girls inc.
OF PINELLAS

# After School Programming You Can Count On

## August 24th – May 27th, 2021

You may Register online at:

https://girlsinc-pinellas.org/after-school/

**Inspiring All Girls to be strong, smart and bold**

*Pinellas County since 1961*

Girls Inc of Pinellas
7700 61st Street North
Pinellas Park, FL 33781
(727) 554-6230
info@girlsinc-pinellas.org
LIC# C920281

Office Use Only
Enrollment Date: _____
Tuition Agreed Upon: _____
Name:_____
School: _____

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# 2020-2021 After School Program Registration

Pinellas County Child Care Licensing requires all registration packets to be complete, accurate and legible. Incomplete packets cannot be accepted.

Prior to Attendance a completed registration packet is necessary for each child. Include a copy of a valid identification for primary caregiver (Florida ID, driver license, etc).

**The first week of tuition is due at the time of registration**. Payments can be made online at **myprocare.com**. Payments may be made by check or money order and place in the payment box at the Center front desk. No cash accepted.

Families receiving a childcare subsidy ( i.e., Early Learning Coalition) should present a valid voucher at the time of application. ELC families are still required to complete a registration packet and pay the initial week of tuition at the time of registration.

FEES

***After School Care Only:***
Standard Rate: $65 weekly
Military Discount (active military only and must have current identification) $55

Note on Attendance, Closures, and Tuition:
Families are billed weekly regardless of attendance; please refer to our Payment Policies section for more. IN the case of emergency closures (due to unforeseen conditions), you will be notified by phone or emails as soon as possible. Your account will be charged for the full week weekly tuition if Girls Inc is open 3-5 days of the weekly and half weekly tuition if Girls Inc is open 1-2 days of the week. Girls Inc of Pinellas does not issue tuition refunds. A calendar of Girls Inc open/close schedule is based on the Pinellas County Public Schools calendar and is available within this registration packet.

My child will attend After School Care

How did you hear about our program? [ ] referral _____
[ ] school flyer [ ] Wesbsite, Twitter Facebook or Instagram [ ] Special Event [ ] Other_____

pclb

# CHILD'S ENROLLMENT RECORD

**DIRECTOR'S USE ONLY**

Date enrolled_____

**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_____

Home Phone:_____Home Phone:_____

Employer:_____Employer:_____

Address:_____Address:_____

_____ _____

Work Phone_____Cell_____Work Phone_____Cell_____

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.**

CONTINUED ON BACK

**CHILD'S ENROLLMENT RECORD**

**(Back Page)**

**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*

**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 have received a copy of the "Know Your Child's Children's Center" brochure, a copy of the children's center discipline and expulsion policies.**

**I was notified that the snacks/meals served daily are: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner**

**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**

## EMERGENCY MEDICAL RELEASE

**This form must contain only one child's name, and be the original notarized form.**

**A new notarized form is required when there is a change in legal guardianship.**

**Please Print Information**

**Child's Full Name:**_____ Birthdate:_____

Allergies:_____

Medicines Routinely Taken:_____

**Name of Custodial Parent(s)/Legal Guardian(s):**_____

Address:_____ _____ _____ _____
*Street Address (number, apartment #, street)* *City* *State* *Zip Code*

Home Telephone _____ Cell Telephone_____ Work Telephone _____

**Family Physician's Name/Health Care Resource:**_____

Address:_____ _____ _____ _____
*Street Address (number, apartment #, street)* *City* *State* *Zip Code*

Telephone (___) _____

**Hospital Preference:**_____
*Name* *City*

**Medical Insurance Company:**_____

Policy #:_____ Expiration Date:_____

**Emergency Contact (**if custodial parent/guardian cannot be reached**):**_____

Address:_____ _____ _____ _____
*Street Address (number, apartment #, street)* *City,* *State,* *Zip Code*

Home Telephone _____ Cell Telephone _____ Work Telephone _____

---

**Sign in the presence of the Notary.**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

_____, in the event of an emergency at which time
*(Child's Full Name)*

I cannot be reached. I give consent to transport by ambulance if situation warrants it.

_____

**Signature of Custodial Parent/Legal Guardian (Affiant)**

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ _____ 20_____
*(Month)* *(Day)* *(Year)*

by _____, who is personally known to me or who has
*(Name of Affiant)* SEAL OF NOTARY

produced _____ as identification.
*(Type of Identification)*

Signed:_____(*Signature of Notary)*

FC-0003 Sample (7/30/13)

# Florida Department of Health

## Child Care Food Program

# Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:
Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

| **If child care hours are the same every day, please complete this chart.** | | |
|---|---|---|
| Day | Normal Hours in Care | Meals Normally Received While in Care |
| Mon – Fri | _____ a.m./p.m. to _____ a.m./p.m. | Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐ |

**OR**

| **If child care hours are <u>not</u> the same every day, please complete this chart.** | | |
|---|---|---|
| Monday | _____ a.m./p.m. to _____ a.m./p.m. | Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐ |
| Tuesday | _____ a.m./p.m. to _____ a.m./p.m. | Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐ |
| Wednesday | _____ a.m./p.m. to _____ a.m./p.m. | Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐ |
| Thursday | _____ a.m./p.m. to _____ a.m./p.m. | Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐ |
| Friday | _____ a.m./p.m. to _____ a.m./p.m. | Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐ |
| Saturday | _____ a.m./p.m. to _____ a.m./p.m. | Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐ |
| Sunday | _____ a.m./p.m. to _____ a.m./p.m. | Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐ |

☐ **Check here if your child has no regularly scheduled hours of care**

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____ I-108-01

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

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

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 |__| 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)**

**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.

| **Sources of Income for Children** | | **Sources of Income for Adults** | | |
|---|---|---|---|---|
| Earnings from work | A child has a regular full or part-time job where they earn a salary or wages | **Earnings from Work** | **Public Assistance/ Alimony/Child Support** | **Pensions/Retirement/All Other Income** |
| Social Security<br>• Disability Payments<br>• Survivor's Benefits | • A child is blind or disabled and receives Social Security benefits<br>• A parent is disabled, retired, or deceased, and their child receives Social Security benefits | • Salary, wages, cash bonuses<br>• Net income from self-employment (farm or business)<br><br>If you are in the U.S. Military:<br>• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)<br>• Allowances for off-base housing, food and clothing | • Unemployment benefits<br>• Worker's compensation<br>• Supplemental Security Income (SSI)<br>• Cash assistance from State or local government<br>• Alimony payments<br>• Child support payments<br>• Veteran's benefits<br>• Strike benefits | • Social Security (including railroad retirement and black lung benefits)<br>• Private pensions or disability benefits<br>• Regular income from trusts or estates<br>• Annuities<br>• Investment income<br>• Earned interest<br>• Rental income<br>• Regular cash payments from outside household |
| Income from person outside the household | A friend or extended family member regularly gives a child spending money | | | |
| Income from any other source | A child receives regular income from a private pension fund, annuity, or trust | | | |

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**

# 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)

_____
_____

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

_____ I have received the Child Care Food Program Meal Pattern for Children with nutritional guidelines.

_____ _____

Parent Signature Date

C- 1050 Sample Form PCLB 12/13

**2019-2020 After School Program Registration**

**Name of Child**:_____**School:**_____**Entering Grade:**_____

**Things You Want Us To Know About Your Child:**

Does your child have an IEP or special needs status? [ ] Yes [ ] No
Does your child have any unique learning needs or specific difficulties in school? [ ] Yes [ ] No
If yes to any of the above, please provide details.

_____
_____
_____

Will your child require Girls Inc staff to administer medications? [ ] Yes [ ] No
Does your child have conditions or impairments that staff should be aware of? [ ] Yes [ ] No
If yes to any of the above, please provide details.

_____
_____
_____

**Things You Want Us To Know About Your Family:**

My child(ren) and I have people nearby to rely on for support. [ ] Yes [ ] No
Are there certain family circumstances that would be helpful for us to be aware of? [ ] Yes [ ] No
Please provide any additional details to the above questions.

_____
_____
_____

**Demographic Information:**

Girls Inc of Pinellas requires child and family demographic data to be provided. This information is confidential and will be used only anonymously to meet reporting requirements.

**Participant Age (circle):**

| | |
|---|---|
| 5 | 12 |
| 6 | 13 |
| 7 | 14 |
| 8 | 15 |
| 9 | 16 |
| 10 | 17 |
| 11 | 18 |

**Participant Identifies As:**

____Black/African American
____Asian American
____Pacific Islander
____Native American/American Indian
____White/European American
____Latina/Hispanic
____Multi-Ethnic

**2019-2020 After School Program Registration**

**Annual Household Income**:
____less than $10,000
____$10,001 – 20,000
____$20,001 – 30,000
____$30,001 – 50,000
____Greater than $50,000

**Participant lives with:**
____ Both parents
____ Single Parent
____ Group Home
____ Foster Parents
____ Multigenerational household
____ Parent & Stepparent
____ Relative
____ Other_____

**Parent/Guardian Highest Level of Education Completed:**
____Middle School
____Some High School
____Voc. /Technical Training
____Bachelor's degree
____PhD or equivalent
____High School Diploma
____High School Equivalent
____Two-year college degree
____Graduate degree

Total Number of People Living in the Household:
Adults _____Children_____

Do you speak another language? [ ] Yes [ ] No
If yes, list language(s):_____

Place of Employment: _____

Are you interested in volunteering at Girls Inc of Pinellas? [ ] Yes [ ] No

**What you should know about Girls Inc Rules, Conduct and Discipline Procedures:**
Girls Inc. of Pinellas values safety as the highest priority for the girls in our care. Center rules are designed with safety in mind and we ask all families to help us in maintaining a safe environment by supporting our center rules, conduct and discipline procedures below.

Girls Inc has a zero tolerance policy for bullying and physical aggression or violence. We model the appropriate behaviors and abide by licensing regulations governing Pinellas County Children's Centers.

Girls Inc staff is trained to handle conflicts in ways that encourage girls to compromise with others, to develop self-discipline, and to resolve conflicts in a non-violent manner. Our program staff:

- Observe and allow girls to resolve conflicts on their own.
- If the girls need additional encouragement, we offer mediation as necessary.
- If the problem persists or escalates, we separate the girls for a "cooling off" period.
- If the problem ***a) creates a safety concern, b) escalates to a physical/verbal altercation, c) is unmanageable and/or repetitive, or d) continues to be a distraction during activities,***

we discuss the behavior with the parent. Depending on the behavior, we may need to complete an incident report.

If the problem is ***an immediate safety issue or if physical violence results*** after taking the above actions, parents of each girl involved will be called. Any girl participating in physical violence will need to leave with their parent and may be suspended for the next day.

**What You Should Know About Transportation:**

Safety and behavior policies while being transported are outlined by each driver. Families will receive notification of violations reported by drivers. Repeated violations of safety and behavior policies could result in suspension of transportation.

If your child is under the age of 6 years old and/or weighs less than 40 lbs, they may be required to be seated in a child restraint device. Check Yes, if your child requires a restraint device **OR** check No, if this does not apply to your child.

**Yes [ ] No [ ]

**How You Drop Off and Pick Up; Sign In and Sign Out your child:**

Children are required to be escorted into the Center by a parent/guardian or authorized pick up person listed in the Emergency Contacts section of the Child's Enrollment Record contained in this registration packet. Parents/Guardians or pick up persons may be asked to show their photo ID at any time throughout the term. Girls Inc of Pinellas uses a computerized scanning system that assigns a unique bar code to each child located on their individual ID badge kept at the Center front desk. Parents/Guardians or pick up persons must make sure that each child is signed in and out each day of attendance. Parents are responsible for arranging child pick up prior to the center closing at 6:00 pm. If a child remains after closing, a late charge of $1 per minute will be charged to the family account. A non-emergency call to the appropriate authorities will be warranted after 6:15 pm.

**Public Relations Release:**

I give permission (without compensation) for Girls Inc of Pinellas to use my child's name, photograph, video image, or television production for Girls Inc public relations/promotional purposes only.

**Yes [ ] No [ ]

**Child Abuse & Neglect Reporting Requirements:**

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with Florida Statutes.

**Head Lice Checks:**

Per licensing requirements, Girls Inc. of Pinellas periodically does head lice checks. If there is any indication of head lice or nits, families will be notified and required to pick up their child immediately.

**Payment Policies:**

Non Student Day drop in tuition and Spring Break Camp tuition is due one week prior to attendance. Weekly tuition for the Before and After School Program is due every Friday prior to the week attending. Please note that we do not offer a part-time tuition rate, your weekly rate applies even if your child attends only part of the time. Our administrative office will regularly inform parents of their current balance by providing a customer statement via email. Parents can also request a statement or contact our office at any time for an explanation of their balance.

**2019-2020 After School Program Registration**

***If your account has a previous remaining balance, this will need to be paid in full prior to Before and After School Program enrollment and attendance.***

**Nonpayment of weekly tuition will result in termination of enrollment after two weeks. If families are unable to make a weekly tuition payment, please contact the office immediately to speak to someone about a payment plan.**

Additional Fees:

- Payments are due weekly by Friday. There is a $5.00 late charge if payment is not received by the close of business Monday.
- $1.00 per minute will be assessed for late pick-ups and will be added to the balance owed.
- $35.00 will apply in the case of an insufficient funds check and will be added to the balance owed.

Payment options are flexible and can be made by:

- Credit card at myprocare.com
- Money order or Check in the Center front desk tuition box or received in our office
- ***Cash will not be accepted***

**By signing below I acknowledge that I have read, understand, and agree to all policies, releases and statements contained in this document.**

Parent/Guardian Signature: _____ Date: _____

Print Name:_____

Parent Email: _____@_____

**If the contact information (name, phone#, address, email) for any person included in this registration packet changes at any point during the term OR if you wish to add additional contacts, please contact the office immediately to update the record.**

girls inc.
of Pinellas

# Tuition Payment at Girls Inc of Pinellas

** Tuition is due by the Friday before the following week of attendance ▸

**Payments can be made by:**

✔ Credit card on myprocare.com and linked to our web site at http://girlsinc-pinellas.org/

✔ Money order or Check at the front desk tuition box or received in our office ***Please remember to write your child's name on the check or money order so we can credit the correct account. ***

*Cash will not be accepted*

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## Setting up an online credit card payment account

Girls Inc of Pinellas uses MyProcare.com to process credit card payments.

1. Go to MyProcare.com

2. Enter your email address (the email you have on file with Girls Inc of Pinellas) and choose ***Go***.

3. Enter the confirmation code sent to your email, choose a password, and press ***Go***.

4. Then you may:
   a) Use the ***Pay*** button to make a payment with your card.
   b) View your child's account information, statements, charges and payments.

If you wish to have your tuition auto debited weekly from your credit/debit card or bank account, you may fill out an Electronic Funds Transfer Authorization application available at the Center front desk and return it to us.

girls inc. OF PINELLAS

# 2020-2021 School Year Calendar

| | |
|---|---|
| Monday, August 24 | First Day of Afterschool Program |
| Monday, September 7 | Labor Day Holiday – Schools closed |
| | **Girls Inc. Closed** |
| Monday, October 12 | Non-student day - Schools closed |
| | **Girls Inc. Open** |
| Saturday, November 23 – 27 | Thanksgiving Holidays - Schools closed |
| | **Girls Inc. Closed** |
| Saturday, December 19 – Jan 3 | Winter Holidays - Schools closed |
| | **Girls Inc. Closed** |
| Monday, January 4 | Non-student day |
| | **Girls Inc. Closed** |
| Monday, January 18 . | Martin Luther King, Jr. Day - Schools closed |
| | **Girls Inc. Closed** |
| Monday, February 15 | Non-student day |
| | **Girls Inc. Open** |
| Saturday, March 13 – 21 | Spring Holidays - Schools closed |
| | **Girls Inc. Open** |
| Monday, March 22 | Non-student day |
| | **Girls Inc. Closed** |
| Friday, April 2 | Good Friday - Schools closed |
| | **Girls Inc. Closed** |
| Thursday, May 27 | Last day for all students |
| | Last Day of Girls Inc Afterschool Program |
| Friday, May 28 | Non-student day |
| | **Girls Inc. Closed** |

## QUALITY CHILD CARE

Quality child care offers health, social, and Educational experiences under qualified Supervision in a safe, nurturing and stimulating environment. Children in these settings participate in daily, age-appropriate Activities that help develop essential skills, Build independence and instill self-respect. When evaluating the quality of a child care Setting, the following indicators should be Considered:

### QUALITY CAREGIVERS

- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging and responsive to each child's individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle and talk to the children.
- Help children manage their behavior in a positive, constructive and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

### QUALITY ENVIRONMENTS

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

### QUALITY ACTIVITIES

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, Drawing, storytelling, music, dancing and Other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, explore, and problem-solve.

## 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 children's center policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the children's center.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in the children's center.
- Arrange alternate care for a sick child.
- Familiarize yourself with the child care standards used to license the children's center.

## PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact 211 Tampa Bay Cares at 2-1-1.

For an appointment to review a children's center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4857.

For further information about child care in Florida or to view children's center inspection reports, visit the website:

MyFLFamilies.com/ChildCare

Florida HEALTH Pinellas County

Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

The statewide toll-free telephone number for reporting child abuse is 1-800-96 ABUSE (1-800-962-2873). Reports of suspected and actual cases of child physical abuse, sexual abuse, and neglect received through the Abuse Registry number are referred to the Pinellas County Sheriff's Department for investigation.

# KNOW YOUR CHILD'S CHILDREN'S CENTER

**Nursery School ✸ Kindergarten**

**Day Nursery ✸ School Age Center**

pclb

licensing childcare since 1951

PINELLAS COUNTY LICENSE BOARD
for Children's Centers and
Family Child Care Homes

8751 Ulmerton Road, Suite 2000
Largo, FL 33771
Telephone 727-507-4857
www.pclb.org

*The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services and the Florida Department of Health, Pinellas County.*

C-0002 (Rev.08/16)

## PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS

This children's center has met regulations found in Licensing Regulations Governing Pinellas County Children's Centers.

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

## A LICENSED CHILDREN'S CENTER MUST:

- Adhere to its licensed capacity at all times.
- Post a schedule of daily activities.
- Have first aid and emergency procedures, and post evacuation diagrams in each room.
- Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- Report suspected child abuse to the statewide toll-free telephone number.
- Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- Document required information when administering medication.
- Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- Maintain vehicles in safe condition if transportation is provided.
- Obtain parent's or legal guardian's permission before transporting children.
- Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.

## CHILDREN'S RECORDS REQUIREMENTS

The following documentation is required to be maintained in the children's center for each child in care:

- A signed statement that parent or legal guardian received a copy of this brochure.
- A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- A current health examination record (not required for school age children).
- A current Florida Certificate of Immunization (not required for school age children).
- A notarized Emergency Medical Release.
- Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- Primary hours of care and days of week in care.
- Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- Hospital preference.
- Child's full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- Name, address, and telephone number of parent or legal guardian.
- Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- Name, address and telephone number of physician and dentist.
- Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the influenza virus.

## PERSONNEL REQUIREMENTS

- Director has a Director Credential with the certificate posted.
- Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- Completion of background screening.
- Completion of 40-Hour Introductory Child Care training.
- Completion of 10 hours training annually.
- Completion of early literacy training (not required for school age centers).
- Documentation of educational requirements.
- Meet minimum age requirements.
- Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- Staff trained in first aid and CPR on the premises at all times and on field trips
- Staff maintain direct supervision including minimum adult-child ratios:

| | |
|---|---|
| 2 months-1 year | 1 adult for 3 children |
| 1 year-2 years | 1 adult for 5 children |
| 2 year olds | 1 adult for 10 children |
| 3 year olds | 1 adult for 15 children |
| 4 year olds | 1 adult for 20 children |
| 5 years and up | 1 adult for 25 children |

## NUTRITIONAL REQUIREMENTS

- Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
  - Posted meal and snack menus.
  - Safe drinking water is available.

## PHYSICAL ENVIRONMENT

- Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.
- Has indoor and outdoor space that is clean and free of litter and other hazards.
- Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.
- Has appropriate bathroom facilities that are operable, clean and sanitized (daily).
- Has isolation area for ill children.
- Has equipment for proper sanitary hand washing, toileting, and diapering activities.
- Has at least one corded, operable telephone available to staff.

## HEALTH RELATED ENVIRONMENTAL REQUIREMENTS

- Annual approved fire inspections conducted.
- Monthly checks to ensure all areas of the children's center are free from fire hazards.
- Smoking is prohibited on premises.
- Storage of toxic and hazardous materials in areas inaccessible to children.
- Fire and emergency drills conducted as required.
- A labeled, fully stocked first aid kit.
- Parent(s) or legal guardian(s) notified of all animals on site.
- Records of immunizations for animals/fowl.
- Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).
- Prohibit narcotics, alcohol or other impairing drugs on the premises.
- Bimonthly outdoor equipment maintenance checks.

# Child Care Food Program Meal Pattern for Children

The Child Care Food Program (CCFP) provides aid to child care institutions and family day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children. **Child care providers must ensure that each meal served to children contains, at a minimum, each of the food components in the amounts indicated for the appropriate age group as stated in the CCFP Meal Pattern for Children.**

| | Child Meal Pattern Food Components: | Age Group and Serving Size: 1 and 2 year olds: | 3 – 5 year olds: | 6 – 18[1] year olds: |
|---|---|---|---|---|
| **Breakfast (3 components)** | **Milk[2]** | | | |
| | Fluid milk | 4 fluid ounces | 6 fluid ounces | 8 fluid ounces |
| | **Vegetables, fruits, or portions of both[3]** | | | |
| | Vegetable(s) and/or fruit(s) | 1/4 cup | 1/2 cup | 1/2 cup |
| | **Grains*[5,6,7]** *whole grain, whole grain-rich, enriched | | | |
| | Bread | 1/2 slice | 1/2 slice | 1 slice |
| | Bread product such as biscuit, roll, muffin | 1/2 serving | 1/2 serving | 1 serving |
| | Cooked breakfast cereal[8], cereal grain, and/or pasta | 1/4 cup | 1/4 cup | 1/2 cup |
| | Ready-to-eat breakfast cereal (dry, cold)[8] | 1/4 cup | 1/3 cup | 3/4 cup |
| | *Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week.[6] | *½ oz. (optional) | *½ oz. (optional) | *1 oz. (optional) |
| **Lunch/Supper (5 components)** | **Milk[2]** | | | |
| | Fluid milk | 4 fluid ounces | 6 fluid ounces | 8 fluid ounces |
| | **Meat and Meat Alternates** | | | |
| | Lean meat, poultry, or fish[10] | 1 oz. | 1 1/2 oz. | 2 oz. |
| | Tofu, soy products, or alternate protein products[11] | 1 oz. | 1 1/2 oz. | 2 oz. |
| | Cheese | 1 oz. | 1 1/2 oz. | 2 oz. |
| | Large egg | 1/2 egg | 3/4 egg | 1 egg |
| | Cooked dry beans or peas | 1/4 cup | 3/8 cup | 1/2 cup |
| | Peanut butter or soynut butter or other nut/seed butters | 2 Tbsp. | 3 Tbsp. | 4 Tbsp. |
| | Yogurt, plain or flavored, unsweetened or sweetened[12] | 4 oz. or 1/2 cup | 6 oz. or 3/4 cup | 8 oz. or 1 cup |
| | Peanuts, soynuts, tree nuts, or seeds[9] | 1/2 oz. = 50% | 3/4 oz. = 50% | 1 oz. = 50% |
| | **Vegetables[3,4]** | | | |
| | Vegetables | 1/8 cup | 1/4 cup | 1/2 cup |
| | **Fruits[3,4]** | | | |
| | Fruits | 1/8 cup | 1/4 cup | 1/4 cup |
| | **Grains*[5,7]** *whole grain, whole grain-rich, enriched | | | |
| | Bread | 1/2 slice | 1/2 slice | 1 slice |
| | Bread product such as biscuit, roll, muffin | 1/2 serving | 1/2 serving | 1 serving |
| | Cooked breakfast cereal[8], cereal grain, and/or pasta | 1/4 cup | 1/4 cup | 1/2 cup |

**Note:** Milk must be served with each breakfast, lunch and supper meal. Between a child's first and second birthday, whole milk is required. After the child's second birthday, it is required that lowfat or fat-free milk be served. Flavored milk cannot be served to children less than 6 years of age.

Conversions:

| | |
|---|---|
| ½ cup = 4 fl. oz. | 1 pint = 2 cups |
| ¾ cup = 6 fl. oz. | 1 quart = 2 pints = 4 cups |
| 1 cup = 8 fl. oz. | 1 gallon = 4 quarts = 16 cups |

# CCFP Meal Pattern for Children *(continued)*

| Child Meal Pattern Food Components: | | Age Group and Serving Size: | | |
|---|---|---|---|---|
| | | 1 and 2 year olds: | 3 – 5 year olds: | 6 – 18[1] year olds: |
| **Snack[13]** (Select 2 different components) | **Milk[2]** | | | |
| | Fluid milk | 4 fluid ounces | 4 fluid ounces | 8 fluid ounces |
| | **Meat and Meat Alternates** | | | |
| | Lean meat, poultry or fish[10] | 1/2 oz. | 1/2 oz. | 1 oz. |
| | Tofu, soy products, or alternate protein products[11] | 1/2 oz. | 1/2 oz. | 1 oz. |
| | Cheese | 1/2 oz. | 1/2 oz. | 1 oz. |
| | Large egg | 1/2 egg | 1/2 egg | 1/2 egg |
| | Cooked dry beans or peas | 1/8 cup | 1/8 cup | 1/4 cup |
| | Peanut butter or soynut butter or other nut/seed butters | 1 Tbsp. | 1 Tbsp. | 2 Tbsp. |
| | Yogurt, plain or flavored, unsweetened or sweetened[12] | 2 oz. or 1/4 cup | 2 oz. or 1/4 cup | 4 oz. or 1/2 cup |
| | Peanuts, soynuts, tree nuts, or seeds | 1/2 oz. | 1/2 oz. | 1 oz. |
| | **Vegetables[3]** | | | |
| | Vegetables | 1/2 cup | 1/2 cup | 3/4 cup |
| | **Fruits[3]** | | | |
| | Fruits | 1/2 cup | 1/2 cup | 3/4 cup |
| | **Grains* [5,7]** *whole grain, whole grain-rich, enriched | | | |
| | Bread | 1/2 slice | 1/2 slice | 1 slice |
| | Bread product such as biscuit, roll, muffin | 1/2 serving | 1/2 serving | 1 serving |
| | Cooked breakfast cereal[8], cereal grain, and/or pasta | 1/4 cup | 1/4 cup | 1/2 cup |
| | Ready-to-eat breakfast cereal (dry, cold)[8] | 1/4 cup | 1/3 cup | 3/4 cup |

1. Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
2. For children age one – must be unflavored whole milk.
   For children two through five years – must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk.
   For children six years and older – must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk.
3. Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
4. A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
5. At least one serving per day, across all eating occasions, must be 100% whole grain. Grain-based desserts do not count towards meeting the grains requirement.
6. At breakfast, meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains (one serving).
7. Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
8. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).
9. At lunch and supper, no more than 50% of the meat/meat alternate requirement can be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, 1 ounce of nuts or seeds is equal to 1 ounce of cooked lean meat, poultry, or fish.
10. The serving size for lean meat, poultry, or fish is the edible portion as served.
11. Alternate protein products must meet the requirements in Appendix A of Part 226.
12. Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
13. At snack, select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

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

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

MYFLFAMILIES.COM

Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2019

When life happens…Don't be a

# DISTRACTED ADULT

## During the 2018 legislative session,

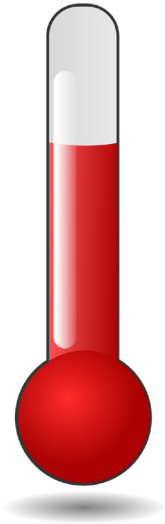
a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and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

# FACTS ABOUT HEATSTROKE:

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

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

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



# PREVENTION TIPS:

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

## My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

_____

Child's Name:

_____

Date:

_____

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

**During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.**

**My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents:***

**Name:**_____

**Child's Name:** _____

**Date Received:**_____

**Signature:**_____

***Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.***

## What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse

## How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

## What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

## When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

**For additional helpful information about the dangers of the flu and how to protect your child, visit:** http://www.cdc.gov/flu/ **or** http://www.immunizeflorida.org/

## What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

## How can I tell if my child has a cold, or the flu?

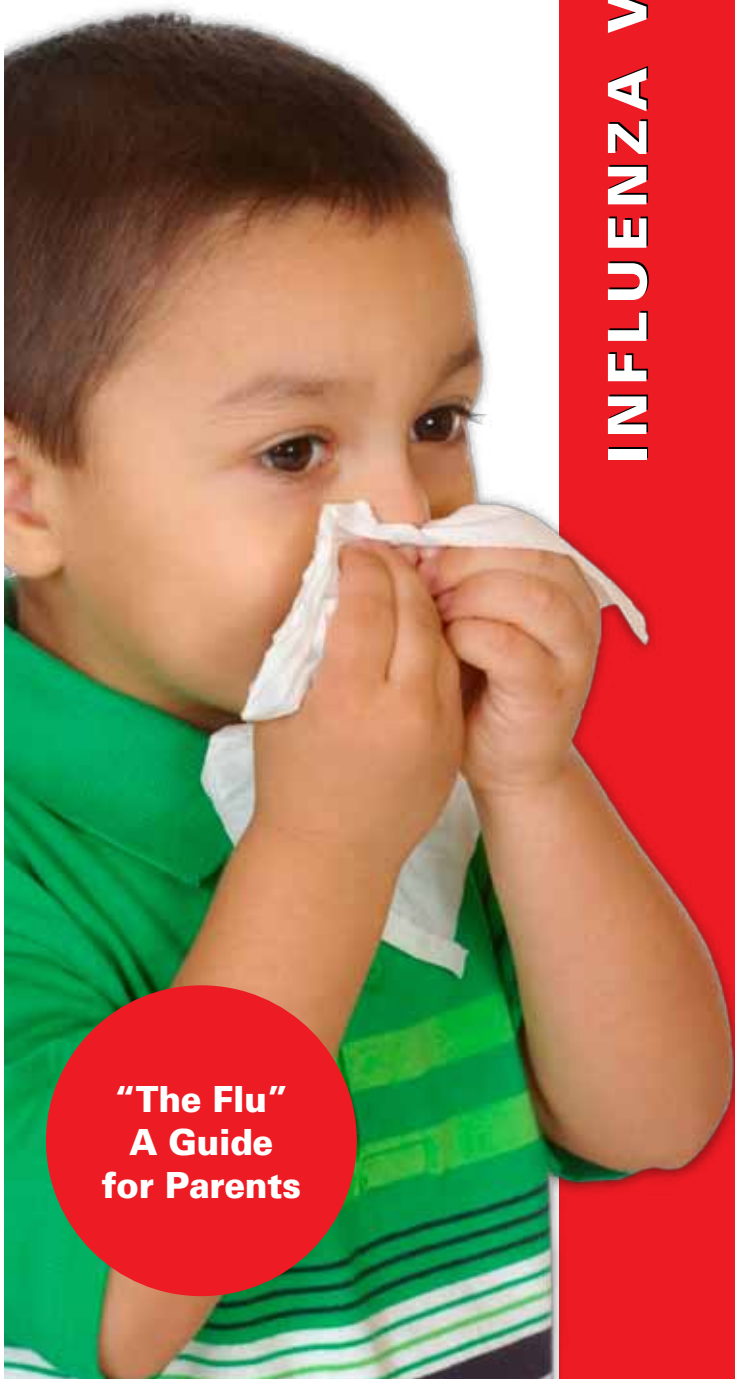
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

Florida Department of Children & Families

For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CF/PI 175-70, June 2009

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



# INFLUENZA VIRUS

**"The Flu" A Guide for Parents**