / discount |
|   | <input type="checkbox"/> Other                    |

**I certify the information provided on this form is true and complete to the best of my knowledge:**

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



## CHILD INFORMATION SHEET

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

Center Name: \_\_\_\_\_

**Health Information:** The following information will enable us to better protect your child's health and safety.

**Please indicate (Yes or No) if your child needs assistance/accommodations in any of the following areas. If yes, please explain.**

Visual: ☐ Yes ☐ No \_\_\_\_\_

Hearing: ☐ Yes ☐ No \_\_\_\_\_

Physical: ☐ Yes ☐ No \_\_\_\_\_

Speech: ☐ Yes ☐ No \_\_\_\_\_

Other: ☐ Yes ☐ No \_\_\_\_\_

**Does your child have other special needs (physical, emotional, mental):** ☐ Yes ☐ No

If yes, please explain and indicate how we can best serve your child: \_\_\_\_\_

**Has your child had (check all that apply):** ☐ Surgery ☐ Serious Illness ☐ Burns ☐ Accidents ☐ Seizures ☐ Other

If yes to any of the above, please explain: \_\_\_\_\_

**Development:** Your answers to the following questions will enable us to be more effective in working with your child.

**Does your child have dressing skills?** ☐ Yes ☐ No

**Feeding skills?** ☐ Yes ☐ No

**Toileting skills?** ☐ Yes ☐ No

**Please list any particular sources of frustration for your child:**

\_\_\_\_\_

\_\_\_\_\_

**Can your child participate in all activities?** ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Please list any behavioral concerns and how these are addressed at home/school:** \_\_\_\_\_

\_\_\_\_\_

**Assets:** The following information will help us meet you and your child's expectations for care.

**Please describe your child's temperament:** \_\_\_\_\_

**What types of activities does your child enjoy?** \_\_\_\_\_

**What types of responsibilities do you allow your child?** \_\_\_\_\_

**What do you feel is your child's greatest success?** \_\_\_\_\_

**What strategies work best for motivating your child?** \_\_\_\_\_

**What are your child's interests?** \_\_\_\_\_

**What are your primary expectations of this program?** Please prioritize your top three (3) with one (1) being most important.

\_\_\_\_\_ Character development \_\_\_\_\_ Recreational pursuits \_\_\_\_\_ Socialization/communications skills

\_\_\_\_\_ Enrichment activities \_\_\_\_\_ School readiness \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Help with homework \_\_\_\_\_ Self-help skills





Center Name: \_\_\_\_\_

**PRESCHOOL PARENT/ GUARDIAN INFORMATION FORM**

This form is for data gathering purposes only. The information is not shared or used for any other purpose and is kept strictly confidential as required by R'Club Child Care, Inc. and the Juvenile Welfare Board of Pinellas County. We look forward to providing you and your child with the best in childcare services. Thank you for choosing R'Club.

**Parent/Guardian Information**

Parent/Guardian Name (First, Middle Initial, Last): \_\_\_\_\_

- Please Print -

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

Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Race**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Some other race: (Please specify) \_\_\_\_\_

**Education**

Please provide the following information regarding your own education.

- |  |   |
|--|---|
| <input type="checkbox"/> High School Graduate          | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Did not graduate High School  | <input type="checkbox"/> Bachelor's Degree  |
| <input type="checkbox"/> Regular High School Diploma   | <input type="checkbox"/> Master's Degree    |
| <input type="checkbox"/> GED or High School Equivalent | <input type="checkbox"/> Doctorate Degree   |
| <input type="checkbox"/> Vocational / Trade School     | <input type="checkbox"/> Unknown            |
| <input type="checkbox"/> Some College                  | <input type="checkbox"/> Other: _____       |

**Ethnicity**

- ☐ No, not of Hispanic, Latino, or Spanish Origin
- ☐ Yes, Cuban
- ☐ Yes, Mexican, Mexican American, or Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, another Hispanic, Latino, or Spanish Origin

**Household Composition**

- ☐ Dual Parent - Married
- ☐ Dual Parent - Non-Married, Female Head of Household
- ☐ Dual Parent - Non-Married, Male Head of Household
- ☐ Single Parent - Female Head of Household
- ☐ Single Parent - Male Head of Household
- ☐ Other-Relative/Kinship Care: Dual Parent - Married
- ☐ Other-Relative/Kinship Care: Single Parent - Female Head of Household
- ☐ Other-Relative/Kinship Care: Single Parent - Male Head of Household
- ☐ Other Non-Relative (such as guardian, foster parent, family friend, etc.)
- ☐ Unknown

**Household Information**

Annual Household Income \$ \_\_\_\_\_ (before taxes)

Number of People in Household:

\_\_\_\_\_ Adults \_\_\_\_\_ Children

\_\_\_\_\_ Children over age 18 if in special needs program

**Children: Please list any children attending R'Club or R'Club Preschool centers**

R'Club: \_\_\_\_\_ Child's Name: \_\_\_\_\_

R'Club: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**I certify the information provided on this form is true and complete to the best of my knowledge:**

Name (Please PRINT): \_\_\_\_\_

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

Signature of Family Services Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Parent has signed the JWB Authorization and Consent Form. Date: \_\_\_\_\_







---

I, Child Name:  
Parent/Guardian Name: (print participant name(s))

By signing this Authorization, I am indicating that I understand and agree that my confidential information may be contained in a JWB data collection system, and that this data collection system is exempt from disclosure under the Florida Public Records Act. This means that by law, JWB cannot release individually identifiable information about me or the services I receive (Fla. Stat. §119.071). I acknowledge that as necessary to carry out the purposes listed herein, JWB may review all information about me, including my participant file and all other information pertaining to me held by the agency providing the program or service, regardless of whether that information is entered into a JWB data collection system. I further acknowledge that JWB is simply storing and reviewing records and information as the payor for these services, and that JWB generally provides no direct services to me, except in certain circumstances may facilitate service delivery I further acknowledge that JWB does not provide medical diagnoses to me and JWB is not a covered entity as that term is defined under HIPAA (the Health Insurance Portability and Accountability Act).

I authorize JWB to utilize my confidential information to verify eligibility for funded services or programs, to facilitate service delivery, make payment for services rendered to me by funded programs or services, quality control of funded services or programs, evidence-based research of JWB funded services or programs, including, but not limited to, tracking outcomes of funded programs and services, and determination of future services/programs funded by JWB. I understand that the confidential information disclosed, received or used by JWB related to my Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law unless it is presented in a report that presents information on a group of individuals in de-identified format, which means that no information that identifies me as an individual is revealed.

I acknowledge that this Authorization covers all information about me including, but not limited to, personally identifiable information, Protected Health Information, general medical, general counseling, as well as psychiatric/ psychological/ substance abuse information from my medical health record, any information concerning the performance of any tests, results of those tests, and counseling and treatment records, as allowed by all state, federal and local laws, including, but not



limited to the following: Florida Statutes 394.459, 381.004, and 395.3025; Florida Evidence Code 90.503, 90.5035, and 90.5036; HIPAA, and the Code of Federal Regulations (CFR) Title 42. I consent to my minor participating in online or paper surveys that will be used for program improvements and enhancements. I understand that my records have a privileged and confidential status. I am waiving that status for the purposes contained by this Authorization.

I understand that the confidential information disclosed, received or used by JWB based on this Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law. However, the individually identifiable confidential information received by JWB based on this Authorization may be used by JWB and its agents for research purposes, so long as the research results are reported as a whole in de-identified format, which means that no information that identifies me as an individual is revealed. Except, JWB will not provide any records covered by CFR Title 42 to any JWB agents.

I understand that I have the right to withdraw my approval in writing at any time. However, it is possible that JWB may have already relied on this Authorization before it receives notice of my withdrawal and that JWB may have already taken action based on the Authorization. If I do not withdraw my approval, it will automatically end one (1) year from the last day I received services from this program, or with respect to information used in research, or for compliance and quality review activities performed by JWB or its agents, upon completion of the last research project or compliance/ quality review, whatever occurs latest. By my signature below, I acknowledge that I have given my consent as indicated above freely, voluntarily, and without coercion, and that I have been given a copy of this authorization, signed by me on the date shown below.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Participant Name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):

- ☐ Participant ☐ Parent ☐ Guardian  
☐ Personal Representative (Legal Documents  
Required)

\_\_\_\_\_  
(Print Participant Name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):

- ☐ Participant ☐ Parent ☐ Guardian  
☐ Personal Representative (Legal Documents  
Required)





### **General Media Release**

Child's name \_\_\_\_\_ (Please print)

School/Program name R'Club Child Care, Inc. (Please print)

I provide permission and license for the use to allow \_\_\_\_\_  
(Print Child's legal name)

to be interviewed, and use any and all photographs, videotaping, audio recordings or written interviews/stories of participants and otherwise recorded on film, videotape, audiotape or other formats. I agree to and provide license to allow the news media, under the supervision of R'Club Child Care, Inc, to photograph, videotape, film or otherwise record my child (name mentioned above).

I understand that my child's name (mentioned above) and image may be used in connection with these materials in a press release, news story, testimonial, or story that may be viewed by the general public unless I have specifically restricted its use. I give permission for my child's (name mentioned above) voice, image and identity to be used for public broadcast, online media and in other venues, e.g., for other educational purposes, by news media outlets and R'Club Child Care, Inc in its marketing and outreach initiatives.

I release R'Club Child Care, Inc, officers, agents and employees from any and all liability connected with the taking or use of these materials. I waive all my rights and my child's rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information and education or for other lawful purposes. My child is under the age of 18 years and I am signing release.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent's/Legal Guardian's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Phone

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date





## Code of Civility

R'Club is dedicated to fostering a culture of respect and civility, free from harassment, where the well-being of the child is our shared commitment. We emphasize positive guidance and behavior management, teaching children to make good choices and develop self-discipline, responsibility, respect, resourcefulness, and responsiveness – the 4 R's of R'Club. This partnership between the child, center staff, and parents/guardians requires sharing responsibilities, mutual respect, and meaningful communication.

Civility involves maintaining professionalism and respect in all interactions. Incivility includes behaviors such as rudeness, shouting, swearing, bullying, threats, and any unwelcome conduct that causes harm. Incivility can be subtle or overt, single or repeated, and may involve the abuse of authority. Regardless of intent, the impact on individuals must be addressed.

### Examples of Incivility

- Abusive, threatening, or harassing communication (in person, email, text, voicemail, or phone).
- Humiliating, degrading, demeaning, belittling, frightening, or intimidating behavior.
- Disruptive actions interfering with center operations or classroom activities.
- Threats of bodily harm or property damage.
- Physical aggression or approaching someone else's child to chastise them.

**Expectations:** Failure to comply with these expectations will result in the termination of services.

1. **Treat Each Other with Courtesy and Respect:**
  - Listen respectfully to differing opinions.
  - Share opinions and concerns without offensive language or gestures.
2. **Treat Each Other with Kindness:**
  - Treat others as we wish to be treated.
  - Do not threaten or cause harm to others or their property.
  - Do not bully, belittle, or tease others.
3. **Take Responsibility for Our Actions:**
  - Share information honestly.
  - Refrain from displays of temper.
  - Do not disrupt the facility's operation.
4. **Cooperate with Each Other:**
  - Obey school rules for access and visitation.
  - Respect each other's obligations and time constraints.
  - Communicate information that impacts safety or behavior.
  - Respond when asked for assistance.
  - Understand that compromise is necessary.

My signature below confirms that I have read, understand, and agree to abide by the R'Club Child Care, Inc. Code of Civility policy as outlined above. I understand that failure to comply with this policy may result in the termination of services.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Food Experience Permission Form

I give permission for my child \_\_\_\_\_ to participate in food related activities.

Please check one of the following:

- ☐ My child DOES NOT have a food allergy or dietary restriction.
- ☐ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below):

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- ☐ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## 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 your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

## 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, you should consider the facility's quality indicators related to activities, caregivers, and environment.

### Quality Activities

- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

### Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

### Quality Environments

- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.



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

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

# KNOW YOUR CHILD CARE FACILITY



# Know Your Child Care Facility - 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 practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

## Health Related Requirements

### Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (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.

## Ratios



<u>Age of Child</u>	<u>Child: Teacher Ratio</u>
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

## 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.
- Provide sufficient outdoor play area.
- 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.



**To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline 1.800.962.2873**



## Discipline/Expulsion Policy

The following policy has been prepared in compliance with Florida Child Care Laws.

R'Club believes in positive guidance and behavior management. Our role is to teach children how to make good choices and help them develop self-discipline, a sense of responsibility for their actions, respect for self and others, resourcefulness and responsiveness – the 4 R's of R'Club. R' Club's discipline policy focuses on problem prevention by encouraging appropriate behaviors, providing positive opportunities for children to contribute, and striving to develop a sense of belonging in all children. We encourage individuality and independence, but each child must be able to interact positively within the established guidelines. It is important to note that R'Club is a group care setting and does not provide one-on-one care

### Child Discipline

- A. Children's centers must ensure that age-appropriate, constructive disciplinary practices are used for children in care. All child care personnel must comply with the children's center written disciplinary policy. Such policies shall include standards that prohibit children from being subject to:
1. Discipline which is severe, humiliating, or frightening.
  2. Discipline associated with food, rest, or toileting.
- B. Spanking or any other form of physical punishment is prohibited by all child care personnel.

**Florida State law prohibits the use of corporal punishment, 402.305 (12), F. S.**

### Specific R'Club guidelines are as follows:

- R'Club students, parent/guardians, and staff RESPECT each other's person, feelings, and property.
- R'Club students, parent/guardians, and staff take RESPONSIBILITY for their actions and decisions.
- R'Club students, with the aid of staff, and parent/guardians are RESOURCEFUL to solve and prevent problems.
- R'Club students, parent/guardians, and staff are RESPONSIVE to the needs of others and lend a helping hand.

### Preventive Measures

- Provide challenging activities.
- Use clear directions.
- Communicate age-appropriate, positive expectations.
- Utilize encouragement techniques.
- Explain reasons for actions.
- Listen to the child and take time to respond appropriately.

### Problem Resolution Guidelines

#### Step 1

- Follow through on rules consistently.
- Problem solve with the child and parent/guardian.
- Use of natural and logical consequences.
- Redirect the child toward positive and appropriate choices.
- Repeat expectations on a regular basis.

Step 2 Child's choices are restricted, and documentation of misbehavior is noted for the parent/guardian's information.

Step 3 Parent/Guardian is contacted, in some cases, to pick up the child. A conference and behavior contract are established with the parent/guardian and child to solve the problem.

### If misbehavior should still continue:

Step 4 One Day Suspension

Step 5 Three Day Suspension

Step 6 Five Day Suspension

Step 7 Termination of Services

**NOTE:** If a school-age child is suspended or sent home from school for the day, they may not attend the R'Club program that day.

**Grounds for Immediate Suspension or Termination:** The following actions shall be considered serious misconduct and may warrant immediate suspension or termination:

- Possession of a weapon\* (or other dangerous object) and leaving the property without adult supervision/permission create a serious danger that cannot be tolerated. The occurrence of either of these two offenses will result in a minimum 5-day suspension or immediate termination (Steps 6-7). (\*Weapons are defined as knuckles, explosives, chains, clubs, mace, tear gas, pepper spray, razor blades or box cutters, guns, knives or anything else that could inflict bodily harm.)
- Fighting, destruction of facility or R'Club property, assault, battery, stealing, extortion, coercion, blackmail, arson, vandalism or destruction of property, acts or threats of or incitement to violence, intimidation of other students, defiance/insubordination, verbal abuse, leaving group without permission, sexual activity, sexual harassment, bomb threats, chronic misconduct, possession of drugs, alcohol, or tobacco products may result in immediate suspension/termination (Steps 4-7).
- Any conduct by a client (child or parent/guardian) which is injurious to others, poses a threat to the health or safety of persons or property, or conduct that disrupts or interferes with the rights of others shall result in disciplinary action up to and including termination.
- Failure to comply with the Code of Civility Policy may result in termination of services. See Parent Handbook for Code of Civility Policy details.
- Services may be suspended or terminated if the program is placed in the middle of on-going custody conflicts (see Parent Handbook for additional information).

**Destruction of Property:** Parent/Guardians are responsible to R'Club for any damage to property that incurs as a result of the willful act of their child.

I have read, understand, and agree to comply with the R'Club Discipline Policy.

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

\_\_\_\_\_  
Date

05/2025





Center / School Name

Child's Name

Parent's Name

## Fee Policy Agreement: Preschool/School Age

R'Club provides a developmentally appropriate program for your child to ensure their success while in our care. Policies for fees and enrollment have been established to provide a financial basis for this quality program. Please review these policies carefully and direct your questions to your Center Director.

### Fee Policy:

- Registration and reinstatement fees are non-refundable.
  - Weekly fees are charged regardless of the number of actual days attended in any given week.
  - Payments must be made by check, money order, cashier's check or online using MyProcure.com for charge/debit card payments. No Cash Accepted.
  - Payments are due in full on the first day of attendance each week by 6:00 pm to avoid late payment fee.
  - Parents must complete a vacation request form to be credited for vacation. Vacation request will be processed upon approval of required documentation.
- ELC Clients are not eligible for vacation.**

Late Payment Fee	\$20 per family per location
ELC Non-Reimbursable Days	\$15 per Day – School Days Care – School Age \$25 per Day – In-service Days Care – School Age \$40 per Day – Pre-school
Late Pick-up Fee: after 6 p.m.	\$20 per child per 15 minutes or any part thereof for each occurrence and must be paid immediately
Reinstatement Fee	\$50 per child or \$65 per family (maximum of 3 reinstatements per year)
School Age ELC Difference Fee	Fees depend on age
Preschool ELC Difference Fee	Fees depend on age
NSF Check Fee or Online Charge Back Fee	\$35 per check or online charge-back fee, per occurrence After 2 NSF checks or online charge-back fees – money order or online payments only for one (1) year

### Enrollment Policy:

- Enrollment begins the first day of attendance. All enrollment forms must be completed prior to attendance.
- Registration fees plus the first week's fee are due on the day of enrollment.
- A transfer to another R'Club center or re-enrollment will be denied for any fees that are outstanding.
- Illness and/or suspension is considered a billed period of time.
- Non-payment of the current week will result in immediate termination of services. Frequent late payment may be considered abuse of service and result in termination of services.
- Subsidy/grant funded clients are responsible for the full cost of care if the funding source denies their eligibility for reimbursement (examples include, but are not limited to unexcused absences, failure to complete appropriate redetermination/transfer paperwork, failure to sign their child in and out daily, etc.).

Client Status	Policy / Information
School-Age: School year	Receives fifteen (15) days to be used at parents' discretion from August - July.
School-Age: Client enrolled January	Receives three (3) days to be used at parent's discretion from January - July.
Grant or Subsidy clients	Must adhere to the requirements of the grant or subsidy.
Pre-School: School year	Receives 10 days of vacation to be used in week (Monday – Friday) or day increments (not during VPK instructional days).
VPK Attendance Policy	Children enrolled in the VPK program must follow the VPK Attendance Policy.
Vacations	Vacation cycle starts first day of school program through last day of summer program.

I have read, understand and agree to abide by all the policies listed above. Fees for the services will be:

Fall/Spring Registration Fee:	\$	Summer Registration Fee:	\$
Weekly Fee:	\$	Summer Weekly Fee:	\$
Difference Fee:	\$	Difference Fee:	\$

Parent/Guardian Signature

\_\_\_\_\_  
Date

Center Director's Signature

\_\_\_\_\_  
Date