

2024/2025

Enrollment Packet

New Family

NAME: _____

Age Group: _____ Birthdate: _____

Sibling(s): _____

Age Group: _____ Birthdate: _____

PLEASE READ:

Financial Obligations:

- A \$300 Enrollment Fee is due when you turn your packet in.

(Unless enrolling in FREE VPK) We only accept cash or check for the initial payment.

- The Annual Supply Fee of \$300 will be billed in May and due on June 1st
- 2024/2025 Tuition will begin billing in July and bill through April

VPK:

If you have a VPK Student, your VPK Voucher MUST be turned into the office with your enrollment packet. To qualify for VPK for the 24/25 school year your child will need to turn 4 before September 1, 2024. You will need to obtain your voucher at www.phelc.org Voucher must be obtained from PASCO COUNTY. You will not be able to apply for the voucher until January 1, 2024. Upon receiving VPK certificate/voucher you will sign on line 18 and date on 19 before submitting it with your packet.

Medical and Shot Records:

Current Medical and Shot Records **must be turned in with your registration packet!!** Please email amanda@thereadingcorner.org.



New TRC Families:

Below is what you need to know...

Enrollment is **not** guaranteed; however, we will do all we can to get you the class that you need for your child. We will also continue to place students from the wait lists as space opens up.

*OPEN ENROLLMENT for **TUITION BASED** classes (2's, 3's, and tuition-based VPK) is on Tuesday, January 16th from 10:00-1:00.

* OPEN ENROLLMENT for **FREE VPK** (T/Th or PM VPK Program) is on Tuesday, January 23rd from 10:00-1:00.

***PLEASE MAKE SURE YOU BRING THE FOLLOWING WITH YOU:**

(If you do not have the appropriate paperwork you will not be able to enroll on that day)

**A Fully Complete Enrollment Packet*

**Current Shot Records and Last Physical*

**Check or Cash for the \$300 Enrollment Fee, if applicable. (Fee's do NOT apply to Free VPK Classes, unless the class has a tuition attached to it)*

**If you are Enrolling for VPK, please bring your Voucher. Please apply for the Pasco County voucher, you can access the website at WWW.PHEL.C.ORG*

Please Note: The earliest the VPK website will allow you to apply for the VPK voucher for your child is January 1, 2024. It is very important that you apply promptly so you can receive your voucher for the open enrollment date.

Please contact the office at 813-909-0303 with any questions or email kim@thereadingcorner.org.



Enrollment Check List

New Family

Please use this check list when filling out your paperwork. ALL forms must be completed and turned in at the time of registration. It is **VERY IMPORTANT that **ALL FORMS** are filled out completely.**

___ Financial Commitments Enrollment Contract (Please **THOROUGHLY** read page 2-4 of the contract and fill out and initial as instructed)

___ Child Care Application

****VPK Voucher due by Feb 1, 2024- (MUST be obtained from PASCO COUNTY www.phelc.org) Please read cover sheet about VPK voucher specifics and due date)

___ Shot Records

___ Last Physical

___ Permission for Food

___ EpiPen (If this does not pertain to your child please write child's name and the top and N/A on the form)

___ Medication Form (Fill out child's name, age, and sign even if your child does not take medication)

___ Flu Form

___ Distracted Adult

___ Volunteer Form (Each parent must have a form on file to be allowed in the classroom at any time)

___ Sun/Bug/Photo

___ IEP/504/Therapy Notes (if applicable)

PLEASE NOTE: These forms are required by the State of Florida and must be kept in your child's file for review by the state at any time. Your child must have all forms complete and up to date to attend school. Please see page 2 of the contract for clarification.

Please contact the office at 813-909-0303 with any questions or concerns.



Enrollment Contract

Child's First Name _____

Child's Last Name _____

Child's Birthdate: _____

Age as of September 1, 2024 _____ (years) _____ (months)

Class Selection (circle one):

2s M-F 3s M-F VPK M-F 9-3 VPK MWF from 9-3

2s MWF 3s MWF VPK M-F 8:30-12:30 VPK T/Th 8-3:15

2s T/Th 3s T/Th VPK M-F 12:45-3:45

Parent Name (Primary Contact): _____

Email Address: _____

Phone Number: _____

Parent Name: _____

Email Address: _____

Phone Number: _____

Financial Commitments

Section 1 (to be signed by ALL families, including free VPK)

- **Free VPK:** The program is free of charge and 100% covered by the Florida State VPK Voucher. You will need to turn in your voucher at the time of registration. Should you not turn in your voucher, the full cost of tuition (\$250 monthly) will be the responsibility of the parent/guardian. This class is also exempt from the registration and supply fees. I also understand that it is my responsibility to obtain the voucher from Pasco County. [REDACTED]
- **Payments:** All tuition and invoices are due on the 1st of each month. A late fee of \$50 will be added to your tuition for any payments received after the 5th of the month. Your child will be unable to attend school if there is an outstanding tuition balance. [REDACTED]
- **Unenrolling Your Child:** Should you need to unenroll your child at any time during the school year, or prior to the start of the school year, a 30 day written notice is required (you will be responsible for the full tuition during those 30 days). After your 30 day notice, you will be responsible for half the monthly tuition until the spot has been filled. Should you unenroll prior to the start of the school year, all tuition and fees paid prior to the date of unenrollment are non-refundable. [REDACTED]
- **Curriculum:** I am aware that TRC is a secular learning environment. My child will be exposed to holiday based curriculum during certain times of the year. This curriculum aligns with classroom standards. My child will also be exposed to The Pledge of Allegiance and classroom birthday celebrations. [REDACTED]
- **Aftercare and Early Dismissal:** The Reading Corner closes promptly at 5:30pm, or 1:00pm on early dismissal days. If your child is in aftercare and is picked up after 5:30pm, or after 1:00pm on early dismissal days, a \$5 per minute charge will be added to your tuition. [REDACTED]
- **Documents:** Per Florida State laws, certain documentation is required to be in a student's file. These documents include: shot records, current physical, childcare application, distracted adult, Influenza form, as well as additional forms added by the state at any time. The parent/guardian is solely responsible for providing the aforementioned documents to the school and failure to do so may involve removing your student from class until documents are obtained. Removal of a student for this matter will not negate the financial obligations. [REDACTED]

Continued→

Section 2 (to be signed by all families enrolled in a tuition-based class)

- **Registration Fee:** a non-refundable registration fee for new families is \$300 and current families is \$200. If you choose to unenroll at any time, your registration fee shall be forfeited. [REDACTED]
- **Supply Fee:** The \$300 supply fee will be assessed on May 28, 2024 and is due by June 1, 2024. This fee is non-refundable. If you register after June 1, 2024, the supply fee is due at the time of registration. If you choose to unenroll at any time, the supply fee shall be forfeited. [REDACTED]
- **Monthly Tuition:** Tuition can be paid monthly or annually, please see attached rate sheet for details. Monthly tuition runs July-April. This is a breakdown of the annual tuition in 10 equal monthly payments. July's tuition is credited toward May's tuition. Should you unenroll at any time, you will forfeit May's tuition. The number of days your child is in school has no bearing on the monthly payment plan. Tuition is non-refundable once paid. [REDACTED]

I acknowledge that I have read and understand the above listed policies and agree to adhere to the policies as stated.

Signature _____

Parent's Name _____

Child's Name _____

Date _____



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

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

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

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

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With:

Parent/Guardian Name: Parent/Guardian Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Relationship to the child: Relationship to the child:

Custody: Mother Father Both Other

Medical Information:

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

Doctor: Address: Phone:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

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

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable):

Emergency Contacts:

Child will be released only to the custodial parent(s) or legal guardian(s) and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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

Signature of Parent/Guardian

Date

Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65C-22.005(1.) (c)2, Licensed child care facilities must obtain written permission from parents / guardians regarding a child's participation in food related activities. These activities include such things as classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ give / decline permission for my child _____
(Parent or Guardian) (circle one) (Child's name)

To participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

_____ My child **DOES NOT** have a food allergy or dietary restriction. He or she may participate in activities.

_____ My child **DOES NOT** have a food allergy or dietary restriction. He or she may not participate in activities.

_____ My child **DOES** have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

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

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

(Parent or Guardian)

(Date)



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____








Allergic to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Special Situation/Circumstance - If this box is checked, the child has an extremely severe allergy to the following food(s) _____.
Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.





For **ANY** of the following
SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas

▼ ▼ ▼

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE BODY SYSTEM, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE BODY SYSTEM (E.G. SKIN, GI, ETC.), FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____ HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE _____ DATE _____

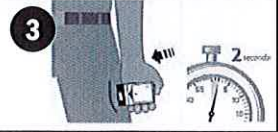


FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

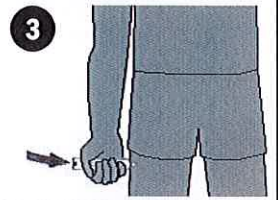
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q® from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q® against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



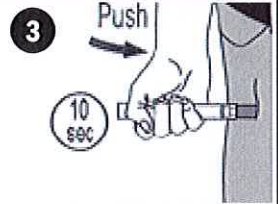
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



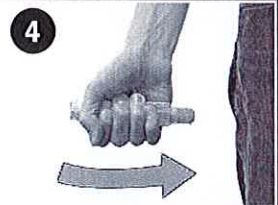
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI™ by finger grips only and slowly insert the needle into the thigh. SYMJEPI™ can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Epinephrine first, then call 911. Monitor the patient and call their emergency contacts right away.

EMERGENCY CONTACTS – CALL 911

RESCUE SQUAD: _____
DOCTOR: _____ PHONE: _____
PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____
NAME/RELATIONSHIP: _____ PHONE: _____
NAME/RELATIONSHIP: _____ PHONE: _____

Child Care Facility
 Authorization For Prescription and Non-Prescription Medication

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: _____ Age: _____

1. Medication Name: _____
 Amount to be Given: _____
 Time to be Given: _____

2. Medication Name: _____
 Amount to be Given: _____
 Time to be Given: _____

Record of Medications Given:

1. Medication Name: _____

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Medication Name: _____

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization form must be maintained and is only valid for the duration of prescription.

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

 Parent/Guardian Signature

 Date



Flu Form

Please read the Flu Form below. This is a document that we are required to have you read and sign as mandated by childcare licensing.

I attest that I have read and understand the Flu Document.

(Print Child's Name)

(Parent Signature)

(Print Parent Name)

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 Centers 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.myflfamilies.com/childcare or contact your local licensing office.

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

THE FLU

A Guide for Parents



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.



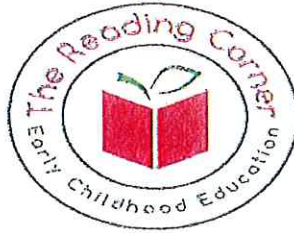
When should my child stay home from child care?

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 settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



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.

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



Distracted Driver Form

Please read the Distracted Driver Form Below. This is a document that we are required to have you read and sign as mandated by childcare licensing.

I attest that I have read and understand the Distracted Driver Document.

(Print Child's Name)

(Parent Signature)

(Print Parent Name)

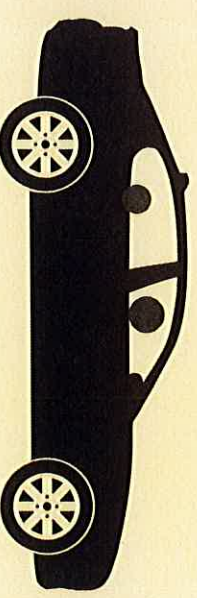
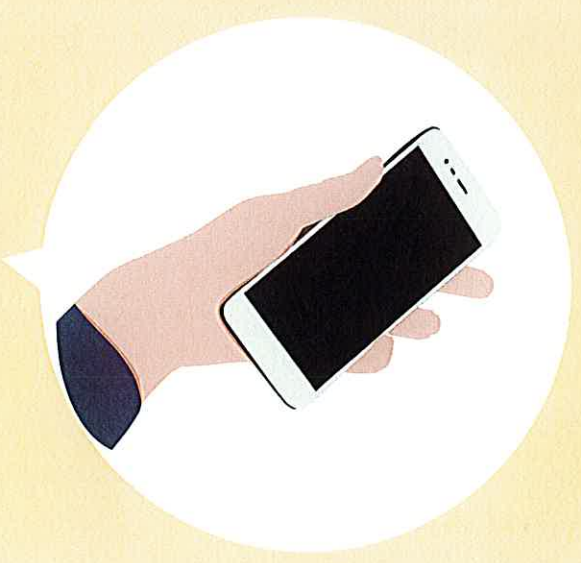
A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



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

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

WHEN LIFE HAPPENS... DON'T BE A DISTRACTED ADULT





Distraction 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.

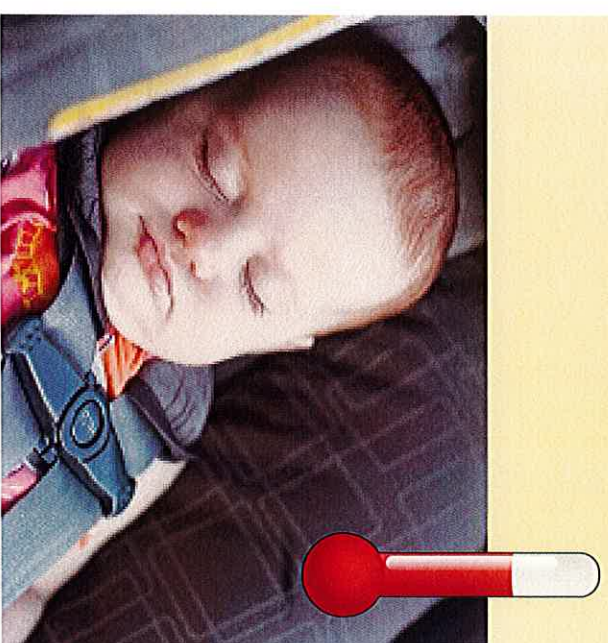


Facts About Heatstroke:

⚠️ 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.





VOLUNTEER ACKNOWLEDGEMENT FOR CHILD CARE PROGRAM

I attest my name is _____, and I serve in the child care
(print volunteer's/foster grandparent's name)

program known as _____.
(print name of child care program)

I serve as a (check one):

- Volunteer:** As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.302(3), Florida Statutes, and complete the state mandated training requirements.
- Foster Grandparent:** As a foster grandparent, I adhere to all the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. I must begin training within 30 days of working in the child care industry in any Florida child care facility and have the following courses completed, either by instructor-led or online, within one year from the working start date: Child Care Facility Rules and Regulations; Health, Safety and Nutrition; Identifying and Reporting Child Abuse and Neglect; and, Special Needs Appropriate Practices.

I attest that I have read and that I understand the foregoing.

Volunteer's/Foster Grandparent's Signature

Date

To Be Completed by the Owner/Operator/Director

I attest my name is _____, and I am the
(print owner's/operator's/director's name)

(check one) Owner Operator Director of the child care program identified above.

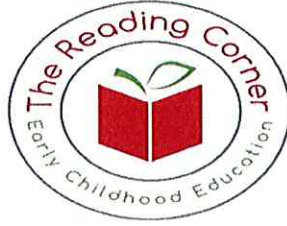
The above individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and understand the foregoing.

Owner's / Operator's / Director's Signature

Date





Child's Name: _____

Bug Spray Permission Form

I give permission to The Reading Corner staff to apply bug spray to my child listed above as needed throughout the school day. I must supply the bug spray and label it with my child's name. Please note- It is always suggested you apply bug spray to your child before school if you find they are in need of it. This just gives us permission if you find that an additional application is needed during the school day.

Parent Signature: _____

Date Signed: _____

Sunscreen Permission Form

I give permission to The Reading Corner staff to apply sunscreen to my child listed above as needed throughout the school day. I must supply the sunscreen and label it with my child's name. Please note- It is always suggested you apply sunscreen to your child before school if you find they are in need of it. This just gives us permission if you find that an additional application is needed during the school day.

Parent Signature: _____

Date Signed: _____

Photo/Video Release Form

_____ I give permission to The Reading Corner staff to photograph/video my child, listed above, during activities, special events and other school related activities during regular school hours. I am aware that these photo/videos may be used for the school website, print adds, on-line curriculum blog, and on the classroom Brightwheel page.

_____ No, I do not wish to have my child photographed or videoed.

Parent Signature: _____

Date signed: _____



DEPARTMENT OF CHILDREN'S SERVICES
CHILD CARE LICENSING DIVISION
3152 CLAY MANGUM LANE
TAMPA FL 33618
TELEPHONE: (813) 264-3925
FAX: (813) 264-2118

DISCIPLINE PRACTICES AND PROCEDURES

The Hillsborough County Ordinance No. 19-5, and the associated Rules & Regulations regarding the regulation of Child Care Facilities, Section 1.06(1)(1); (4); (5); (10 and (11) and Hillsborough County Ordinance No. 19-6 for the licensing and regulations of Family Child Care Homes and Large Family Child Care Homes, Section 1.04(1)(a)(b)(c)(d)(e) "Child Discipline" requires that parents are notified in writing of the disciplinary practices used while in care prior to admission. Spanking or any other form of physical punishment is prohibited. Discipline shall not be associated with food, rest or toileting. Children shall not be subjected to discipline which is severe, humiliating or frightening. Children may not be denied active play as a consequence of misbehavior.

The goal of discipline is to help children see the sense in acting a certain way. Of course, this is a time consuming task and it is important that we remain realistic in the expectation of the behavior of each child. His/her developmental age and stage must be taken into consideration.

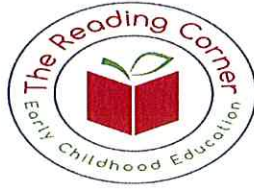
At our facility/home we encourage positive behavior in the following ways:

- (1) Allowing the child choices of activities, equipment, and materials, giving him a feeling of control over his environment so that conflict with others can be avoided.
- (2) Guidance in developing language skills which will help them resolve conflicts with words and not with inappropriate behaviors such as biting, hitting, kicking, etc.

If a child is experiencing difficulty controlling his/her behavior:

- (1) He/she will be redirected to another play area which may prevent escalation of the problem.
- (2) If a problem still exists, the child will be removed from the play area and given time away from the group to regain control. The time limits for this personal time are determined by the child. He/she may return to the group when he is ready.
- (3) If continued unacceptable behavior occurs, the parent will be scheduled to discuss a team approach to remedy the problem.

I have received in writing the Disciplinary Practices and Procedures used at this facility/home.



Unenrollment Policy

Unfortunately, there are sometimes reasons we have to unenroll a child from our program. We want you to know we will work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to unenroll or suspend a child from our center:

Immediate causes for unenrollment include:

- *The child is at risk of causing injury to other children, himself/herself, or a staff member.
- *Parent threatens physical or intimidating actions toward staff members and/or verbal abuse to staff members.
- *Parents failure to follow through with support services to help remediate behaviors within the time frame discussed.
- *Habitual behaviors that interfere with the learning environment, after accommodations have been made and the child isn't responsive.

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



More information and free resources:

MyFLFamilies.com/ChildCare



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).
License Number: CP6PA0245
License Issued on 8/17/13
License Expires on 8/16/24
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.,



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation vehicles (if transportation is provided).
- Provide parents with written disciplinary practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios:

Age of Child	Child:Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- Emergency procedures that include:
 - Posting Florida Abuse Hotline numbers along with other emergency numbers.
 - Staff trained in first aid and Infant/Child CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Food and Nutrition

- Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

- Maintain accurate records that include:
 - Children's health exam/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and administration of medications.

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- Equip with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.

Quality Child Care

Quality child care offers 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 child care setting, the following indicators should be considered:

Quality Activities

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve.

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.
- Display children's activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.





2024/2025 School Year

1800 Collier Parkway • Lutz, FL 33549 • 813.909.0303 • kim@thereadingcorner.org

*NEW Family Enrollment Fee (Per Child, Due with Enrollment Packet)	\$300
*Current Family Enrollment Fee	\$200
*Supply Fee (Per Child, billed in June)	\$300
*Payments - Monthly tuition must be paid through the Brightwheel system.	

School Program	Day Offerings	Per Month Plan (Billed July - April)
* VPK Morning 8:30am - 12:30pm	Monday - Friday	\$325 (with voucher)
* VPK Afternoon 12:45pm - 3:45pm	Monday - Friday	FREE (with voucher)
* VPK 8am - 3:30pm	Tuesday, Thursday	FREE (with voucher)
* VPK 9am - 3pm	Monday, Wednesday, Friday	\$325 (with voucher)
* VPK 9am - 3pm	Monday - Friday	\$765 (with voucher)
* 3 Yr. Old 9am - 3pm	Monday - Friday	\$1,210
* 3 Yr. Old 9am - 3pm	Monday, Wednesday, Friday	\$725
* 3 Yr. Old 9am - 3pm	Tuesday, Thursday	\$495
* 2 Yr. Old 9am - 3pm	Monday - Friday	\$1,220
* 2 Yr. Old 9am - 3pm	Monday, Wednesday, Friday	\$795
* 2 Yr. Old 9am - 3pm	Tuesday, Thursday	\$525

Sibling Discount - 10% off 2nd child, 15% off 3rd, 20% off 4th (discount applies to oldest sibling) (s)

BEFORE / AFTER Care	M-F	MWF	T/TH
Monthly Before Care 7am - 9am	\$125	\$75	\$50
Monthly After Care 3pm - 5:30pm	\$155	\$95	\$65
Monthly Both Before & After	\$250	\$150	\$100
Emergency Drop In \$25 each time			