



State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth:	Sex:	Date of Enrollment:
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First Name:	Last Name:	Middle:	Nickname:
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Physical Address:

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care:	M	T	W	TH	F
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Family Information: Child's Lives With: _____

Mother's Name:	Father's Name:
Address:	Address:
Home Phone:	Home Phone:
Employer:	Employer:
Address:	Address:
Work Phone:	Work Phone:
Cell:	Cell:

Custody: _____ Mother _____ Father _____ Both _____

Other (specify): _____

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

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MASTER

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

Doctors Name:	Phone:
Address:	
Doctors Name:	Phone:
Address:	
Dentist Name:	Phone:
Address:	
Hospital Preference:	

Emergency Care Plan Instructions (if applicable):

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 facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name / Address	Phone	Work #
Name / Address	Phone	Work #
Name / Address	Phone	Work #
Name / Address	Phone	Work #

Helpful Information About Child:

- 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 entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], **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 entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
 - 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, **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.

Signature of Parent/Guardian

Date

Best Friends for Kidz
Child's Enrollment/Information Form

Student Name(s) _____

___ Complete the DCF child enrollment and ___ email or ___ print Enrollment application DCF.pdf

Please initial each of the following statements.

___ **I HEREBY CONSENT** for my child to ride in any vehicle authorized by Best Friends for Kidz. The parent releases Best Friends for Kidz of responsibility for any accident or injury resulting therefrom and will hold the center harmless from any liability for such accident or injury. (***Pertains to field trips for VPK and School age students***)

___ I understand that Best Friends for Kidz reserves the right at its discretion to terminate the child care of said child at any time.

___ Payment for Best Friends for Kidz services are due by 5pm on the Friday prior to service or if your child is a drop in it is due on the day of service. No refunds are given for advanced payments. Any changes in fees will be posted for thirty days.

___ I have access to the BFF website and Best Friends for Kidz, Inc Parent Handbook and I have read and understand it.

___ Best Friends for Kidz is required to serve a meal if the child is in attendance at the center entirely between 8:00-9:00, 11:00am- 1:30pm and 2:00pm-3:00pm. Your child will be provided with a meal off the posted menu, substitutions may only be provided by the family if accompanied by DOH medical form. If a DOH medical form is provided the meal sent must meet nutritional guidelines. We are required to ensure that meals are balanced and meet the recommended daily dietary allowances. Two meals and two snacks are included for those who are on full time or part time rate plans.

___ I have received a copy of the child care facility brochures, **Know Your Child Care Facility and "The Flu Guide for Parents"** and have also received in writing the **(disciplinary practices in parent handbook)** used by Best Friends for Kidz, Inc.. (Available online at www.bffkidz.com)

___ In order to assist Best Friends for Kidz, Inc. in meeting all of my child's needs I give my permission for Developmental Screenings as well as other helpful assessments to be completed on my child.

___ I hereby consent for my child to be included in school pictures / videos and give permission for those pictures to be used by Best Friends for Kidz.

___ I acknowledge that some classrooms have diffusers in them. Different scents such as lavender & eucalyptus are used throughout the day.

___ I acknowledge that some of the classrooms at Best Friends for Kids have a class pet & my child may come in contact with them.

___ I consent to allow my child to touch and interact with the pets in the classroom

___ Best Friends for Kidz is state licensed and must close on time. A fee of \$10 for the first 5 minutes and \$1 for each additional minute will be charged for pickups after closing.

___ I give permission for Best Friends for Kidz to apply insect repellent and sunblock appropriate for children, such as *Natural Cutter Skinsations* and *Bug Soother! Family Care*, as needed.

___ I give permission for Best Friends for Kidz to apply diaper cream as needed. If you are using medicated diaper cream please see the front office for a medical form paper.

___ I hereby agree to keep all information on this Child's Enrollment/ Registration Form current while my child is enrolled at Best Friends for Kidz, Inc.

___ I will provide Best Friends for Kidz **2 weeks' notice** if withdrawing from a FT/PT program and will pay for 2 weeks even if my child does not attend.

___ If my child takes vacation, I will notify the school in advance and pay **\$40 a week** on the Friday prior to the vacation week in order to receive the reduced vacation rate.

___ I give my child permission to have store bought snacks for parties at BFF Kidz.

___ I have read the Rilya Wilson Act and will call or text the school each day my child will be absent.

___ I have programmed the school's **non-emergency** attendance and texting phone to my cell phone. 813.694.0640

___ STATE OF FLORIDA LICENSING REQUIREMENTS: The Florida Department of Job and Family Services, Child Care Licensing unit shall have the right to enter and inspect the premises unannounced, and have access to children's records, as well as the authority to contact staff, parents, and relatives of children in care, or other witnesses. The Administrator of Best Friends for Kidz and its employees are required, to report their suspicions of child abuse or neglect to the local public children's services agency.

The hours and days we have agreed that BFF will provide care for our child(ren) are:

Primary Hours of Care: **From** _____ **to** _____

Days of the Week in Care: **M T W Th F Sa**

Meals Typically Served While in Care: **Br Lunch PM Snack Sup Eve Snack**

- Please notify us in **writing** if there's any changes to be made to your hours
- Two weeks' notice and approval is required before changes are made

PAYMENT CONTRACT

A. Parents agree to pay according to schedule. We have agreed to pay \$ _____ () Weekly () Bi-weekly () Monthly () Hourly () VPK only

- Please auto draft my account () **Weekly** () **Monthly** () **Pay online or at check in**
- **Tuition Express form is required for all students, even if you choose not to have auto draft an pay weekly at the machine.**
 - Emailed statements will be available upon request
 - Year-end summary will be provided by January 30th

Other Charges

- B. There will be no charge for meals served for children in FT/PT programs.
- C. There will be a charge for in house and traveling field trips. The cost will be the amount on the permission form.
- D. There will be an hourly charge for full time students attending over 50 hours a week and part time students attending over 25 hours a week.
- E. Students attending late pick up
- F. A \$15.00 enrollment fee is required to be paid upon enrollment and \$75 supply fee for FT/PT students.

Late pickup rate: \$1.00/per minute
 NSF Checks \$30.00/item
 Late payment \$15.00/day
 Enrollment Fee: \$90.00
 Over 50 hours: \$5 an hour

Payments are due Friday by 5pm. BFF expects to be paid if your child is in attendance or when your child is not in attendance due to illness or a doctor's appointment, vacation, etc. Payments can be made online and through the procare app. Tuition is considered late if you pay at 6 pm or later on Friday, and subject to a late fee. Our school does offer an auto draft for your convenience to avoid late fees. Tuition rates are subject to change based on age and development of a child.

Date _____ Signature of Parent/Legal Guardian _____

RELEASE

Best Friends for Kidz, as a State of Florida licensed Child Care Facility, provides a safe, clean and fun environment for children. However, in any child care program, injuries may occur. In order for Best Friends for Kidz to be able to provide child care services to you, it is necessary that you assume certain risks. Signing this release is necessary to receive services.

I, on behalf of myself, my spouse, and each child designated on the Admission Form Agreement (my "Child"), waive and release all rights, causes of action and claims against Best Friends for Kidz., A Florida Cooperation, its Officers, Directors, Administrators, Agents, and Employees, for any and all loss of damage to property or injuries suffered by my Child during the time my Child is visiting at Best Friends for Kidz, including the possible negligence of Best Friends for Kidz, but excluding gross negligence and intentional property misconduct. I understand that the provision of child care contains risk of injury to persons and damage to property, and that by signing this release, I engage Best Friends for Kidz to provide temporary child care for my Child at my own risk. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of Best Friends for Kidz and the Release, including, but not limited to, future risks, complications, and costs. By signing this Release, I have not relied on any promises or statements made by Best Friends for Kidz other than those contained in the written information supplied to me by Best Friends for Kidz. I understand that this Release will be kept on file at Best Friends for Kidz and will continue in effect for this and any future visits my child may make to Best Friends for Kidz. I agree to pay all costs and attorney fees arising out of my action relating to the Agreement, the Registration Form, or the release for collection purposed or Otherwise.

I HAVE READ THE ABOVE CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

Date _____ Signature of Parent/Legal Guardian _____

Date _____ Signature of Best Friends for Kidz Authorized Representation _____

Childs Name _____ DOB _____
 Parent Name _____ cell # _____
 Email _____
 Parent 2 Name _____ cell # _____
 Email _____
 Anticipated start date _____

 Allergies/ Dietary Restrictions:

 Special Needs/ Special Schedule /Behavior Concerns / Comments:

New Parent/Guardian Orientation Plan Checklist

Welcome! We are excited to welcome you and your child to Best Friends for Kidz. We are a State Licensed facility that offers a Christian based preschool program. We understand the importance of finding quality child care for your children. We are grateful for putting your faith and trust in us.

It is very important that all parents/guardians are oriented to our child care program. Knowing and understanding the policies and procedures of Best Friends for Kidz will ensure the best possible care for the children. Below is your orientation checklist. We will be sharing information with you about our center. This orientation is intended to help you understand what you need to know as you leave your child in our care. We plan to cover all areas listed below with you. If an area is not covered or if you do not receive a copy of the policies and procedures, please be sure to let us know. Please feel free to ask questions, if needed, at any time.

- Information about our Center, our Staff, ratios, curriculum, Director of operations, days and hours of operations, and closings.
- Open door policy
- Non-discrimination policy
- Custody agreements
- Abuse and neglect reporting
- Behavior expectations and reasons for suspending or withdrawing children
- Discipline policy
- Health policy, communicable disease policy, infection control, and medication procedures.
- Enrollment and withdrawal policy
- Pick up and drop off policy
- Attendance and absences
- Communication with staff and family involvement
- Meals and allergies
- Transition procedures
- Screening and assessments
- Screen Time
- Outdoor Play and Shoes Policy
- Safety Policy
- Animals and Pets on property
- Rates, fees, payments, and tuition agreement
- How to reach us if you have a Complaint/Concern
- Baby Sitting Policy

My signature below indicates that I have read and understand each of the sections listed above in the parent handbook.

Parent Signature: _____ Date: _____

**Participation, Waiver and Release Agreement
Best Friends for Kidz**

The safety of the children in our care is a top priority for Best Friends for Kidz. For their safety as well as our staff, we have implemented a number of protocols to try to limit the spread of COVID-19. On _____ you were furnished a copy of our COVID-19 Protocols. By enrolling or continuing to have your child enrolled at Best Friends for Kidz, you agree to follow our protocols and such other rules as we may advise you of from time to time.

LIABILITY RELEASE:

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your enrollment and/ or participation in any of the program or activities of Best Friends for Kidz, now or at any time in the future.

I, on behalf of myself and minor children for whom I am the parent, guardian or authorized adult (such children are hereafter referred to as "my minor children"), hereby acknowledge and agree that participation in the pre-school at Best Friends for Kidz comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation, including but not limited to: (1) slips, trips, and falls, (2) playground injuries, and (3) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation and that said list in no way limits the scope of this Agreement.

In consideration of my minor children enrolling in the preschool at Best Friends for Kidz and /or being allowed access to its facilities and/or to participate in its activities and programs, I, individually and on behalf of my minor children, do hereby waive, relieve and forever discharge Best Friends for Kidz, and its directors, agents, employees, representatives, attorneys, executors and all others, of and from any and all responsibility or liability for any claims, causes of action, injuries, damages or losses that I or my minor children may suffer arising out of participating in any program or activities at Best Friends for Kidz. I, individually and on behalf of my minor children, further agree to adhere to all policies and protocols set by Best Friends for Kidz, including the COVID-19 Protocols.

COMMUNICABLE DISEASE / COVID-19 WARNING & DISCLAIMER:

I understand that Coronavirus (COVID-19) is a contagious virus that spreads easily. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in pre-schools or accessing programs or facilities such as Best Friends for Kidz could increase the risk of contracting COVID-19. I understand that Best Friends for Kidz in no way warrants that COVID-19 infection will not occur through participation in the preschool or use of facilities at Best Friends for Kidz. On behalf of myself and my minor children, I knowingly and voluntarily assume the risks of injury or loss suffered as a result of participating in the preschool or use of programs or facilities Best Friends for Kidz, including the risk of contracting COVID-19.

I have signed this document knowingly and voluntarily.

Signature: _____

Printed Name: _____

Date: _____

Child's Name: _____



Best Friends for Kidz Child Information Sheet/ All About Me

My full name is _____ . I am _____ years old.

Most people call me _____. My Birthday is _____.

My favorite color is: _____. I have _____ brothers and _____ sisters. I have _____ pets.

I am a _____ (picky, fair, or good) eater. My favorite food is _____.

I don't eat _____.

I am allergic to _____.

(Please make sure that you have a medical form about allergy on file in the front office. Please see an administrator for the required form.)

I am _____ (potty trained, potty training, in pull-ups, or in diapers)

The things I really like or like to do are _____

The things I do not like or scare me are _____

Some of the things my parents/guardians would really like for me to work on or learn are _____

Please write anything else you would like for us to know or that we can do to support your values, or cultural beliefs. _____

(Please Initial each of the following statements)

____ I give my child permission to have store bought snacks for parties at BFF Kidz

____ I agree to have all my child's belongings labeled.

____ My child will not bring outside toys, electronics, or things that they cannot be responsible for.

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: _____

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ _____ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

STEP 4: Household Income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (_____) _____
Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): Hispanic or Latino No: Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Total Household Size: _____ Total Household Income: \$ _____

Eligibility Determination: Free Reduced-Price Non-needly How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needly Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____