



2026/2027 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 accept cash or check for the initial payment.
- The Annual Supply Fee of \$300 will be billed in May and is due on June 1st.
- 2026/2027 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 registration packet. To qualify for VPK for the 26/27 school year your child will need to turn 4 before September 1, 2026. 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, 2026. Upon receiving a VPK certificate/voucher you will sign on line 18 and date on 19 before submitting it with your packet.

Medical and Shot Records:

You will be advised if your child's current medical forms need to be updated. Please email updated medical forms to 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 Wednesday, January 21st from 10:00-1:00.

* OPEN ENROLLMENT for **FREE VPK** (T/Th or PM VPK Program) is on Wednesday, January 28th 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.PHELCO.ORG*

Please Note: The earliest the VPK website will allow you to apply for the VPK voucher for your child is January 1, 2026. 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 Checklist



New Family

Please use this checklist 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)

___ Bug/Sun/Contact/Photo

___ Child Care Application

****VPK Voucher due by Feb 1, 2026- (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)

___ 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, 2026 _____(years) _____ (months)

Class Selection (circle one):

2s M-F	3s M-F	VPK M-F 9-3	VPK MWF 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	Homeschool Kinder

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 (\$300 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. We do not prorate tuition for sick days, school closures, or family vacations. [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 or we reach the end of our school year in May. 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]

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, 2026 and is due by June 1, 2026. This fee is non-refundable. If you register after June 1, 2026, 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.

*Both parents must sign to acknowledge our financial commitments.

Parent/Guardian Signature _____

Parent's Name _____

Child's Name _____

Date _____

Parent/Guardian Signature _____

Parent's Name _____

Child's Name _____

Date _____



Child's Name _____ Parent's Name _____

Bug Spray

I give permission to The Reading Corner staff to apply bug spray to my child, listed above, as needed throughout the school day. If your child is sensitive to bug bites, please apply bug spray before coming to school. I understand that I must supply the bug spray and label it with my child's name.

Parent Signature _____ Date _____

Sunscreen

I give permission to The Reading Corner staff to apply sunscreen to my child, listed above, as needed throughout the school day. I understand that I must supply the sunscreen and label it with my child's name. I understand that I am responsible to apply sunscreen daily to my child before school.

Parent Signature _____ Date _____

Contact

- I give permission to The Reading Corner to share my contact information with the families in my child's class for the purpose of birthday invitations, playdates, and class get-togethers.
- I do not wish to share my contact information.

Parent Signature _____ Date _____

Photo

- I give permission to The Reading Corner staff to photograph/video my child, listed above, during activities, special events, and other school related activities throughout the school day. I am aware that these photos/videos may be used for the school website, print-ads, curriculum, and/or our class Brightwheel page.
- I do not wish for my child to be photographed or videoed. **Please bring this request to Amanda and Kim's attention upon registration.**

Parent Signature _____ Date _____



Permission for Food-related Activities & Special Occasion Food Consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., the Florida Department of Children and Families requires that 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, birthdays, and activities that include food prepared and/or purchased by families.

Child's Name: _____

Please check one of the following:

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

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

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in food related classroom activities. Please list and describe food allergy or dietary restriction:

_____ My child DOES have a food allergy or dietary restriction (please list and describe below).

I understand that it is my responsibility to update this form in the event that my child's food permissions change. I agree that this form will remain in effect during the term of my child's enrollment or until changes are made in writing by completing an updated form.

Parent Signature

Date



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.



2026/2027 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
* VPK Morning 8:30am - 12:30pm	Monday - Friday	\$355 (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	\$355 (with voucher)
* VPK 9am - 3pm	Monday - Friday	\$840 (with voucher)
* 3 Yr. Old 9am - 3pm	Monday - Friday	\$1,230
* 3 Yr. Old 9am - 3pm	Monday, Wednesday, Friday	\$740
* 3 Yr. Old 9am - 3pm	Tuesday, Thursday	\$545
* 2 Yr. Old 9am - 3pm	Monday - Friday	\$1,250
* 2 Yr. Old 9am - 3pm	Monday, Wednesday, Friday	\$875
* 2 Yr. Old 9am - 3pm	Tuesday, Thursday	\$575

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			



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*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
Homeschool Education Program	Monday - Friday	\$1,150
* VPK Morning 8:30am - 12:30pm	Monday - Friday	\$355 (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	\$355 (with voucher)
* VPK 9am - 3pm	Monday - Friday	\$840 (with voucher)
* 3 Yr. Old 9am - 3pm	Monday - Friday	\$1,230
* 3 Yr. Old 9am - 3pm	Monday, Wednesday, Friday	\$740
* 3 Yr. Old 9am - 3pm	Tuesday, Thursday	\$545
* 2 Yr. Old 9am - 3pm	Monday - Friday	\$1,250
* 2 Yr. Old 9am - 3pm	Monday, Wednesday, Friday	\$875
* 2 Yr. Old 9am - 3pm	Tuesday, Thursday	\$575

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			



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

Family Information: Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

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

Custody: Mother Father Both Other (specify): _____

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 Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

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



Emergency Care Plan Instructions (if applicable):

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

Name	Address	Work Phone	Home Phone

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 entitled “Know Your Child Care Facility” (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], 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 entitled “Selecting A Family Day Care Home Provider” (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- 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



Hillsborough County Florida

**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.

Child Care Facility
Authorization For Prescription and Non-Prescription Medication
SAMPLE

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



**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____








Allergic to: _____

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

History of anaphylaxis: **Yes** **No**

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

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. **ADMINISTER 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.

ADDITIONAL PHYSICIAN COMMENTS

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
--	--	--	--

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE AND CALL 911.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, 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 and call 911.

If this box is checked by the child's physician, the child has an extremely severe allergy to _____ and should be given epinephrine at the first sign of any symptoms, even if mild.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM (intramuscular) 0.15 mg IM
 0.3 mg IM 1 mg IN (intranasal) 2 mg IN

Antihistamine Brand or Generic: _____

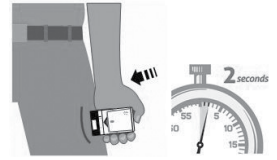
Antihistamine Dose: _____

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

Patient may self-carry Patient may self-administer

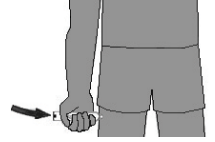
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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.



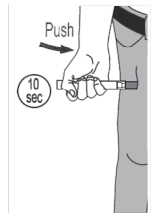
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, VIATRIS AUTO-INJECTOR, VIATRIS

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. 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.
3. 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).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



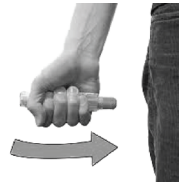
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

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.



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.

HOW TO USE NEFFY® (EPINEPHRINE NASAL SPRAY)

1. Remove neffy from packaging. Pull open the packaging to remove the neffy nasal spray device.
2. Hold device as shown. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle. Do not pull or push on the plunger. Do not test or prime (pre-spray). Each device has only 1 spray.
3. Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead. Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.
4. Press plunger up firmly until it snaps up and sprays liquid into the nostril. Do not sniff during or after the dose is given. If any liquid drips out of the nose, you may need to give a second dose of neffy after checking for symptoms. Call 911 immediately after first use.
5. If symptoms don't improve or worsen within 5 minutes of initial dose, administer a second dose into the same nostril with a new neffy device.



Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

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: **C06PA0443**
License Issued on 12/30/25
License Expires on 12/29/26
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare
(850) 488-4900



Reports of suspected cases of physical abuse, sexual abuse, and neglect are received and referred for investigation by the Abuse Hotline.
To report suspected cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

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

Know Your Child Care Facility

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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 number 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.
- Equipped 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.

