

## **Paperwork Advisory Notice**

The following is a list of items required for your child(ren) to be enrolled in our childcare facility. The first week of tuition and deposit must be received to hold your child(ren)'s slot. Please note that these items and the corresponding paperwork need to be completed and returned to VCA at least 1 week prior to the start date. Your child will not be able to start without prior receipt of all these documents.

- **Annual Registration Fee Paid (\$125.00 non-refundable)**
- **First week of tuition paid (non-refundable)**
- **Deposit Paid (equivalent to 1 week of tuition non-refundable)**
- **Emergency Contact Form**
- **Enrollment Application (pgs. 2 – 6)**
- **Know Your Child Care Signature Page (pg. 7)**
- **Discipline / Expulsion Policy Page (pg. 8)**
- **Acknowledgement of Parent Handbook and Policy Agreement (pg. 9)**
- **Tuition Agreement (pg. 10)**
- **Agreement Document (pg. 11)**
- **Child's Health History (pg. 12)**
- **Text Authorization and School Information (pg. 13)**
- **Current Florida Department of Health Certification of Immunization (information sheet provided) (pg.14)**
- **Florida Department of Health School Entry Health Exam (information sheet provided) (pg. 14)**
- **Tuition Express Automated Payment Processing Form**
- **Flu Brochure Acknowledgement (sign & return)**
- **Guidelines to Exclusion due to illness (pg. 15-16)**
- **Uniform Information and Guidelines (pg. 17 – 18)**
- **Uniform Purchase Form**

# Viera Children's Academy

## Enrollment Application

Please complete application in full and legibly

Child's Full Name \_\_\_\_\_  
Last First Middle

Child's Physical Address \_\_\_\_\_

Sex Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Home Tel # \_\_\_\_\_

Mother's Name \_\_\_\_\_ DL# \_\_\_\_\_

Home Address (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Work Address \_\_\_\_\_

Father's Name \_\_\_\_\_ DL# \_\_\_\_\_

Email Address \_\_\_\_\_ Home Tel # \_\_\_\_\_

Home Address (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Work Address \_\_\_\_\_

Mobile # (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Primary residence (child lives with): Mother \_\_\_\_\_ Father \_\_\_\_\_ with both \_\_\_\_\_

Who has legal custody? Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Can the non-custodial parent pick up the child (Court Order Required)? \_\_\_\_\_ yes \_\_\_\_\_ no

Fees are in effect year-round, excluding the one week in August that VCA is closed. Tuition is due on the Friday prior to services rendered. Any tuition received after the following Tuesday must be paid in cash with a \$20.00 late fee. \_\_\_\_\_ **(initial here)** if tuition is not paid by Friday, the child will **not** be permitted to return to the program. **There are no refunds or reductions for vacation, illness, absences, early pick-ups, or inclement weather days.** Please note that we are not able to switch a day for your child if he or she has missed a scheduled day. Any fees incurred as a result of tuition balances referred to a collection agency is the sole responsibility of the parent(s) \_\_\_\_\_ **(initial here)**. Enrollment of the child requires a **\$125.00 (\$200.00 family) non-refundable annual registration fee**. First week of tuition and a security deposit equaling one week of tuition must be paid for enrollment to be complete **(non-refundable)**. The security deposit will be applied to the last week of attendance when a 2-week written notice is given. Any child who is picked up after **contracted hours** will be charged \$20.00 for every fifteen minutes thereafter (please see Policy Agreement). After 6:00 pm with no call from parents, VCA will contact the local Police Department and the child will be taken to the local Precinct. We reserve the right to terminate this contract if any fees are not paid in full or if the school feels it is in the best interest of both parties to do so.

Desired Start Date \_\_\_\_\_ Referred by \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Weekly Tuition: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Primary Hours of Care:**

☐ Full Day/ 5 days

☐ Full Day / 4 days

☐ Full Day/ 3 days

☐ 5 Half- Days (if applicable)

**Days of the week in Care:** Monday Tuesday Wednesday Thursday Friday

**Contracted Arrival Time** \_\_\_\_\_ **Pick-up Time** (up to 9 hours) \_\_\_\_\_

**Extended Care Required** – Care given over 9 hours per day, before or after care for \$20.00 per option, per week in addition to tuition.

\_\_\_\_\_ **7:00am – 6:00pm** (\$20) \_\_\_\_\_ **6:30am – 7:00am** (\$20) \_\_\_\_\_ **6:00pm – 6:30pm** (\$20)

Do you anticipate your child having any specific problems adjusting to school?

**Does your child have any allergies?** \_\_\_\_\_

Are there any special **medical needs** we should be aware of?

**Emergency Care Plan Instructions:** \_\_\_\_\_

Does your child have any bladder or bowel irregularities?

Are there any special foods, dietary needs, or eating instructions?

Is there any special sleeping or napping instructions?

Is there any additional information such as discipline, child's communication, comforting, and so on? \_\_\_\_\_

How does your child react to separation from you?

Describe your child's temperament, behavior, and activity level

Does your child have any particular habits or mannerisms such as thumb sucking, nail biting, etc.? Please describe \_\_\_\_\_

Does your child have any physical handicaps? \_\_\_\_\_

Emotional difficulties? \_\_\_\_\_

Language problems? \_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_

Any other difficulties (e.g. sleeping, eating, aggression)? \_\_\_\_\_

How does your child react to strange adults? \_\_\_\_\_

**Is your child toilet trained?** \_\_\_\_\_

If not, is the child trying to use the toilet? \_\_\_\_\_

How does your child go to sleep? Describe your child's sleep pattern for 24 hrs.

What does your child normally eat & drink? \_\_\_\_\_

How do you normally discipline your child? \_\_\_\_\_

Is there anything special about your child that the staff should be made aware of?

Any suggestions for the staff? \_\_\_\_\_

Do you have other children? \_\_\_\_\_

**Name**

**Age**

**School**

### **Child Care Information**

Previous experience(s) in childcare (include dates): \_\_\_\_\_

Are there any holidays you **DO NOT** want to participate in? \_\_\_\_\_

Are there any foods you **DO NOT** want your child to eat? \_\_\_\_\_

Any other information about your family or child that you wish us to know: \_\_\_\_\_

### **Screenings and Assessments**

In order for the staff of Viera Children's Academy to meet the developmental needs of your child we will need to perform a screening and/or assessment on your child periodically throughout the year. I do authorize Viera Children's Academy to conduct a developmental screening or assessment as they deem necessary to meet my child's developmental needs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **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, the custodial parent or legal guardian cannot be reached:

**Name**

**Relationship**

**Phone**

### First Aid / Emergency Care

In the event of an emergency I authorize the staff of VCA, listed physician, local hospital to provide any first aid or emergency treatment deemed necessary for my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medical Information

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

**Doctor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Dentist Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_ **City:** \_\_\_\_\_

### Photo Permission

In order to capture our children during work time and/or at play photographs are taken by VCA. I/We give permission for VCA to use our child \_\_\_\_\_'s photograph on the website, Facebook, Instagram, Kidreport or any other publication pertinent to VCA. We realize our child's first or last name will not be used in such publications. \_\_\_\_\_ **(initial here)**

\_\_\_\_\_ Please **DO NOT** photograph my child – This will include the exclusion of **ALL** photography while your child is under the care and custody of VCA.

\_\_\_\_\_ Please only use my child's photograph for classroom and Kidreport use only. This will allow for the photography of your child, but excludes any publication of your child on the website, Facebook, or Instagram.

#### Per DCF

- Sections 7.1 and 7.2 of the Child Care 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 Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care providers.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I/We hereby grant permission for the staff of this facility to have access to my child's records. I/We promise that I/We will notify the provider, if any or all of the information changes.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

**There are no tuition allowances/refunds/deductions for absences, illness, vacation, holidays or inclement weather days.** \_\_\_\_\_ (initial here)

**I understand the policy regarding late pick-up fees** \_\_\_\_\_ (initial here)

### **Attorney Fees and Collection Costs**

If you do not comply with your obligations under this Agreement, you agree to pay the reasonable attorney fees, expenses and court costs incurred by VCA in order to collect your account or protect our rights. \_\_\_\_\_ (initial here)

### **Permission for Field Trips**

I understand that field trips are an integral part of the curriculum and that my child will be secured in a seat belt or child safety device if being transported in a car or bus on a field trip. I also understand that I will be given prior notice of all field trips. With this understanding, I hereby give permission for the staff and volunteers of VCA to take my child on field trips while he/she is enrolled in the program. \_\_\_\_\_ **(initial here)**

### **Uniforms**

Please be advised that VCA is a uniform mandated school and my child/ren is/are required to wear uniform Monday through Thursday beginning August and ending in May/ June of the school year. \_\_\_\_\_ (initial here)

### **Fundraising Requirement**

I understand that I must participate in fundraising activities. \_\_\_\_\_ (initial here)

### **Parent Service/Volunteer Commitment**

I understand that I must commit to a minimum of 10 volunteer hours per school year per family. Should you wish to opt out of your volunteer commitment, you may do so by making a monetary donation to Viera Children's Academy \_\_\_\_\_. (initial here)

### **Parent Handbook**

I have read the agreement entitled "Parent Handbook and Policy Agreement" (available on our website) and accept the conditions stated therein:

Child's Name \_\_\_\_\_

Name of Parent / Guardian responsible for tuition \_\_\_\_\_

Signature of Parent/Guardian responsible for tuition \_\_\_\_\_

Date \_\_\_\_\_

Signature of Director \_\_\_\_\_ Date: \_\_\_\_\_

## “Acknowledgement of “Know Your Child Care Center”

Section 7.3 of the Child Care Facility Handbook requires that parents must receive a copy of the Child Care Facility Brochure, Know Your Child Care Center. The Parents’ or legal guardian’s signature verifies receipt of the child care brochure. You can obtain a hard copy at the front desk or download and view this on our website: [www.vierachildrensacademy.com](http://www.vierachildrensacademy.com).

Please complete the following:

\_\_\_\_\_ has received a copy of the  
(Name of Parent or Legal Guardian)

Child Care Center brochure, KNOW YOUR CHILD CARE CENTER.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Name of Child)

\_\_\_\_\_  
(Date)

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## Viera Children's Academy

### FOOD NOTICE

Viera Children's Academy does NOT provide food. Children should bring a lunch and two snacks from home. Lunch boxes should be insulated and contain an ice-pack to ensure freshness. Refrigerator space is not available for lunch boxes. We ask that all hot food items be sent to school in a thermos. Prepare a meal which is nutritious and to the liking of your child. You will receive guidelines for nutritious lunches and snacks from your child's teacher. The state of Florida Department of Health holds the Academy responsible for overseeing that the lunches served meet set quality standards. Please advise us if your child is on a restricted diet or has any allergies to any foods or drinks.

## DISCIPLINARY / EXPULSION ACTION POLICY

***“Viera Children’s Academy”*** will try to redirect the behavior first. If the behavior continues, then one minute of “Think Time” per each year of age will be warranted. The child will be asked to sit in a chair or on the floor away from the other children until the behavior is under control. The use of physical punishment is never permitted.

### CHRONIC DISRUPTIVE BEHAVIOR

We will make every effort to work with the parents of children having difficulties in school, but we are here to serve and protect all of our children. Children displaying chronic disruptive behavior, which has been determined to be upsetting to the physical or emotional well-being of another child, may require the following actions:

#### 1. INITIAL CONSULTATION

The Director, owner and teacher will require within one week a conference with the parents, who are expected to be involved in all decision-making and problem solving. The problem will be defined on paper. Goals will be established, and the parent will be involved in creating approaches towards solving the problem.

#### 2. DISCHARGE / EXPULSION

When the previous attempts have been followed and no progress has been made towards solving the problem, the child will be discharged from the school. The director or owner may immediately discharge a child at anytime if he/she exhibits a behavior, which is harmful to him/her or others. A parent will be called if the child exhibits uncontrollable behavior that cannot be modified by the **VCA** staff. The parent must come immediately and pick up the child.

Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion practices used by the child care facility. The parents or legal guardian’s signature verifies the parent or guardian have been notified in writing of the disciplinary practices of the child care facility.

### PLEASE COMPLETE THE FOLLOWING:

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Child’s Name (Please Print)

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Parent/or Legal Guardian (please print)

---

Parent/or Legal Guardian Signature

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Date



# Acknowledgement of Parent Handbook and Policy Agreement

## **Parents Representations and Covenants**

The parent is the biological or legally adoptive parent, legal guardian, or custodian of the child (ren) whose care is the subject of the Agreement or is otherwise authorized to enter into this agreement for the care of the child (ren) named herein.

That VCA shall not be liable for any damages arising from personal injuries sustained while participating in activities in or about VCA premises and, intending to be legally bound, parent waives, releases, and forever discharges provider from any claims against VCA personal representatives, heirs, and assigns, for damages or injuries sustained by the child (ren) while participating in, or attending any child care activities of VCA or while being transported by VCA.

That in the event of a default or breach of the Agreement by the Sponsor(s) to VCA in addition to all sums determined to be due, all cost of enforcement, or collection, including but not limited to reasonable attorneys' fees, court cost, and other expenses of litigation.

That the terms and conditions of the Agreement shall be binding upon the sponsor(s), his/her personal representatives, heirs and assigns.

## **Entire Agreement**

This agreement contains the entire understanding between the parties and supersedes any prior understandings and/or written or oral agreements between them. Any and all written or oral agreements previously made by and between any of the parties are hereby merged in this writing. Any agreement hereafter made shall not change, modify, terminate, or discharge this agreement, in whole or part, unless such agreement is in writing and signed by both parties herein. There are no representations, agreements, arrangements, or understandings, oral or written, between and among the parties relating to this agreement, and the subject matter hereof, which are not fully expressed herein.

**BY SIGNING THIS AGREEMENT, YOU HAVE READ AND FULLY UNDERSTAND THE AGREEMENT PROVISIONS AND AGREE TO ABIDE BY THE CONTENTS THEREIN.**

**IN THE EVENT THAT YOU FAIL TO PAY IN FULL FOR ALL CHILD CARE SERVICES AND ARE TURNED OVER TO A COLLECTION AGENCY FOR NON-PAYMENT OF SUCH SERVICES, OR OTHER VIOLATIONS OF THIS AGREEMENT, YOU UNDERSTAND THAT YOU MAY BE SUBJECT TO A COLLECTION AGENCY SERVICE CHARGE OF UP TO 40% OF THE AMOUNT DUE AS ASSESSED BY THE COLLECTION AGENCY. YOU AGREE TO PAY ANY AND ALL COSTS OF COLLECTION INCLUDING COLLECTION AGENCY SERVICE CHARGES, ATTORNEY FEES AND COURT COSTS.**

**VIERA CHILDREN'S ACADEMY WILL ACCRUE, AND YOU AGREE TO PAY INTEREST ON THE UNPAID BALANCE OF THIS ACCOUNT AT THE RATE OF 1.5% PER MONTH (18% ANNUAL RATE) IN THE EVENT THIS ACCOUNT BECOMES DELIQUENT.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director VCA

\_\_\_\_\_  
Date

# Viera Children's Academy

## Tuition Agreement

Thank you for enrolling your child in Viera Children's Academy. We look forward to partnering with you in your child's education and care.

### **Tuition:**

Your tuition payment reserves your child's space in their assigned classroom. The tuition payment for your child(ren)'s first week of attendance needs to be made to secure the slot. To ensure quality programming and high-quality staffing, tuition is due whether or not your child attends the program. Tuition is calculated on a yearly basis and is broken into weekly increments for your convenience. Tuition payments are due on the Friday **prior** to services rendered. If tuition is not paid by Tuesday of the following week, your account will automatically incur a late fee of \$20.00.

### **Registration Fee:**

The registration fee is an annual fee. The fee is charged in March and all children returning for the new school year are required to pay it. Failure to pay your registration fee will result in your child's slot being given to a child on the pending enrollment list. Your child's re-enrollment for the new school year will not be "assumed".

### **Deposit:**

A deposit equal to one week's tuition must be paid prior to your child's first day of attendance as a deposit toward your "last week" of tuition. Should you decide to withdraw your child, please give as much notice as possible but a minimum of two weeks written notice is required. With two weeks written notice, we will apply your deposit toward your last week of tuition. If you are unable to give two weeks' notice, the tuition deposit will be forfeited, and tuition will be due for your final week(s) of enrollment.

A \$35.00 returned check fee is automatically charged to your account for returned checks.

### **Change in Status Request**

Families who wish to change their enrollment status (Full time- Part Time for example) must submit the Enrollment Change Request Form with as much notice as possible. We require, at minimum, 2- week notice. If the requested status change is currently available in the classroom, the request will be granted. If the requested status change is not available, the request will be denied until such time the Center can accommodate the request. It will be at the Administrative Director's discretion to grant any requests beyond these parameters based on current Center needs.

### **Withdrawal:**

Upon withdrawal, if you do not comply with your obligations under this Agreement, you agree to pay the reasonable attorney fees, expenses and court costs incurred by VCA in order to collect your account or protect our rights.

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Parent Print

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Parent Signature

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Date

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Director Signature

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Date

## Viera Children's Academy Agreement Document

- ☐ I consent to the enrollment of my child \_\_\_\_\_ at Viera Children's Academy starting \_\_\_\_\_.
- ☐ I agree to pay the enrollment commitment fee (one time only fee) of \$125.00 and the annual commitment fee (paid every March) of \$100.00. I understand that both of these fees are **NON-REFUNDABLE**.
- ☐ I agree to pay a deposit equal to one week of tuition along with the first week of tuition. This is paid prior to the start date.
- ☐ I agree to pay the weekly tuition fee for preschool/childcare services, with the understanding that there are no refunds for partial absences, illness, holidays, or inclement weather days.
- ☐ I understand that all tuition fees are due on Friday and must be paid in advance of services rendered and that failure to comply could result in my child's registration being terminated.
- ☐ I understand and agree that I will pay \$20.00 for every fifteen minutes past my contracted hours (or 6:00 pm) that I am late picking up my child.
- ☐ I understand and agree to pay \$20.00 late fee per week for tuition fees not paid by Tuesday, 9:00 am.
- ☐ I understand and agree to pay a \$35.00 return check fee for any check returned and further understand and agree that this may result in future payments being made in cash or by money order.
- ☐ I understand and agree that if the tuition with late fees are not paid by Friday of the current week of services my child will **not** be allowed to attend on Monday without payment in full for both weeks.
- ☐ I understand and agree that I am required to give VCA a written two weeks' notice in the event I need to discontinue the care of my child.
- ☐ I understand and agree that my child needs to be in attendance at VCA by 9:00am. I must notify VCA a day **in advance** if my child has an appointment that will result in tardy attendance. Verification note will be required to allow a tardy attendance.
- ☐ I understand that VCA is a uniform mandated school and my child/ren is/are required to comply with the uniform requirements during the academic school year, and camp shirts during summer camp.
- ☐ I understand and agree to pay the reasonable attorney fees, expenses and court costs incurred by VCA in order to collect my account if I do not comply with my obligations under this Agreement.
- ☐ I acknowledge that I have read and understood the VCA Policy Agreement. I agree to comply with all the written policies and procedures of VCA. I understand that failure to comply may result in the dismissal of my child.
- ☐ **I understand this is a legally binding contract, and I have read and understood it.**

Signature of Parent/Guardian responsible for tuition: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

## Viera Children's Academy CHILD'S HEALTH HISTORY

Does your child have any known health problems? Yes( ) No( ) If yes, please attach documentation.

Check (X) if any of the following illnesses has pertained to your child:

( ) Asthma	( ) Earaches	( ) Mumps	( ) Whooping Cough	( ) Bronchitis
( ) Eczema	( ) Pneumonia	( ) Polio	( ) Chicken Pox	( ) Convulsions
( ) Frequent Colds	( ) Croup	( ) Measles	( ) Influenza	( ) Diphtheria
( ) Rheumatic Fever	( ) Tonsillitis	( ) Other	_____	

Please list any injuries that your child has had: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any known allergies? Yes( ) No( ) If yes, please list the name of the medication (s) and the medical condition for which it is taken: \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about your child's development? Yes( ) No( ) If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_

Emergency Care Plan instruction (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the child care provider/ staff to obtain the following services for this child if necessary:  
Public Health Nurse, Physician, and/or Ambulance in the event of an emergency. (Ambulance fees and/or Health care costs are the responsibility of the parent/guardian)

**I have also read and agree to comply with the Exclusion Policy set forth by VCA which is included in the enrollment application.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of VCA Director/Administrator

# Viera Children's Academy

## AUTHORIZATION TO SEND TEXT MESSAGES

By signing this form, I authorize Viera Children's Academy (VCA) to send text messages to my cell phone to convey school information, updates or reminders. I understand that standard text messaging rates will apply to any messages received from VCA. I also understand that I or VCA may revoke this permission in writing at any time. I agree not to hold VCA liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number and or provider changes I will inform a VCA Administrator.

Name of child: \_\_\_\_\_

Classroom: \_\_\_\_\_

☐

I decline and DO NOT want to receive text messages at this time. [Skip to initial statement, sign and date]

☐

I accept and DO want to receive text messages. [Fill out information below, initial statement, sign and date]

Cell Phone #:

\_\_\_\_\_  
(Add multiple numbers if needed)

Cell Phone Provider: \_\_\_\_\_

(Example: AT&T, T-Mobile, Sprint, etc.)

**Initial \_\_\_\_\_ This permission form will remain in effect for the duration of my attendance at Viera Children's Academy or until revoked in writing by me or VCA.**

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that we post information, important dates, and upcoming events on our:

**Website:** [www.vierachildrensacademy.com](http://www.vierachildrensacademy.com)

- School closing dates for the current school year
- Monthly calendar
- Monthly newsletter ~ bi-weekly for Enhanced VPK
- Homework ~ Weekly for Preschool (Monkey, Giraffe, Sandhill Crane) and VPK
- Announcements
- School and Community Events
- Access to the classroom email addresses

**Facebook Page:** Viera Children's Academy

- Center updates

**Shutterfly:**

- VPK only ~ Closed account for VPK students
- Newsletters
- Homework
- Classroom and activity pictures

Brevard County Department of Health  
Judge Fran Jamieson Way  
Viera, Florida 32940

Section 7.1 and 7.2 of the Child Care Facility Handbook requires you to provide the child care operator with two very important documents which verify your child's health status. However, your child care facility has the option to require both of these important documents prior to the first day of attendance. The medical records are your property and should be returned whenever you withdraw your child from child care.

Physical examination (Form 3010) – Each child must have a valid health examination certificate on a State of Florida, School Health Exam form. The certificate must be signed by an authorized medical professional and is valid for two years from the date of the physical examination was conducted.

Current Florida Certificate of Immunization – Florida law requires that your child's immunization be written on a large blue card called a "680" or "681" form. This certificate must be signed by an authorized medical professional and document the expiration date.

Both of these forms are available from your pediatrician, family doctor, or the local county health department. They are familiar with these forms and are aware that parents must provide them to their child care provider.

These documents should have your child's name, date of birth, and an authorized medical professional's signature. The large blue card, form 680 or 681, must have immunization information and expiration date. Make sure the immunization form is complete before you leave the doctor's office! As a parent, you have the right to receive correct, complete, and accurate information.

If you have recently moved here from another state, you will need to take your child's immunization record to local pediatrician or county health department to be transferred to the required "680 or 681" form. If you can't get an appointment with your doctor in time, the county health department can provide your child with the needed shots.

You should be aware that your child care facility can receive an administrative fine for failing to have this information. Even more importantly, they will be forced to exclude your child from attending child care until these documents are received. Please cooperate with your child care facility by obtaining these complete vital health records within the required time frame. Should you have any questions, please contact your local county health department or your child care facility director.

A legible copy or facsimile of the 680 form is acceptable; however, the original is preferred.

Please be advised that Viera Children's Academy may have children that attend our program that do not have current immunizations.



## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

##### SECTION B (Bank Account)

Your Name	Phone #	
Address	City State Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date	

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of



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](http://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**

## **Viera Children's Academy Guidelines for Exclusion of Children From Child Care Programs**

Our guidelines are based on the Model Health Care Policies developed by the American Academy of Pediatrics. VCA understands that it is difficult for a parent/guardian to leave or miss work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness. Exclusion from the center is sometimes necessary to reduce the transmission of illness or because the center is not able to adequately meet the needs of the child.

Mild illnesses are common among children and infections are often spread before the onset of any symptoms. In these cases, we try to keep the children comfortable throughout the day, but will find it necessary to exclude them from the child care setting for the following reasons (this list covers most common illnesses, but is not inclusive of all reasons for exclusion).

### **Child's Exclusion Due to Illness**

- **Illness that prevents the child from participating comfortably in program activities.**
- **Illness that results in a greater need for care than our staff can provide without compromising the health and safety of other children.**
- **Illness that poses a risk of spread of harmful disease to others.**
- **Fever** (100 axillary (armpit), 101 orally, 102 aural/ear) and behavior change or other signs and symptoms, e.g., sore throat, rash, vomiting, diarrhea, lethargy, irritability, constant crying, difficult breathing.
- **Diarrhea** watery stools or decreased form of stool that is not associated with change of diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing "accidents." Diapered children with diarrhea will be excluded if the stool frequently exceeds 2 or more stools above normal for that child.
- **Blood or mucus in the stools** not explained by dietary change, medication, or hard stools, and/or uncontrolled, unformed stools that cannot be contained in a diaper/underwear or toilet. Special circumstances that require specific exclusion criteria include the following:
  - Toxin-producing E coli or Shigella infection, until the diarrhea resolves and the test results of 2 stool cultures are negative for these organisms.
  - Salmonella serotype Typhi infection, until diarrhea resolves. In children younger than 5 years with Salmonella serotype Typhi, 3 negative stool cultures are required.
- **Vomiting** more than 2 times in the previous 24 hours unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration.
- Signs of possible illness; including unusual lethargy, irritability, persistent crying, difficult breathing, and or inability to function in a group setting.
- **Mouth sores** with drooling unless the child's medical provider or local health department authority states that the child is noninfectious.
- **Abdominal pain** that continues for more than 2 hours or intermittent abdominal pain associated with fever, dehydration, or other signs of illness.
- **Rash with fever** or behavioral changes, until a physician has determined it is not a communicable disease.
- **Purulent conjunctivitis** (defined as pink or red conjunctiva with white or yellow eye discharge) until on antibiotics for 24 hours.
- **Impetigo** until 24 hours after treatment has been started.
- **Strep throat** (or other streptococcal infection) until 24 hours after treatment has been started.

- **Head lice** until after treatment and all nits are removed.
- **Ringworm** (head, body, genitals or feet infection) – until 24 hours after treatment has been initiated.
- **Rubella**, until 6 days after the rash appears.
- **Chickenpox**, until all lesions have dried or crusted (usually 6 days after onset of rash).
- **Pertussis** (Whooping cough) until 5 days of appropriate antibiotics.

\*Infants less than 4 months of age will be excluded if they have a fever of 100 axillary (armpit) or 100.4 aural (ear) and should receive medical attention as soon as possible.

\*Any child with a fever of 104 will be excluded and should receive medical attention as soon as possible. Any infant younger than 2 months with a fever should get urgent medical attention.

We ask that for your child's comfort and to reduce the risk of contagion, children be picked up within 1.5 hours of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms.

Children need to remain home for 24 hours without symptoms before returning to the program, i.e., the child needs to remain out of the center for the remainder of the day he/she is sent home and the following day (if a child is sent home Friday, he/she may return Monday), unless the center receives a note from the child's medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash or continuing symptoms, a doctor's note may be required before returning.

#### **Required Conditions for a Child to Return to the Center**

Children who have been excluded may return when:

- They are free of fever, vomiting, and diarrhea for a full 24 hours without medication.
- Readmission after diarrhea can occur when diapered children have their stool contained by the diaper (even if stools remain loose) and when toilet-trained children do not have accidents.
- They have been treated with an antibiotic for a full 24 hours.
- They are able to participate comfortably in all usual program activities, including outdoor time.
- They are free of open, oozing skin conditions and drooling (not related to teething) unless:
  1. The child's health-care provider signs a note stating that the child's condition is not contagious, and;
  2. The involved areas can be covered by a bandage without seepage or drainage through the bandage.

If a child has been out of the center due to any of the reasons above or any other reason deemed necessary by the child's medical provider, please let us know. It may be beneficial to share this information with families in the center. If so, your family information will remain confidential; however, this will help staff and families know observe the other children for symptoms and could assist their medical provider in making a diagnosis.

If a child is excluded because of a reportable communicable disease, a doctor's note stating that the child is no longer contagious and may return is required.

## Viera Children's Academy Uniform Information

Thank you for choosing Viera Children's Academy. Below you will find the correct uniform attire for your child. VCA is a uniform mandated center and children must wear their uniforms Monday through Thursday.

Please note that **only uniform apparel sold by the VCA uniform store will be accepted as uniform dress.** Any variations of the uniforms will be a violation of the school dress code and policy. **Children not in the correct school mandated uniform will be considered out of uniform and may be sent home for the day.**

The uniform attire is as follows:

### **Toddler Boys (12 months – 3 years old)**

#### **Turtle, Penguin, Dolphin, Frog, Chipmunk, and Alligator classrooms**

- Light blue Polo shirt purchased at VCA Uniform Store
- Elastic waist shorts/trousers purchased at VCA Uniform Store
- Navy blue or black socks
  - The socks must be ankle socks, not “no show” socks; meaning that the socks must be at least above the ankle.
- Black shoes
  - Children in the toddler classroom may wear sneakers. The shoes/sneakers must be **ALL** black (including the sole of the shoe) with no adornments or colors. Shoes/ sneakers that light up, have colors other than black are not considered appropriate school apparel and your child will be considered out of uniform.

### **Toddler Girls (12 months – 3 years old)**

#### **Turtle, Penguin, Dolphin, Frog, Chipmunk, and Alligator classrooms**

- Royal blue VCA tunic purchased at VCA Uniform Store
- Light blue Rabbit skin brand t-shirt purchased at VCA Uniform Store
- Navy blue or black socks/stockings
  - The socks must be ankle socks, not “no show” socks; meaning that the socks must be at least 3” above the ankle should be able to fold over and cover the ankles.
- Black shoes
  - Children in the toddler classroom may wear sneakers. The shoes/sneakers must be **ALL** black (including the sole of the shoe) with no adornments or colors. Shoes/ sneakers that light up, have colors other than black are not considered appropriate school apparel.
- Bloomers or shorts may be worn under the uniform

### **Preschool and VPK Boys (3 – 5) years old**

#### **Giraffe, Monkey, Sand Hill Crane, Starfish, Seahorse, Stingray, and Seagull classrooms**

- Light blue VCA monogrammed button-down Oxford shirt purchased at VCA Uniform Store
- Elastic waist khaki shorts/trousers purchased at VCA Uniform Store
- Navy blue or black socks
  - The socks must be ankle socks, not “no show” socks; meaning that the socks should be able to fold over and cover the ankles.
- Black shoes
  - Children in the preschool classroom may wear sneakers. The shoes/sneakers must be **ALL** black (including the sole of the shoe) with no adornments or colors. Shoes/ sneakers that light up, have colors other than black are not considered appropriate school apparel and your child will be considered out of uniform.

### **Preschool and VPK Girls (3 – 5) years old**

#### **Giraffe, Monkey, Sand Hill Crane, Starfish, Seahorse, Stingray, and Seagull classrooms**

- Royal blue VCA tunic purchased at VCA Uniform Store
- Light blue Peter Pan collared button-down shirt purchased at VCA Uniform Store
- Navy blue or black socks/stockings
  - The socks must be ankle socks, not “no show” socks; meaning that the socks should be able to fold over and cover the ankles.
- Black shoes
  - The shoes/sneakers must be **ALL** black (including the sole of the shoe) with no adornments or colors. Shoes/sneakers that light up, have colors other than black are not considered appropriate school apparel and your child will be considered out of uniform.
- Bloomers or shorts **must** be worn under the uniform

During cooler weather VCA cardigan sweaters may be worn in the classroom. All other cardigans are considered non-uniform and may not be worn in the classroom. Long sleeved shirts may be worn during cooler months as well. Children may wear light blue, navy blue, or black turtlenecks or long-sleeved shirts under their uniform shirt. Children may NOT wear any other color or variations of the approved colors under their uniform shirt.

Please be reminded that boots are not considered appropriate footwear for children attending the program. Children wearing boots Monday through Thursday will receive an out of uniform notice.

**For your convenience, you are now able to purchase uniforms through the Academy, at the Uniform Store. Please speak with a member of Administration for all our uniform needs!**

Sincerely,  
Wajiha Khan  
Executive Director  
Viera Children’s Academy

# Viera Children's Academy

## Uniform Purchase Form

Parent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

**Please note that only uniform apparel sold through the Cool Things Uniform Store may be worn.** Kindly indicate the number of items you would like to order or purchase

### Toddler Boys (Under 3 Years Old)

	Price	Size
Light Blue Polo Shirts	\$12.00	2T: _____ 3T: _____ 4T: _____
Elastic Waist Khaki Shorts	\$15.00	2T: _____ 3T: _____
Elastic Waist Khaki Pants	\$18.00	2T: _____ 3T: _____

### Preschool (3 years of age and older)

	Price	Size
Boys' Button Down Oxford Shirts	\$20.00	4: _____ 5: _____ 6: _____ 7: _____ 8: _____ 10: _____ 12: _____ 14: _____
Elastic Waist Khaki Shorts	\$18.00	YXXS:(4) _____ YXS: (5) _____ YS:(6) _____ YM:(8) _____ YL:(10/12) _____
Elastic Waist Pants	\$20.00	YXXS:(4) _____ YXS:(5) _____ YS: (6) _____ YM:(8) _____ YL:(10/12) _____ YXL: _____

### Boys and Girls

Navy Blue Cardigan (Optional)	\$30.00	YXXS: (4) _____ YXS:(5) _____ YS:(6) _____ YM: (7/8) _____
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### GIRLS

### Toddler Girls (Under 3 years old)

	Price	Size
Light Blue Rabbit Skin Shirts	\$9.00	18 Mths: _____ 2T: _____ 3T: _____ _____ 4T: _____

### Preschool Girls (3 years and older)

Peter Pan Collar Blouse	\$16.00	YXXXS:(3) _____ YXXS:(4) _____ YXS:(5) _____ YS:(6) _____ YM:(7/8) _____ YL:(10/12) _____
Royal Blue Tunic (Worn By All Girls)	\$40.00	Size 1: _____ 2: _____ 3: _____ Size4: _____ 5: _____ 6: _____ Size7: _____ 8: _____

**Note: All Prices are inclusive of Sales Tax.**

Order Filled On: \_\_\_\_\_ Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Method of Payment:- Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Comments: \_\_\_\_\_

Please note that ALL SALES ARE FINAL. Will exchange if tags are still attached.

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



Developed by:

The Office of Child Care Regulation

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)  
CF/PI 175-12, May 2019

When life happens...Don't be a  
**DISTRACTED  
ADULT**





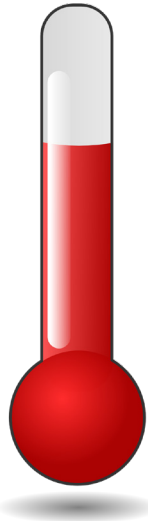


## FACTS ABOUT HEATSTROKE:

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

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

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



## PREVENTION TIPS:

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

**During the 2018 legislative session,** a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



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

Parent/Guardian:

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Child's Name:

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Date:

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