



The Future Starts Here!

The following forms must be completed & turned into **Shining Stars Academy** prior to your child's start date.

Admission Packet:

- ★ Completed admission form
- ★ Health statement from a health-care professional
- ★ Copy of updated immunization records
- ★ Discipline & guidance policy
- ★ Allergy alert
- ★ Expulsion Policy

(Children turning 4 years of age or older as of September 1st of the current year excludes school age children)

ITEMS TO BRING ON THE FIRST DAY

Ones & 2's (12 months – 2 Years Old)	2's & 3's (2 & 3 Years Old)	Pre-School & Pre-K (3-5 Years Old)
<ul style="list-style-type: none"> • 2 sets of complete change of clothes– labeled and in Ziploc bag • Diapers • Wipes • Blanket • Fitted Sheet • Backpack 	<ul style="list-style-type: none"> • 2 sets of complete change of clothes–labeled and in Ziploc bag • Pull-ups • Wipes • Blanket • Fitted Sheet • Backpack 	<ul style="list-style-type: none"> • 2 sets of complete change of clothes– labeled and in Ziploc bag • Blanket • Fitted Sheet • Backpack

Registration fee \$60.00

Your Child's Classroom: _____



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SHINING STARS ACADEMY ADMISSION FORM

Operation Name: Shining Stars Academy	Director's Name: Breyana Burman
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Contact Information

Child's Name (First Middle Last)		Child's Date of Birth (Month Day Year)	
Child's Home Address		City	State Zip Code
Home Phone Number	Gender Male Female	Nickname	
Date of Admission	Date of withdrawal	Reason for Withdrawal	

Mother's Name (First & Last)		Mother's Email Address	
Mother's Home Address (if different from child's address)		City	State Zip Code
Place of Employment	Work Phone Number	Cell Phone Number	
Driver's License Number	State	Does the child live with the Guardian? Yes No	

Father's Name (First & Last)		Father's Email Address	
Father's Home Address (if different from child's address)		City	State Zip Code
Place of Employment	Work Phone Number	Cell Phone Number	
Driver's License Number	State	Does the child live with the Guardian? Yes No	

Guardian's Name (First & Last) other than Mother or Father) if applicable		Guardian's Email Address	
Guardian's Home Address (if different from child's Address)		City	State Zip Code
Place of Employment	Work Phone Number	Cell Phone Number	
Driver's License Number	State	Does the child live with the Guardian? Yes No	

Parent's Signature: _____ Date: _____

Child's Name: _____ Birth Date: _____

Emergency Contact Information

Provide information of person(s) to call in case of an emergency if parents/guardians cannot be reached.

Emergency Contact Name 1	Phone Number	Relationship	
Emergency Contact's Home Address	City	State	Zip Code
Emergency Contact Name 2	Phone Number	Relationship	
Emergency Contact's Home Address	City	State	Zip Code

Drop Off / Pick Up Authorization

I hereby authorize the Shining Stars Academy to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name, telephone number and relationship for each person. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name 1	Phone Number	Relationship to Child
Name 2	Phone Number	Relationship to Child
Name 3	Phone Number	Relationship to Child

Arrival / Departure Schedule

My child will normally attend Shining Stars on the following days & times:

Primary Hours of Care from: _____ to _____

Days of the week in Care: M T W TH F

Before / After School Care (School Age Children ONLY)

Please complete the following information for children attending Shining Stars Academy before and after school program.

Name of School	School Phone Number		
School Address	City	State	Zip Code
My child will be attending Shining Stars for the following: (check one) Before school After School Before and After School			Parent's Initials

Parent's Signature: _____ Date: _____

Child's Name: _____

Birth Date: _____

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize Shining Stars Academy and the person in charge to take my child to:

Name of Physician	Phone Number		
Physician's Address	City	State	Zip Code
Name of Emergency Medical Care Facility	Phone Number		
Emergency Medical Care Facility Address	City	State Florida	Zip Code

By not providing the information above, you are authorizing Shining Stars Academy to take your child to the closest emergency facility. The closest emergency facility is:

Name of Emergency Medical Care Facility	Phone Number		
Emergency Medical Care Facility Address	City	State Florida	Zip Code

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent's Signature: _____ Date: _____

Medical / Allergy Information

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Attach photo here

Parent's Signature: _____ Date: _____

Child's Name: _____

Birth Date: _____

Immunization Records (check one)

<p>I have provided Shining Stars Academy with a copy of my child's most current immunization records and will continue to provide the center with the updated copy as my child receives additional immunizations.</p> <p>Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (form 680 or 681) within 30 days of enrollment. I understand that at the time of my enrollment there may be some children currently enrolled who may not have up-to-date immunizations.</p> <p>School-Age Children Only - My child's immunization record is on file at the school and all required immunizations and/or Tuberculosis test are current. Vision and hearing screening records are also on file at the school.</p>	Parent's Initials
<p>Section 402.312125(5), F.S., requires that parents receive a copy of the Child Care facility Brochure, "KNOW YOUR CHILD CARE FACILITY."</p>	Parent's Initials

<p>Section 65C-22.006(3) (c) 2. F.A.C. requires that parents are notified in writing of the disciplinary practices used by child care facility.</p>	Parent's Initials
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I/We certify that all of the information given on this form is correct and accurate to our best knowledge. 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: _____

Director's Signature: _____ Date: _____

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, transmissions 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, and A Guide to Parents:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your childcare provider, in order for them to maintain it in their records.

Child's Name: _____ Birth Date: _____

Please read the following information & check all that apply & initial each statement below:

OPERATIONAL POLICIES (PARENT HANDBOOK) MANUAL RECEIPT VERIFICATION I have received a copy of the Shining Stars Academy Operational Manual and understand the policies and had the opportunity to ask questions about the policies.	Parent's Initials
PHOTO PERMISSION Throughout the school year, the Shining Stars Academy staff will take photographs of the students participating in various activities such arts & crafts, circle time, special events, projects, field trips, etc. These photographs are for parent's enjoyment and memories and may be posted on our website, Facebook, newsletters, fliers, brochure or any other publication relative to the childcare.	Parent's Initials
IN HOME BABYSITTING POLICY I understand that Shining Stars Academy does NOT render childcare services off its premises and it is against our staff policies and procedures for any of our staff to babysit or be a nanny for our parents.	Parent's Initials
MEALS / SNACKS Breakfast is served before 8:45a.m. The following meals will be served to your child while in care: <input type="checkbox"/> Morning Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack	Parent's Initials
TRANSPORTATION (circle all that apply) I hereby <input type="checkbox"/> GRANT <input type="checkbox"/> DO NOT GRANT permission for my child to be transported and supervised by Shining Stars Academy employees: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> For emergency care On field trips to and from school N/A </div>	Parent's Initials
FIELD TRIPS (circle one) - For ages 4 and up - permission slips required for each field trip. I hereby <input type="checkbox"/> GRANT <input type="checkbox"/> DO NOT GRANT permission for my child to participate in field trips. Parent's Comments:	Parent's Initials
WATER ACTIVITIES (circle one) I hereby <input type="checkbox"/> GRANT <input type="checkbox"/> DO NOT GRANT consent for my child to participate in water activities. Shining Stars Academy participates in sprinkler play and water table activities. Shining Stars Academy DOES NOT participate in swimming pool and splashing/wading pool activities.	Parent's Initials

Parent's Signature: _____ Date: _____

Child's Name: _____ Birth Date: _____

Please read the following information SIGN & DATE that you acknowledge:

<p>INTERVIEWING CHILDREN AND INSPECTING RECORDS</p> <p>I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.</p> <p>PARENT SIGNATURE _____ DATE: _____</p>	
<p>WITHDRAWAL FROM PROGRAM:</p> <p>I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.</p>	Parent's Initials
<p>EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION</p> <p>I understand that it is the company's intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.</p>	Parent's Initials
<p>DISTRACTED ADULT FLYER</p> <p>HB1079 amended s. 402.305(9), F.S. requiring operators of child care facilities and homes must provide parents with information pertaining to the dangers of leaving a child in a vehicle and tips for prevention during the months of April and September. Please sign below acknowledging that you have received a copy of this flyer and understand it to its full entirety.</p> <p>I hereby acknowledge that I have read, understand and agree to the terms of this document.</p> <p>(APRIL) PARENT SIGNATURE: _____ DATE: 4/____/20____</p> <p>(SEPTEMBER) PARENT SIGNATURE _____ DATE: 9/____/20____</p>	

Parent's Signature: _____ Date: _____

NUTRITION/FOOD SAFETY

I hereby ACKNOWLEDGE that I have received a copy of the HEALTHY EATING FOR PRESCHOOLERS FLYER.

I hereby acknowledge that I have read AND understand ALL terms of this document.

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Child's Name: _____ Birth Date: _____

Child Discipline Policy



It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child **will not be permitted**.

In response to these behaviors, I will not use:

- ★ Threats or bribes
- ★ Physical punishment, even if requested by the parent
- ★ Deprive your child of food or other basic needs
- ★ Humiliation or isolation

In response to misbehavior, I will:

- ★ Respect your child
- ★ Establish clear rules
- ★ Be consistent in enforcing rules
- ★ Use positive language to explain desired behavior
- ★ Speak calmly while bending down to your child's eye level
- ★ Give clear choices
- ★ Redirect your child to a new activity

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, Shining Stars Academy will practice the discipline and behavior management policy.

My Signature below verifies I have received and read a copy of this discipline and guidance policy.

Parent's Signature: _____ Date: _____

EXPULSION POLICY

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

- ★ Staff will try to redirect child from negative behavior. Staff will reassess classroom environment, appropriate of activities, supervision. Staff will always use positive methods and language while disciplining children. Staff will praise appropriate behaviors. Staff will consistently apply consequences for rules. Child will be given verbal warnings. Child will be given time to regain control. Child's disruptive behavior will be documented and maintained in confidentiality. Parent/guardian will be notified verbally. Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion. The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors. The parent will be given literature or other resources regarding methods of improving behavior. Recommendation of evaluation by professional consultation. Recommendation of evaluation by local school district child study team

SCHEDULE OF EXPULSION

- ★ If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school. The parent/guardian will be informed regarding the length of the expulsion policy. The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- ★ Failure to pay/habitual lateness in payment.
- ★ Failure to complete required forms including the child's immunization records.
- ★ Verbal abuse to staff.
- ★ Parent threatens physical or intimidating actions toward staff members.

CHILD'S ACTIONS FOR EXPULSION

- ★ Failure of child to adjust after a reasonable amount of time.
- ★ Uncontrollable tantrums/angry outbursts.
- ★ Ongoing physical abuse to staff or other children.
- ★ Unable to toilet train in our three year old program.

Parent's Signature: _____ Date: _____