



The Summer Bridge program, through Pinellas County Schools is for eligible students who are currently in kindergarten through fourth grade. Children in the Elementary Summer Bridge Program will participate in engaging reading, math and science activities, which will help bridge their learning from one grade to the next.

Registration info:

Two registration packets are required; one for Pinellas County Schools and one for the YMCA. PCSB online registration begins on March 12, 2014. Parents whose children are eligible should log onto the [Student Reservation System](#) during those dates.

- Summer Bridge Dates:** June 17 - July 24
- Before Care Hours:** 6:30 a.m. – 7:45 a.m. Monday - Thursday
- Class Room Hours:** 8 a.m. - 1 p.m. Monday - Thursday
- After Care Hours:** 1:00 p.m. – 6:00 p.m. Monday - Thursday
- Full Day Care Hours:** 6:30 a.m. – 6:00 p.m. Fridays

Before and after school care: Pinellas County Schools is partnering with the Juvenile Welfare Board (JWB) to provide **FREE** before & after school care for a limited number of students who are eligible for **free or reduced lunch**.

Locations :

Parents of eligible children can chose any of the following elementary schools... Belcher Elementary, Belleair Elementary, Curlew Creek Elementary, Dunedin Elementary, Garrison-Jones Elementary, Highland Lakes Elementary, Skycrest Elementary or Tarpon Springs Elementary.

Families who are not eligible for free or reduced lunch may participate in before and aftercare and full day care on Fridays for a cost of \$85 per child, per week.

CHILD'S ID # _____

My child will be attending:

- Belcher Elementary Garrison Jones Elementary
- Belleair Elementary Highland Lakes Elementary
- Curlew Creek Elementary Skycrest Elementary
- Dunedin Elementary Tarpon Springs Elementary



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please Clearly Print all the information requested below so we may accurately register your child/ren without delay.

Child's Full Legal Name: _____ Date of Birth: ____/____/____

Child's Preferred Name: _____ Gender: Male Female Grade: _____

Home Address: _____ City: _____ Zip: _____

Ethnicity: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other

Does your child/you receive any of the following discounts (subsidies)?

- Is your child currently approved to receive YMCA financial assistance? Yes No
- Is your child receiving Government assistance? (ELC)? Yes No
- Does your child receive Free or Reduced School Lunch? Yes No
- Are you or your spouse employed by the Pinellas County School District? Yes No

Parent/Legal Guardian Name: _____ Date of Birth: ____/____/____

Ethnicity: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other

Household Email: _____ Household Phone: (____) _____

We will not disclose your email information for any non-related YMCA use.

Home Address: _____ City: _____ Zip: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Other: (____) _____

Household Income: Under \$19,999 \$20,000-\$29,999 \$30,000-\$49,999 \$50,000-\$75,000 Over \$75,000

I have completed and signed my (EFT/ACH)/Draft Authorization Form and Payment Policy Agreement.

Parent Initial _____ **Date** ____/____/____. By initialing this document, I verify that all information provided to the YMCA of the Suncoast is complete and accurate.

Staff Use Only...

Registration packet received by: _____
Today's Date: ____/____/____

- Credit Card: last (4) digits _____
- Check (#) _____ Cash (\$) _____
- Money Order: last (4) digits _____

Funding Codes: Full Fee School Board PHP

ELC PT/FT Y Emp JWB OST 21st CCLC

Subsidy Amount Approved: \$ _____ or _____%

Parent Weekly Fee: \$ _____

Subsidy Approved by: _____

The YMCA does not discriminate on the basis of race, creed, religion or economic ability.

Financial assistance is available for this and all YMCA programs.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



This form is required by the Florida Department of Health.

DIRECTOR'S USE ONLY
Date enrolled _____

CHILD'S ENROLLMENT RECORD

Child's full legal name _____
First Middle Last

Gender _____ Birth Date _____

Child's preferred name/nickname _____

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

Primary hours child will be in the children's center _____

Days of week child will be in the children's center _____

Who has legal custody _____ Relationship _____

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

Home Phone _____ Cell Phone _____

Parent's name _____

Home Phone _____ Cell Phone _____

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

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

Parent's Name _____

Home Phone _____ Cell Phone _____

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

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility 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

CHILD'S ENROLLMENT RECORD

(Back Page)

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

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 "Know Your Child's Children's Center" brochure, "A Guide For Parents" Influenza Virus brochure and a copy of the children's center discipline policy.

I was notified that the snacks/meals served daily are: Lunch PM Snack

I verify that the information on this enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form is required by the Florida Department of Health

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

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 (Child's Full Name), in the event of an emergency at which time 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 (Month) (Day) 20 (Year)

by (Name of Affiant), who is personally known to me or who has

produced (Type of Identification) as identification.

SEAL OF NOTARY

Signed: (Signature of Notary)

Completion of Notarized portion is required for all children enrolling at one of our School Age Program Site - not at one of our Facility Branches.

PHOTO RELEASE: I give permission for photographs of my child to be used by the YMCA of the Suncoast for promotional and/or educational purposes. I realize that neither my child nor I will receive any compensation of any kind for use of the photographs. I acknowledge that YMCA sometimes takes large group photos/videos that may include my child. I understand the YMCA will not identify my child(ren) by name in the picture.

I give permission to the YMCA of the Suncoast to include my child(ren) in a small group or individual photo including only their first name for identification.

PARENTAL AGREEMENT:

- Any outstanding balances due to the YMCA of the Suncoast must be paid in full prior to registering for School Age Programs.
- I understand that I am responsible for adhering to the late fee policy if I fail to pick up my child on time each day.
- I understand that the YMCA of the Suncoast does not carry accident insurance.
- I realize that the responsibility for payment of an injury requiring medical care is mine.
- I have received a copy of the YMCA's Policies & Procedures Brochure including the Discipline Policy.
- I give permission for my child to attend **all** YMCA activities and field trips.
- I understand that it is my responsibility to pay for YMCA programs.
- I have received a copy of the "Know Your Child's Day Care Center brochure and the Flu Guide for parents.

PAYMENT AGREEMENT:

All weekly fees are required to be paid if your child attends or not.

Your weekly fee will be processed by EFT (Electronic Fund Transfer), unless other arrangements are requested in writing. If weekly payment consideration has been approved, payments by money order are due 10 days prior to the week your child will be attending if approved. Money orders should include; child's name, school site and week/date being paid. If your payment is not received by the due date, your child may lose their reserved spot in our program. Additional fees may include:

- Any payment received after the designated due date will be charged a \$10 late fee per occurrence.
- If you are late picking up your child, you will be charged \$10 per child for every 15 minutes or portion thereof.
- You will be notified if an EFT payment (credit card or bank) is denied or returned for any reason.
- All returned payments from bank are subject to a \$20 bank processing fee.

DISCLAIMER:

The YMCA of the Suncoast does not discriminate on the basis of race, religion, gender, creed or socio-economic status. Charitable contributions to the YMCA enable us to provide financial assistance on a sliding scale. We promise that everyone who qualifies will receive assistance to the greatest extent possible based on the availability of funds. If you would like to apply for financial assistance for your child, please visit our website at www.suncoastymca.org or ask a YMCA staff member for a People Helping People application. An application must be completed and approved prior to receiving financial assistance. Please complete each section in its entirety to insure accurate processing. If you receive government assistance (ELC), your signature indicates that you understand that the correct paperwork must be turned in and your will adhere to the attendance policy set by the funding agency.

WAIVER & RELEASE:

In consideration of gaining membership and/or my child being allowed to participate in the activities and programs of the YMCA in its facilities, including but not limited to camp locations or field trip locations, and to use its said facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, forever discharge and covenant not to sue the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities, liability or negligence for injuries or damages resulting from my child's participation in any activities or use of equipment or machinery in the above mentioned facilities, or in any activities at said facilities.

I agree to adhere to all policies set by the YMCA of the Suncoast.

Parent/Guardian Signature: _____

Date: ____/____/____

YMCA Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Pick Up Authorization List



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Child's Name: _____ Grade/Group: _____

Parent/Guardian Name(s): _____

Are copies of custody/restraining papers on file for child/ren? Yes No

Who has authorization to make changes to this form? _____

Please Note: All changes, additions or person removals must be made in person.

Emergency Contacts listed below should be a person(s) not living in the child's primary household

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The following people are allowed to pick up this/these child(ren):

Name	Phone	____/____/____	____
		Date Added/Deleted	Staff Init.
Name	Phone	____/____/____	____
		Date Added/Deleted	Staff Init.
Name	Phone	____/____/____	____
		Date Added/Deleted	Staff Init.
Name	Phone	____/____/____	____
		Date Added/Deleted	Staff Init.
Name	Phone	____/____/____	____
		Date Added/Deleted	Staff Init.
Name	Phone	____/____/____	____
		Date Added/Deleted	Staff Init.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Summer Bridge Program Intake Form

School Site Location: _____

Please check the most appropriate Household Composition:

- Dual Parent-Married Single Parent/Female Single Parent/Male
 Dual Parent- Not Married, Female Head of Household Dual Parent- Not Married, Male Head of Household
 Female Relative/Caretaker Head of Household Male Relative/Caretaker Head of Household
 Other Relatives-Married Other Relative-Single Other Non-Relative

Total Number of People in Household: ADULTS CHILDREN

Home Address: _____ City: _____ Zip Code: _____

Total Gross Household Income: Please check one. Include all sources, i.e. child support, social security, unemployment, workers compensation, military allotment, veteran’s benefits, public assistance or welfare payments.

- 0.00-\$9,999 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999 \$40,000-\$49,999 \$50,000-and up

Housing Information – Do you: Own Rent Other

How were you referred to this program?: Self Friend School Advertising (any media)

Child’s First Name: _____ Child’s Last Name: _____ Grade: _____

Child’s Birth Date: ____/____/____ Gender: Male Female Foster Child?: Yes No

Child’s Student Id#: _____ (for all youth attending Pinellas County Schools)

Child’s Social Security #: _____ - _____ - _____

RACE: Check ONE for each household member	Child	1st Parent/ Guardian	2nd Parent/ Guardian
American Indian or Alaska Native			
Asian Indian			
Asian Unspecified			
Black, African American			
Chinese			
Filipino			
Guamanian or Chamorro			
Japanese			
Korean			
Multi racial			
Native Hawaiian			
Other Asian			
Other Pacific Islander			
Samoan			
Vietnamese			
White			
Some other race: (Specify)			
Ethnicity: Check ONE for each household member	Child	1st Parent/ Guardian	2nd Parent/ Guardian
No, Not Spanish/Hispanic/Latino			
Yes, Mexican, Mexican American Chicano			
Yes, Puerto Rican			
Yes, Cuban			
Yes, Other Spanish/Hispanic/Latino - (Specify)			

Child's First Name: _____ Child's Last Name: _____

PARENT OR GUARDIAN INFORMATION

1st Parent/Guardian (if both parents in household, please complete the 2nd Parent Information)

First Name: _____ Middle Initial: _____ Last Name: _____

Birth Date: ___/___/_____ Gender: Male Female

2nd Parent/Guardian

First Name: _____ Middle Initial: _____ Last Name: _____

Birth Date: ___/___/_____ Gender: Male Female

Please select most appropriate Adult Education: Check ONE	1st Parent/ Guardian	2nd Parent/ Guardian
Graduated High School, not currently in school		
Received GED, not currently in school		
Did not graduate High School, not currently in school		
Currently enrolled in Junior College		
Received AA Degree, not currently in school		
Currently enrolled in 4 year college		
Received Bachelor Degree, not currently in school		
Currently enrolled in Graduate school		
Received Master's Degree, not currently in school		
Currently enrolled in a Doctoral		
Received Doctorate Degree, not currently in school		
Currently enrolled in Trade/Technical School		
Completed a Trade/Technical School		
Currently enrolled in a Professional School		
Completed a Professional School		
An adult who never attended school		
Unknown		
Other – Need to specify		

I certify that the above information is true and complete to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: ___/___/_____

<u>ALL FIELDS IN THIS SECTION MUST BE COMPLETED BY CENTER DIRECTOR</u>	
Child's Start Date: ___/___/_____	
Fee Status: <input type="checkbox"/> ELC <input type="checkbox"/> Full Fee <input type="checkbox"/> Free <input type="checkbox"/> Employee	
ELIGIBLE FOR: <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> Not Eligible <input type="checkbox"/> (Cafeteria or parent/child can verify)	
ALL Siblings must now be included in the SAME CASE. List names of any siblings already in program:	
Child's Name: _____	Date of Birth: ___/___/_____
Child's Name: _____	Date of Birth: ___/___/_____
Child's Name: _____	Date of Birth: ___/___/_____

Signature of Director: _____ Date: ___/___/_____



Juvenile Welfare Board of Pinellas County

14155 58th Street North, Suite 100

Clearwater, FL 33760

Phone: 727-453-5600

Fax: 727-453-5610

www.jwbpinellas.org

Written Statement of Purpose(s) for Collection of Social Security Number for Recipients of JWB-funded Programs and Services

The Juvenile Welfare Board (JWB) invests in partnerships, innovation and advocacy to strengthen Pinellas County children and families. The vision of the Juvenile Welfare Board is that children in Pinellas County will have a future of more successful and satisfying lives because of the efforts of JWB and its partners. JWB was established by Florida statute in 1945 (Special Act 2003-320: F.S. §189.429) and approved overwhelmingly by voters in a referendum in 1946. JWB was created with a mission to provide needed services to children throughout Pinellas County. JWB provides funds to agencies that provide services to children and families in Pinellas County.

The purpose of this document is to provide individuals with written information about how JWB uses the Social Security numbers it collects. JWB is required by Florida's Public Records law [Fla. Stat. §119.071(5)] to provide this information to you.

Florida law allows JWB to collect Social Security numbers in order to carry out its duties and responsibilities (Fla. Stat. §119.071(5) (a) 2a. (II); Special Act 2003-320: F.S. §189.429). Specifically, it is necessary for JWB to collect Social Security numbers to conduct research, fund services, and to ensure that all services delivered to participants are of the highest possible quality.

In addition, collecting Social Security information is necessary to:

- Identify and match individuals and data to research and improve how services are provided to children and families; and
- Receive reimbursement from Medicaid, if applicable, for providing services.

By law, JWB cannot release Social Security numbers (Fla. Stat. §119.071). JWB follows the highest security standards. All reports produced by JWB provide information about services in general. No individual person is ever identified in any way in any report.

Print Participant Name

Participant Signature

Date

Print Parent/Guardian Name (if participant is under 18)

Parent/Guardian Signature (if participant is under 18)

Date



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of the Suncoast Summer Bridge Program

Pinellas County School Age Programs:
All fees are to be paid by EFT (electronic fund transfer)

Summer Bridge Program

Monday June 16th – Wednesday, July 23th

Mondays-Thursdays

Morning care available from 6:30-7:45 am
Afternoon care available from 1:00-6:00 pm

Fridays

Full day care available from 7:30 am – 6:00 pm

Is your child approved for the Free or Reduced Lunch program?

If **yes**, your child's weekly fee may be **waived**.

Limited spots available.

If **no**, your child's weekly fee is: \$85.00,
YMCA financial assistance available.

My child will attend the Summer Bridge Program at:

(please select a school site)

- Belcher Elementary
- Belleair Elementary
- Curlew Creek Elementary
- Dunedin Elementary
- Garrison Jones Elementary
- Highland Lakes Elementary
- Skycrest Elementary
- Tarpon Springs Elementary

Bank Drafting Schedule

Monday, June 9 th	\$ 85.00	One week of summer bridge program
Monday, June 23 rd	\$170.00	Two weeks of summer bridge program
Monday, July 7 th	\$170.00	Two weeks of summer bridge program
Monday, July 21 st	\$ 85.00	One week of summer bridge program

Credit Card Drafting Schedule

Monday, June 9 th	\$255.00	Three weeks of summer bridge program
Tuesday, July 1 st	\$255.00	Three weeks of summer bridge program

Please return this form
along with your child's
registration packet.

My child will attend these additional weeks of Summer Bridge Camp:

- June 9th – 13th
- July 28th-August 1st
- August 4th-8th
- August 11th-13th

Summer Bridge Camp

Monday June 9th – Friday, June 13th

Monday July 28th – Wednesday,
August 13th

Monday-Friday

Camp Day from 9:00 am-4:00 pm
Morning care from 6:30-9:00 am and afternoon care
from 4:00-6:00 pm is available at no additional fee.

Is your child approved for the Free or Reduced Lunch program?

If **yes**, your child's weekly fee may be
waived. Limited spots available.

If **no**, your child's weekly fee is: \$105.00,
YMCA financial assistance available.

Bank Drafting Schedule

Monday, June 9 th	\$105.00	One week of summer bridge camp
Monday, July 21 st	\$105.00	One week of summer bridge camp
Monday, August 4 th	\$210.00	Two weeks of summer bridge camp

Credit Card Drafting Schedule

Monday, June 9 th	\$105.00	One week of summer bridge camp
Tuesday, July 1 st	\$105.00	One week of summer bridge camp
Friday, August 1 st	\$210.00	Two weeks of summer bridge camp



YMCA of the Suncoast School Age Programs EFT Authorization Form

Parent/Legal Guardian Name: _____

Payer's Name: _____

Child #1: _____ Child #2: _____

Child #3: _____ Child #4: _____

Primary Phone: _____ Secondary Phone: _____

Household Email: _____

Who will be responsible for child(ren's) payments:

Parent

Payer – relationship of Payer to child(ren): _____

Parent/Payer Signature: _____ Date: ____/____/____

Bank Information: Processes Bi-Weekly

You must provide the YMCA of the Suncoast with a **voided check**; bank deposit slips do not provide the appropriate information required for an EFT.

Parent initial: _____

Please photo-copy my check used to pay my child(ren's) annual registration fee and/or amount required based on my child(ren's) start date as my voided document.

Credit Card Information: Processes Monthly

You must provide the YMCA of the Suncoast with a **complete** credit/debit card number and expiration date.

Please note: Not all Bank/Checking Debit Cards process properly by EFT, please be prepared to provide bank routing & account number.

Credit Card #

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Credit Card Expiration date: ____/____

Cardholder Name: _____

Cardholder Signature: _____

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.



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**

QUALITY INDICATORS

Quality children's centers offer healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect.

When evaluating the quality of a children's center setting, the following indicators should be considered:

CAREGIVERS

- ❖ Are friendly and eager to care for children.
- ❖ Are aware of the presence and activities of all children in their care.
- ❖ 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 talk with the children.
- ❖ Manage their behavior in a positive, constructive, and non-threatening manner.
- ❖ Allow children to play alone and in small groups.
- ❖ Are attentive to and interact with the children.
- ❖ Provide stimulating, interesting, and educational activities.
- ❖ Demonstrate knowledge of child development.
- ❖ Communicate with parents or legal guardians.

ENVIRONMENT

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

ACTIVITIES

- ❖ Are started by the children and facilitated by the teacher.
- ❖ Include social interchanges with all children.
- ❖ Include play, painting, drawing, story telling, music, dancing, and other varied activities.
- ❖ Include daily exercise for development of both small and large motor skills.
- ❖ Include free play and organized activities.
- ❖ Include opportunities for all children to read, explore, problem solve, and be creative.

PARENT'S ROLE

The parent's or legal guardian's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, the parent(s) or legal guardian(s) should:

- ❖ Provide complete and accurate enrollment and health records. Update information as needed.
- ❖ Become familiar with the child care standards required to license the children's center.
- ❖ Ask about staff turnover.
- ❖ Know the policies of the children's center.
- ❖ Communicate with the caregiver.
- ❖ Visit and observe the children's center.
- ❖ Participate in special activities, meetings, and conferences.
- ❖ Talk with child(ren) about daily experiences in the children's center.
- ❖ Arrange alternate care for a sick child.

PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact Child Care Resource and Referral at (727) 548-1439, extension 223.

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:
www.myflorida.com/childcare



Our mission is to promote, protect and improve the health of all people in Pinellas County

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 Pinellas County Health Department.

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).
- ❖ An annual 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.