Parks' Place Daycare
& Learning Center

Florida Department of Health
Child Care Food Program

Child Care Application for Enrollment

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

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

Meals Typically Served While in Care: ☐ Br ☐ AM Snack ☐ Lunch ☐ PM Snack

****

Family Information:

Parent 1 Name: _____
Address: _____
Home Phone: _____
Email: _____
Employer: _____
Address: _____
Work Phone _____ Cell: _____

Parent 2 Name: _____
Address: _____
Home Phone: _____
Email: _____
Employer: _____
Address: _____
Work Phone _____ Cell: _____

Child Lives With: Parent 1 _____ Parent 2 _____ Both Parents _____ Other _____

****

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.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

_____

_____

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	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#

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Helpful Information About Child:

_____
_____
_____
_____
_____

- Sections 7.I 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 2.8 of the Child Core Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the childcare facility, or
Section 2.3 of the Family Day Core 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 thot 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.

1st year:

_____ _____
Signature of Parent/Guardian Date

Subsequent years:

_____ _____
Signature of Parent/Guardian Updated Date

_____ _____
Signature of Parent/Guardian Updated Date

_____ _____
Signature of Parent/Guardian Updated Date

_____ _____
Signature Of Parent/Guardian Updated Date

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MEDICAL INFORMATION

Parent Permission for Emergency Medical Treatment

In the event of a medical emergency, do you wish us to call your family physician? ☐ Yes ☐ No If yes:

Name of Physician: _____ Phone Number:_____

Name of Medical Center: _____

Address: _____ City: _____ State: _____ Zip:_____

Please complete the below authorization:

I/we _____ and _____, do hereby state that I am/ we are parent(s)/legal guardian(s) of _____, a minor, age_____ born on _____, who resides with me/us at _____. I/We authorize, for emergency purposes only, a designated employee of the center to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment by a hospital or surgeon licensed to practice medicine in the State of Florida.

Special Needs or Allergies

Medical Conditions

_____Asthma _____Convulsions/Epilepsy _____Diabetes _____Bleeding/Clotting Disorder

Other: _____

PERMISSION FOR FOOD RELATED ACTIVITIES AND SPECIAL OCCASION FOOD CONSUMPTION:

Pursuant to 65C-22.005(1) (1) ©., F.A.C. Licensed childcare facilities must obtain written permission from parents/guardians regarding a child's\'s participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____give/decline permission for my child_____ to participate in food related activities and special occasions wherein food is consumed.

_____My child **DOES NOT** have a food allergy or dietary restriction.
He/She: ☐ May participate in activities ☐ May Not participate in activities
_____My child **DOES** have a food allergy or dietary restriction.
He/She: ☐ May participate in activities ☐ May Not participate in activities
If my child may participate in activities, but DOES have a food allergy or dietary restriction: He/She may not eat or handle the following items:
_____

_____

Parent/Guardian Signature: _____ **Date:**_____

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AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS:

I hereby grant Parks' Place Daycare and Learning Center permission to transport my child _____

in licensed and insured vehicles, using federal approved child safety seats and belts according to Federal Laws.

I give my permission for my child to be transported for the following reasons:

- ☐ **To and From School**
- ☐ **Field Trips**
- ☐ **Emergency Medical Reasons**
- ☐ **Emergency Evacuations**

_____ I understand that the evacuation site is posted in the school and listed in the Parent Handbook.

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school permission to take my child on these field trips.

Parent/Guardian Signature: _____ **Date:**_____

Director Signature: _____ **Date:** _____

Name of Child (Last, First, Middle Initial) _____Date of Birth_____

Parent/ Guardian Name: _____

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____**REGISTRATION FEE:** I understand that a non-refundable, Registration Fee of $_____ shall be paid in advance to enroll my child. In instances of agency reimbursements, the Registration Fee is to be paid according to the contract.

_____**TUITION AND MODIFICATION CONDITIONS**: $_____ per week is the current tuition rate for the program that I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. Parks' Place follows state specific time frames on tuition and modification notices.

I have enrolled my child in the following program(s): _____

Days: (check all that apply) □ **M** □ **T** □ **W** □ **Th** □ **F** **From _____am/pm to_____am/pm**

_____**PAYMENT OF TUITION**: I understand that tuition is due and payable no later than Friday. Appropriate alternate Tuition Fees must be paid during school breaks.

_____**LATE OR UNPAID TUITION**: If payment in full is not received when due, I agree to pay a late payment of $25 per week that tuition is not received. All late fees are subject to change with reasonable notice. Parks' Place follows state specific required time frames on tuition and modification notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. Parks' Place cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

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_____**AGENCY REIMBURSEMENT**: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of agency or third-party reimbursement, resulting from my failure to promptly communicate status changes. If I fail to properly enter attendance for any day my child is in attendance, I understand that I am solely responsible for payment of tuition.

_____**CHARGES AND PROCEDURE FOR LATE PICK UP**: Parks' Place is open from ___am/pm to ____am/pm, Monday through Friday all year except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of $10 per every hour or portion of an hour period, per child, until the child is picked up.

_____**ADDITIONAL FEES**: School age camp will be open during the summer months and scheduled school breaks according to the local public-school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to an Activity Fee as well. In regard to agency reimbursements, Activity Fees may be my full responsibility. Please consult the Director for details.

_____D**ISCOUNTS**: I understand that if I have more than one child enrolled and attending from my immediate family, I am a teacher, or active-duty military a _____% discount from the usual tuition fee is offered to me. Sibling discount is applied to the children(s) with the lowest tuition rate(s). Discounts are not applicable to any fees or services, Agency co-pays, or special program promotions and cannot be combined with any other discount or promotion.

_____**RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my financial institution may charge me. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay an alternate method of payment for the next six months. The maximum fee allowed by state law will be charged for all returned checks and credit/debit cards declines. I am responsible for the principal amount plus all returned check fees.

SECTION 2: DAILY PROCEDURE

_____**DAILY SIGN IN AND SIGN OUT:** I agree to sign my child in and out every day using the Parks' Place attendance procedure. If I neglect to do so, I may be charged a maximum fee of $5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and to pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In the event an agency reimbursement is involved, a manual signature is also required. I agree to complete the required computer and if applicable manual sign in and sign out procedures.

_____**DROP OFF TIME**: I understand that the cut off time to drop off my child is at 9:30 am. If my child has an appointment that would prevent making the cut off time, I must notify the center 24 hours prior to ensure my child can attend for the day. I understand that if I fail to do so, my child will be absent for the entire day and no refunds, credits, or any allowances will be given.

_____**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. I may be required to keep my child at home for a period of 24 hours or more according to Parks' Place Illness policy. If my child is exposed to or contracts a contagious disease, I agree to notify the school. I agree to adhere to the illness policy as stated in the Parent Handbook.

_____**MODEL RELEASE**: Parks' Place (**please initial) _____ may _____ may not use** photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

_____**PHOTOGRPAHS, VIDEOS, AND AUDIO TAPES**: I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on Parks' Place property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or shall such recordings. I also understand that I am not authorized to capture any image of the other children or staff.

_____**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician f any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.



_____WITHDRAWL FROM PROGRAM: I understand that I must provide a two (2) week written notice of withdrawal from the program. The required deposit that was paid at enrollment will be applied to the last week of attendance. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, and deposit will not be refunded whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and a non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or other fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCE AND CLOSING

_____HOLIDAYS: I understand that Parks' Place will be closed on the following holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, and Christmas Day. I agree that I will not receive a refund, credit, or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday, or the following Monday.

_____ABSENCES: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e. sickness).

____EMERGENCY CLOSING AND INCLEMENT WAEATER INFORMATION: I understand that it is the Parks' Place intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I also understand that it is my responsibility to ensure that my contact information remains current with the school to ensure proper notification during the event of an emergency during business hours. I agree that in the event that school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

SECTION 4: DISCIPLINE POLICY

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interaction from adults and others, they develop good self-concepts, problem solving abilities and self-discipline. Based on this belief of how children learn a develop values, Park's Place will practice the following discipline and behavior management policies.

WE DO:

- Praise, reward, and encourage the children.
- Reason with and set limits for the children.
- Model appropriate behavior for children.
- Modify the classroom environment to attempt to prevent problems before they occur.
- Listen to the children.
- Provide alternatives for inappropriate behavior for the children.
- Provide the children with natural and logical consequences of their behavior.
- Treat children as people and respect their needs, desires, and feelings.
- Ignore minor misbehaviors
- Explain things to the children on their levels.
- Use short, supervised periods of "time out"
- Try to stay consistent in our behavior management program

WE DO NOT:

- Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the child.
- Make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children.
- Do not shame or punish the children when bathroom accidents occur.
- Deny food or rest as punishment.
- Relate discipline to eating, resting, bathroom, or sleeping
- Leave the children alone, unattended without supervision.
- Allow discipline of children by children.
- Criticize, make fun of, or otherwise belittle the children's parents, families, ethnic groups, creed, or gender.

Conferences will be scheduled with parents if particular discipline problems occur. If a child's behavior consistently endangers the safety of the children around him/her or to themselves, then the Director/Assistant Director has the right to, after meeting with the parents and documenting behavior problems and interventions; terminate childcare services for the particular child.

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SECTION 5: EXPLUSION AND SUSPENSION POLICY

Our Program is committed to providing a safe, nurturing environment conducive for learning and growth for all our children. We strive to ensure all of our children are set up for success regardless of their need or developmental level. Unfortunately, there are sometimes reasons we have to expel a child from our program on either a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this from being enforced.
Every effort will be made to prevent the expulsion or dismissal of the children from the program. However, Parks' Place Daycare and Learning Center reserves the right to cancel the enrollment of a child for the following reasons, not limited to, but including:

- Non-payment or excessive late payment of fees/tuition
- Failure to adhere to policies and procedures as outlined in the program's Parent Handbook
- The child has needs which we cannot adequately meet with our current staffing patterns
- The child's behavior threatens the health and safety of him/herself, the other children or program staff
- The parents/guardians exhibit behavior which is detrimental to the health and well-being of the children and staff in a classroom or negatively interferes with the normal functioning of the classroom and/or program. This includes but is not limited to vulgarity, intimidation, harassment, or violation of childcare licensing regulations

Proactive Actions that will be taken in order to prevent expulsion:

- Staff will try to redirect the child from negative behavior
- Staff will teach child appropriate skills to address challenging behaviors
- Staff will reassess the environment, activities, and supervision
- Staff will always use positive methods and language while disciplining children
- Staff will celebrate appropriate behaviors
- Staff will maintain a strong connection with the child at all times
- Staff will consistently apply consequences for rules
- Child and parent will be notified of disruptive behaviors that might lead to expulsion
- Director and parent will have a conference to discuss how to promote positive behavior
- A specialized care team will be formed to address how best to support the child

Our families:

- Communicate regularly with staff to ensure consistency in guidance between home and school
- Partners with us and allows us time to work with all the children, including those needing higher levels of support
- Understand and acknowledge that we do not expel children as they are learning these skills. We strive to serve individual needs while ensuring the safety of all young children
- To best serve children, we may need to partner with social and emotional experts to help give a child the best foundation for academic success.

"On rare occasions, we may work with families to seek the best care for their child if all parties agree that our program can no longer meet the need of an individual child"
I have read and understand Parks' Place Daycare and Learning Center discipline and expulsion and suspension policies.

Parent/Guardian Signature: _____ **Date:**_____

SECTION 6: STATE LICENSING AND OUR POLICIES

____ **ALL POLICIES & STATE REGULATIONS**: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized gents and I are bound by the state childcare regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the childcare regulations of the state may prevail over the policies when the state regulation is stricter. I understand that my continued enrollment constitutes my acknowledgment and agreement to abide by all Policies and state regulations.

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____PARENT HANDBOOK: I have received a copy of the Parent Handbook. I have read and understood its contents and policies and agree to be bound by same.

____NO MODIFICATIONS: No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications, or deletions of any terms of this agreement are null and void.

These policies have been reviewed with me by the school management. I understand and will comply with the policies in the Parent Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Director Signature: _____ Date: _____

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CHILD PROFILE

Child's Name: _____ Age_____ Date of Birth_____

You know your child better than anyone else in the world! Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

What would you like most for your child to experience with us? _____

_____

What does your child enjoy the most? _____

_____

What are your child's favorite toys? _____

_____

With whom does the child reside? Please list names and relationship to child, and names and ages of other children:

ADULTS: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Who also cares for your child(ren)? _____

What language is spoken in your home? _____

Does your child have any physical or special needs? Explain: _____

_____

Does your child take naps? ☐ Yes ☐ No **How long?** _____

Does your child need a favorite item (such as a blanket) for a nap? ☐ Yes ☐ No

How does your child express anger? _____

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Does your child have any particular fears? _____

How does your child react to change (such as being left by parents)? _____

_____

How does your child comfort himself/herself? _____

_____

What are your child's play interests (preference for creative, dramatic, or construction play)? _____

_____

How do you discipline your child? _____

_____

When did your child begin to use your language? _____

What do you enjoy most about your child? _____

Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

_____

_____

Has your child had previous childcare experience? _____

Family Engagement

Are you available to help us with field trips or other special events? _____

Please check off item(s) that you would like to be involved in/with:

- **Parent Advisory Council**
- **Party Planning**
- **Reading/Storytelling**
- **Art activity/Project**
- **Building and Grounds workday**
- **"Homework" – Assist by completing simple projects at home**
- **Career Sharing**
- **Decorating Bulletin Boards**
- **Fundraising**
- **Provide Needed Materials**
- **Participate in Classroom Activities**
- **Other:** _____

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Do you have a special interest or hobby you would like to share with the children? _____

What family or cultural traditions are important in your home? _____

Would you be willing to share these traditions with the children? _____

Parent/Guardian Signature: _____ **Date:** _____

ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Packet and the Parent Handbook. Be sure that all forms are filled out completely with appropriate signatures.

OBTAIN SIGNED FORMS FROM FAMILY:

- Complete Enrollment Registration Packet
- Parent Handbook Acknowledgement
- Current Physical Examination (Form 3040)- within 30 days of enrollment
- Immunization Record (Form 680)- within 30 days of enrollment
- Florida Department of Health Food Program Form
- Influenza Virus Form (August and September)

REVIEW WITH THE FAMILY:

- The child's first day
- Child guidance and classroom management (discipline policy)
- Tuition payment schedule, amounts and due dates
- Parent conferences and other communications, what to expect daily and/or weekly
- Daily Sign in and Sign Out Procedures
- Authorized pick up, late pick up policy, and emergency controls
- Child Custody Documents (if applicable)
- Clothing and other items to bring (labeled)
- Any pickup restrictions
- Any field trip restrictions
- Any photo restrictions
- Immunization/Health Information
- Late Fees
- Absenteeism/Vacation Policy
- Illness Policy
- Meals
- Allergies
- Medication Policy
- Relevant Curriculum features for child's age group
- Tuition Express
- My Procare
- Kid reports

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PARENT CODE OF CONDUCT

"We strive for a positive working relationship between parents and staff in order to be a positive role model for our students' appropriate interaction and assist them in learning skills necessary for effective communication. Parents and visitors to our program are expected to be aware of their responsibilities and adhere to the Code of Conduct."

Parents are expected to:

- Approach Staff respectfully to help resolve issues or concerns
- Recognize Parks' Place staff's first priority is the safety, supervision and engagement of the children. Therefore, staff may indicate that it would be more effective to schedule an appointment to speak one on one with parents when a lengthy discussion or confidentiality is required.
- Recognize that some conversations are private and need to take place away from the children.
- Communicate with staff in a calm, respectful manner. Avoid the use of profanity at all costs.
- Work with staff for mutual understanding and the benefit of their children.
- Seek to clarify a child's version of events with the school's view in order to bring about a peaceful solution to any issue.
- Actively participate in plans to correct their own child's behavior
- Avoid using staff as threats to admonish children.

If you have any questions, give us a call (904) 908-6926.

Thank you,

Joanne T. Parks

Owner and Director

Parent/Guardian Signature: _____ **Date:** _____

Parent #1 Email Address: _____

Parent #2 Email Address: _____

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

Child's Name: _____ **Center Name & Address:** Parks Place Daycare and Learning Center, 5500 Shindler Dr, Jacksonville,FL32222

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: (904) 908-0140

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 |___| Not 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-needy **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-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

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

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

<table>
<tr><th colspan="2">Sources of Income for Children</th><th colspan="3">Sources of Income for Adults</th></tr>
<tr><td>Earnings from work</td><td>A child has a regular full or part-time job where they earn a salary or wages</td><td rowspan="4">Earnings from Work
• Salary, wages, cash bonuses
• Net income from self-employment (farm or business)

If you are in the U.S. Military:
• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
• Allowances for off-base housing, food and clothing</td><td rowspan="4">Public Assistance/ Alimony/Child Support
• Unemployment benefits
• Worker's compensation
• Supplemental Security Income (SSI)
• Cash assistance from State or local government
• Alimony payments
• Child support payments
• Veteran's benefits
• Strike benefits</td><td rowspan="4">Pensions/Retirement/All Other Income
• Social Security (including railroad retirement and black lung benefits)
• Private pensions or disability benefits
• Regular income from trusts or estates
• Annuities
• Investment income
• Earned interest
• Rental income
• Regular cash payments from outside household</td></tr>
<tr><td>Social Security
• Disability Payments
• Survivor's Benefits</td><td>• A child is blind or disabled and receives Social Security benefits
• A parent is disabled, retired, or deceased, and their child receives Social Security benefits</td></tr>
<tr><td>Income from person outside the household</td><td>A friend or extended family member regularly gives a child spending money</td></tr>
<tr><td>Income from any other source</td><td>A child receives regular income from a private pension fund, annuity, or trust</td></tr>
</table>

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules. **This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**

Parks' Place Daycare
& Learning Center

Florida Department of Health
Child Care Food Program

2026-2027

Parks' Place Daycare & Learning Center - School Calendar

July 3	Independence Day Observed – PPLC Closed
August 1	Open House- 20th Anniversary
August 3-7	Employee Planning/Inservice
August 10	First Day of School
August 24-28	PPLC Rituals & Routines
September 7	Labor Day Holiday- PPLC Closed
September 8-11	PPLC Assessments
September 11	Grandparents' Day/Patriot Day- Grandparents invited!
	Open House?
October 9	End of Grading Period
October 12-13	Employee Planning/Inservice- No VPK
October 16	Report Cards Go Home
October 23	VPK Awards Ceremony
October 30	Trunk or Treat & Fall Festival- Volunteers Needed
November 11	Veterans Day Holiday- PPLC Closed
November 20	Thanksgiving Feast
November 25	No VPK, PPLC Closing Early
November 26-27	Thanksgiving Holiday- PPLC Closed
December 7-11	Santa's Workshop- Volunteers Needed
December 18	End of Grading Period, Polar Express/PJ Day
December 21- January 1, 2027	Christmas/Winter Break- No VPK Winter Break Camp
December 25	Christmas Day- PPLC Closed
January 1, 2027	New Years Day- PPLC Closed
January 4-5	Employee Planning/Inservice- No VPK
January 18	Martin Luther King, Jr. Holiday- PPLC Closed
January 22	VPK Awards Ceremony
February 15	Presidents Day Holiday- PPLC Closed
March 11	End of Grading Period
March 12	Employee Planning/Inservice- No VPK
March 15-19	Spring Break – No VPK
March 25	Easter Egg Hunt/Hop-A-Thon – Volunteers Needed
March 26	Spring Holiday/Good Friday- No VPK
March 29	Report Cards Go Home
April 2	VPK Awards Ceremony
April 19-23	Scholastic Book Fair- Volunteers Needed
April 23	Earth Day Celebration
May 3-7	Teacher Appreciation Week
May 7	Mother's Day Tea
May 21	Field Day- Volunteers Needed
May 28	Last Day of School – End of Grading Period
May 29	VPK Graduation
May 31	Memorial Day Holiday- PPLC Closed
Jun 19	Juneteenth Holiday

Teacher Planning Day
Holidays- Closed
First & Last Day of School
Early Release Day
Awards Ceremony
Report Cards

Weather-Related School Closings

^If the Center must close for a day or more due to hazardous weather, the Center will utilize weather day/s to provide for any lost instructional days. Given the placement of weather days on June 1 and 2, there is a possibility that the school year could extend past May 28th . Should there be no need to use the Weather Days on June 1 and 2, teacher post-planning days would be moved up to begin on the first available non-instructional day during that week.

July '26

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August '26

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September '26

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October '26

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November '26

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	13	20	21
22	23	24	25	26	27	28
29	30					

December '26

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January '27

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February '27

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March '27

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April '27

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May '27

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June '27

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			