



Spring Break

March 11 – March 15, 2024

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

Early Enrollment available for 2024 Summer Camp begins January 22, 2024



Office Use Only

Enrollment Date: _____

Tuition Agreed Upon: _____

Name: _____

School: _____

Grade _____

2024 SPRING BREAK 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).

Payments may be made electronically (link will be provided once application is completed), by check or money order. 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 required to complete a registration packet.

FEES

Standard Rate: \$100 weekly

Military Families: Full Scholarships

**Limited scholarships are available based on income eligibility guidelines.
W2 form and 2 recent paystubs required from scholarship applicants.**

How did you hear about our program? ☐ referral _____

☐ school flyer ☐ Website, Twitter Facebook or Instagram ☐ Special Event ☐ Other _____



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

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

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

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

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

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

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

Signature of Custodial Parent or Legal Guardian

Date



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 this _____ 20_____
(Month) (Day) (Year)

by means of ☐ physical presence or ☐ online notarization by _____ who is personally known
(Name of Affiant)

to me or has produced _____ as identification.
(Type of identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)

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. _____ a.m. _____ p.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

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

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

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____

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

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

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

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

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

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

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

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

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

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

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

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

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

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

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

STEP 5: Contact information and adult signature

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

Home address (if available): _____ **Daytime phone #:** (_____) _____ – _____

Street Address, City, State, Zip Code

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

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. **Ethnicity (check one):** ☐ Hispanic or Latino ☐ 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.

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 • Disability Payments • Survivor's Benefits	• 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	• Salary, wages, cash bonuses • Net income from self-employment (farm or business)	• 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	• 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
Income from person outside the household	A friend or extended family member regularly gives a child spending money	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		
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.

Parent Signature

Date

PARENT LETTER FOR NON-PRICING PROGRAMS

Dear Parent/Guardian:

Date: _____

We participate in the Child Care Food Program (CCFP), which provides reimbursement for serving nutritious meals to enrolled children. All meals served must meet meal pattern requirements established by the U.S. Department of Agriculture (USDA). In the operation of USDA child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

The information requested on the attached Free and Reduced-Price Meal Application is necessary so that we may receive reimbursement for meals served to your child while in care. The amount of reimbursement we receive from the CCFP depends on the household income status of the enrolled children. Please complete the attached application, sign, date, and return it to the address listed below. **Please refer to the back of the application for full instructions.** Your application will be placed in our files and kept confidential.

Children from households that receive Food Assistance Program (formerly known as the Food Stamp Program) or TANF (Temporary Assistance for Needy Families) benefits are eligible for free meals. Children enrolled in Head Start or Early Head Start (HS/EHS) are eligible for free meals, subject to the submission of official, acceptable HS/EHS enrollment documentation. With proper documentation, HS/EHS children will not need Free and Reduced-Price Meal Applications. Foster children are eligible for free meals regardless of the income of the household with whom they reside, subject to the submission of official, acceptable foster care agency/court documentation or a Free and Reduced-Price Meal Application. Children from households with total incomes less than or equal to the levels listed below are eligible for either free or reduced-price meals.

INCOME ELIGIBILITY GUIDELINES (Effective July 1, 2020 - June 30, 2021)

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	+8,288	+691	+346	+319	+160

HOW TO COMPLETE:

If any member of your household currently receives Food Assistance Program (FAP) or TANF benefits, then any child in the household is eligible for free meals. The application must include the child's name, the FAP or TANF case number, and the signature of an adult household member.

If completing a Free and Reduced-Price Meal Application for a foster child, the application must identify the child as a foster child, and include the child's name, any "personal use" income, and an adult's signature. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

If you do not list a FAP or TANF case number, or if the child is not a foster child, the application must include:

- the child's name;
- the names of all household members, including spouse, children, parents or other persons who live with you in the same household;
- the amount of income each person usually receives (before deductions for taxes, social security, etc.), how often it is received, and where it is from, such as wages, retirement, or public assistance. For self-employed persons, list net income. Net income is defined as gross receipts less operating expenses. For persons who do not receive any income, write "0" or "None";

- the signature of an adult household member; and
- the last four digits of the social security number of the adult household member who signed the application or the word "none" if that adult does not have a social security number.

VERIFICATION: Your application may be reviewed by the child care center or other officials at any time during the year to determine if it has been correctly approved. **CONFIDENTIALITY:** The information that you report will be used only to determine eligibility for free or reduced-price meals in the CCFP. **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the year. If you are not eligible now but your household experiences a change, such as, a decrease in household income, an increase in household size, unemployment or receipt of Food Assistance Program or TANF benefits, then complete a new application.

Sincerely,

Name and Title of Child Care Center Representative

Name of Child Care Center

Address

Phone Number

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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 |

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	____ High School Diploma
____ Some High School	____ High School Equivalent
____ Voc. /Technical Training	____ Two-year college degree
____ Bachelor's degree	____ Graduate degree
____ PhD or equivalent	

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 5:30 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.

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 \$10.00 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 Incorporated of Pinellas Public Relations Release Form

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

By signing this Release Form I acknowledge that I have the legal authority to make this decision.

CHILD'S NAME

CHILD'S NAME

PARENT/GUARDIAN PRINTED NAME

RELATIONSHIP TO CHILD

SIGNATURE

DATE



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
- ✓ 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

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



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



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.

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)	Milk²			
	Fluid milk	4 fluid ounces	6 fluid ounces	8 fluid ounces
	Vegetables, fruits, or portions of both³			
	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	*1/2 OZ. (optional)	*1/2 OZ. (optional)	*1 OZ. (optional)
Lunch/Supper (5 components)	Milk²			
	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:

1/2 cup = 4 fl. oz.

3/4 cup = 6 fl. oz.

1 cup = 8 fl. oz.

1 pint = 2 cups

1 quart = 2 pints = 4 cups

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:
Snack¹³ (Select 2 different components)	Milk² Fluid milk	4 fluid ounces	4 fluid ounces	8 fluid ounces
	Meat and Meat Alternates Lean meat, poultry or fish ¹⁰ Tofu, soy products, or alternate protein products ¹¹ Cheese Large egg Cooked dry beans or peas Peanut butter or soynut butter or other nut/seed butters Yogurt, plain or flavored, unsweetened or sweetened ¹² Peanuts, soynuts, tree nuts, or seeds	1/2 oz. 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 Tbsp. 2 oz. or 1/4 cup 1/2 oz.	1/2 oz. 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 Tbsp. 2 oz. or 1/4 cup 1/2 oz.	1 oz. 1 oz. 1 oz. 1/2 egg 1/4 cup 2 Tbsp. 4 oz. or 1/2 cup 1 oz.
	Vegetables³ Vegetables	1/2 cup	1/2 cup	3/4 cup
	Fruits³ Fruits	1/2 cup	1/2 cup	3/4 cup
	Grains*^{5,7} *whole grain, whole grain-rich, enriched Bread Bread product such as biscuit, roll, muffin Cooked breakfast cereal ⁸ , cereal grain, and/or pasta Ready-to-eat breakfast cereal (dry, cold) ⁸	1/2 slice 1/2 serving 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/4 cup 1/3 cup	1 slice 1 serving 1/2 cup 3/4 cup

- Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
- 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.
- Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- 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.
- 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.
- 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).
- Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
- 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).
- 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.
- The serving size for lean meat, poultry, or fish is the edible portion as served.
- Alternate protein products must meet the requirements in Appendix A of Part 226.
- Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- 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...



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**



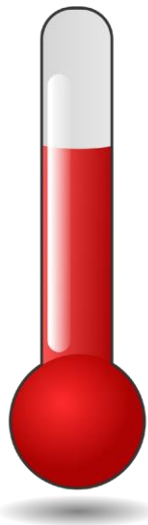


FACTS ABOUT HEATSTROKE:

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.

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.



**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.