

**One Room School House
VPK Wrap-Around Care
2018-2019**

- The VPK Wrap-Around Program is open from the end of the VPK school day at 11:45 a.m. Part time wrap around care is 11:45 a.m. -2:30 p.m. Full time wrap around care is from 11:45 a.m. until 6:00 p.m.
- Fees for the Program are to be paid in advance. Payment must be received by Friday of the week prior to your child attending.
- A ten percent discount will be given if you prepay for 4 weeks.
- A one-time \$25.00 activity fee **per child** will be collected before your child enters the program. This fee is due at Sign Up along with the 1st week's payment.
- You may pay by cash, check or money order. If your check is returned, you will be charged a \$35.00 return fee, plus the amount of the check. You will have to pay cash thereafter.
- Your child will be removed from the program if they do not follow rules or if their account is not paid in full. Your child will only be let back into the program if there is space available.
- Wrap-Around Care enrollment will be capped based on governmental regulations and facility availability.

FEE SCHEDULE

FULL TIME RATE 11:45 A.M.-6:00 P.M. \$80/PER WEEK

PART TIME RATE 11:45 A.M.-2:30 P.M. \$50/PER WEEK

ONLY STUDENTS WHO HAVE PREPAID ARE ENROLLED IN WRAP-AROUND CARE. ONLY STUDENTS WHO ARE PREPAID AND ENROLLED IN WRAP-AROUND CARE ARE ALLOWED IN THE BUILDING AFTER 11:45 A.M. AT 11:50 STUDENTS WHO ARE NOT ENROLLED IN THE WRAP-AROUND PROGRAM WILL BE CHARGED A \$15 LATE PICK UP, AND THIS FEE MUST BE PAID BEFORE THE CHILD CAN RETURN TO THE VPK PROGRAM.

Our Day is over at 6:00 PM. A late fee of \$15.00 will be charged and due immediately between 6:01 and 6:10. An additional \$1.00 per minute will be charged thereafter. If we have not heard from you by 7:00 PM, the police will be contacted and your child will be removed from the program. Emergencies do arise and traffic can be a problem sometimes, please call ahead and let us know.

I agree to the terms stated in this application. I wish for my child to be enrolled in the after school programs under the terms and conditions stated herein. My signature below and payment of fees constitute my acceptance of the program terms.

Parent Signature

Date

Student Name _____

Teacher _____

STUDENT: LAST _____

STUDENT: FIRST _____

Only those listed on this form will be allowed to pick up your child

VPK WRAP-AROUND

Emergency/Pickup Information

Parent's Name _____ Cell Phone # _____

Home Phone # _____ Work # _____

Parent's Name _____ Cell Phone # _____

Home Phone # _____ Cell Phone # _____

Emergency Contacts and Pick up information: Please update on any changes

Name _____ Relationship _____

Cell Phone # _____ Home Phone # _____

Name _____ Relationship _____

Cell Phone # _____ Home Phone # _____

Name _____ Relationship _____

Cell Phone # _____ Home Phone # _____

Name _____ Relationship _____

Cell Phone # _____ Home Phone # _____

Allergies: _____

Medical Conditions: _____

Additional Comments: _____

Parent/Guardian Signature

Date

One Room School House 2018-2019 After School Application

- The After School Program is open from the end of the school day until 6:00 p.m.
- Fees for the program are to be paid in advance. Payment must be received by Friday of the week prior to attending.
- A 10% discount will be given if you prepay for 4 weeks- see additional information page for more details.
- A one-time \$25.00 activity fee per child (up to 2 children, than \$10 for each additional child) will be collected before your child enters the program. This fee is due at Sign Up along with the 1st week's payment.
- You may pay by cash, check or money order. If your check is returned, you will be charged a \$35.00 return fee, plus the amount of the check. You will have to pay cash thereafter.
- Fees for student's are based upon your child's lunch status and are weekly. All families must apply for lunch status during times designated by the SBAC. Students with no verified lunch status will be charged the Full Lunch rate.
- After school enrollment will be capped based on governmental regulations and facility availability.

Your child will be removed from the program for the following reasons:

- Documented behavior issues during the school day.
- Not adhering to program rules.
- For staffing purposes, inconsistent attendance may result in your student losing their spot.
- Student is picked up late from program more than 4 times.
- Accounts with a negative balance or failure to pay on time.

A child removed from the program can only be readmitted after meeting with the After School manager. Your child will only be let back into the program if there is space available.

FEE SCHEDULE

	Full Time 3-5 days	Part Time 1-2 days	# of Sibs	Please check one
Full Lunch	\$50.00	\$25.00	_____	
Per Sibling	\$45.00	\$20.00	_____	_____ FT _____ PT
Reduced Lunch	\$35.00	\$20.00	_____	
Per Sibling	\$30.00	\$15.00	_____	_____ FT _____ PT
Free Lunch	\$25.00	\$15.00	_____	
Per Sibling	\$20.00	\$10.00	_____	_____ FT _____ PT

ONLY STUDENTS WHO ARE PREPAID AND ENROLLED IN AFTER SCHOOL ARE ALLOWED IN THE BUILDING AFTER 2:45. AT 2:45 STUDENTS WHO ARE NOT ENROLLED IN AFTER SCHOOL ARE THE COMPLETE RESPONSIBILITY OF THEIR PARENTS OR GUARDIANS. THERE ARE NO SCHOOL PERSONNEL ON SITE TO SUPERVISE THEM.

Our Day is over at 6:00 PM. A late fee of \$15.00 will be charged and due immediately between 6:01 and 6:10. An additional \$1.00 per minute will be charged thereafter. If we have not heard from you by 7:00 PM, the police will be contacted and your child will be removed from the program. Emergencies do arise and traffic can be a problem sometimes, please call ahead and let us know.

I agree to the terms stated in this application. I wish for my child to be enrolled in the after school programs under the terms and conditions stated herein. My signature below and payment of fees constitute my acceptance of the program terms.

Parent Signature

Date

Student: LAST

FIRST

SIBLING: LAST

FIRS

Only those listed on this form will be allowed to pick up your child
After School Emergency/Pickup Information
Please list in order of who you would like called.

Name _____ Relation _____ Cell _____

Home Phone _____ Work _____

Name _____ Relation _____ Cell _____

Home Phone _____ Work _____

Name _____ Relation _____ Cell _____

Home Phone _____ Work _____

Name _____ Relation _____ Cell _____

Home Phone _____ Work _____

Name _____ Relation _____ Cell _____

Home Phone _____ Work _____

Name _____ Relation _____ Cell _____

Home Phone _____ Work _____

Name _____ Relation _____ Cell _____

Allergies: _____

Medical Conditions: _____

Additional Comments: _____

Parent/Guardian Signature

Date

Additional After School Enrollment Policies

After School enrollment may be capped during the year. Only students pre-registered with all applications and payments received prior to 12:00 noon on Friday, 7/20/18 will be eligible to attend After School the 1st week of school. After that date, registration along with all paid dues and fees, must be made a week in advance of your child attending after school.

1. After School students must consistently attend on a full time or part time basis in order to keep their enrollment current. Failure to do so may result in losing your child's place in the After School program. If your child is absent more than a week, you will be notified that you may be in jeopardy of losing your spot in After School. If you know your child will be out for a few days, please notify Mrs. Crystal or Mrs. Robin.
2. All fees must be paid for by 6pm the Friday prior to the week in question.
3. After School will be providing a small snack until the School Board starts to provide snacks until August 6, 2018 when the school board will begin supplying snacks for after school. Appropriate, peanut-free, home snacks are welcome.
4. If you need last minute After School care, you can contact the After School office at 352-727-4373 to see if there is space available that day. A drop in rate of \$10.00 for the first child, and \$5 for each sibling will be due at pick up. All pick up information must be current in order to use the drop in program. After 3 drop in days, you will be charged the \$25 activity fee in addition to the drop in fee.
5. All pickup information must be kept current. All contacts (including parents) listed as allowed to pick up a student must be prepared to show identification at any time throughout the year.
6. Our program ends at 6:00 p.m. A late fee of \$15.00 will be charged and due immediately at 6:01-6:10. An additional \$1.00 per minute will be charged thereafter. Failure to pay a late pickup fee will result in removal of your child from after school. After 3 late pickups, your child is automatically removed from the after school program.
7. Behavior issues during the school day will affect your child's ability to attend the After School program.
8. Students who are behind on their Accelerated Reader and who attend our After School program will spend majority of time in the After School Program in a quiet space reading their AR book.

Your signature below acknowledges that you have read and understand the above policies. We suggest you make a copy of the policies for your records.

X

Signature

DATE

If you need any further information, please contact: Crystal Sebolt, After School Manager 352-727-4373 c.sebolt@orsh.net OR Robin Casey, Asst. Manager 352-727-4373 r.casey@orsh.net.

For students in grades K-8 you can pay for 4 weeks at a time and save 10% off the regular fees:

	FULL TIME 3-5 days	PART TIME 1-2 days
Full Lunch Per Sibling	180.00 162.00	90.00 72.00
Reduced Lunch Per Sibling	126.00 108.00	72.00 54.00
Free Lunch Per Sibling	90.00 72.00	54.00 56.00
VPK	288.00	180.00

MOVIE RELEASE FORM

Dear Parents,

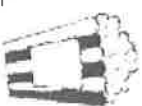
Throughout the year, there will be appropriate times for our students to watch a video. Some of the videos we will be watching will be PG. These movies include, but are not limited to: *The Jungle Book*, *Finding Nemo*, etc. The movies will be used to enhance our curriculum or be an educational concept. In some instances, our students can relate to (such as fiction or nonfiction writing, or book versus movie content).

Please complete and return this form if your child may participate in these class activities.

Thank you,



I give permission for my student to participate in watching PG movies throughout the year. I understand that the movies will be used to enhance the curriculum being taught.



I do not give permission for my student to participate in any PG movies that may be shown.



Student's Name _____

Parent's Signature _____

Date _____

**If there are any specific movies that are PG that you do not want your child to watch, please list all on the back of this form.

**2018-2019
FAMILY APPLICATION FOR REDUCED ACTIVITY FEES**

TO APPLY FOR REDUCED FEES **COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD**. FOLLOW THE INSTRUCTIONS BELOW, SIGN YOUR NAME, DATE AND RETURN **ONE** COMPLETED APPLICATION TO THE PROGRAM. CALL THE DEPARTMENT IF YOU NEED HELP COMPLETING THIS FORM.

<p align="center">PART 1 STUDENT INFORMATION ALL HOUSEHOLDS COMPLETE THIS PART.</p> <p>Print name, grade and school for ALL the children for which you are applying. Please attach additional sheet if needed.</p>	<p align="center">PART 2 HOUSEHOLDS RECEIVING SNAP OR TANF must list a current SNAP or TANF case number (10 digits) for any household member. This is not the number on the card. Complete this part and Part 5, do not complete Part 3 or 4</p>
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STUDENT NUMBER <i>(School Use Only)</i> NUMBER	LAST	LEGAL NAMES (PART 1)			GRADE	SCHOOL	SNAP OR TANF (PART 2)
		FIRST	MIDDLE				

PART 3 - HOUSEHOLD WITH A FOSTER CHILD:(COMPLETE THIS PART AND PART 5) A FOSTER CHILD IS A CHILD WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT. IF THIS IS A **FOSTER CHILD**, **CHECK THIS BOX** LIST THE CHILD'S MONTHLY "PERSONAL USE" INCOME \$ _____. YOU MUST SIGN THIS FORM BUT YOU DO NOT NEED TO GIVE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER (Skip to Section 5).

PART 4 - HOUSEHOLD MEMBERS AND GROSS INCOME: (1) Write the names of **ALL** persons in your household, whether they receive income or not. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. (2) Write the amount of income each household member receives & how often income is received **BEFORE** taxes or anything else is taken out, listing it in the column that shows where it came from: earnings, welfare, pensions, other income. Income is **ANY** money received.

NAMES List the names of <u>everyone</u> in your household. (Include the children listed above)	Income and how often it is received by everyone in the household. Example: \$100/Weekly = W \$100/Biweekly = B \$100/ Twice a month = T \$100/Monthly = M \$100/Annually = A				Only migran employed, a Seasonal wo may report :
	CHECK if NO INCOME	Gross Income & Frequency Earnings (before deductions) From Main Job	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	2nd Jo Any C Inco
SAMPLE					
1 Daizie Mae Jones	<input type="checkbox"/>	\$200.00 / W	\$ 25.00 / B	Amount / How often	Amount / H
2	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$
3	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$
4	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$
5	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$
6	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$
7	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$
8	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$

PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member **MUST SIGN** the application before it can be approved. **PENALTIES FOR MISREPRESENTATION:** I certify (promise) that all information on this application is true and correct and that all income is reported. I understand that school officials may verify the information on the application. I understand that if I purposely give false information,

my child may lose Benefits, and I may be prosecuted.

SIGNATURE OF ADULT HOUSEHOLD MEMBER: _____ Last 4 Digits of Social Security

Number: _____

Printed Name: _____ Write NONE if you do not have a Social Security

Number: _____

Home Telephone Number: _____ Work Telephone

Number: _____

Mailing Address: _____ City _____ Zip Code: _____ Date

Signed: _____

OFFICE USE ONLY – DO NOT WRITE IN THE SPACE BELOW.

Free Fee Scale _____	Total Income _____	W	B	T	M	A
Reduced Fee Scale _____	Household Size _____					
Denied _____	Food Stamp/TANF _____					
	F, H, M, R _____					
Date FEE Code Entered Into Computer _____						

Signature/Initials of Determining Official

Application # _____

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: **C08AL0030**
License Issued on **7/12/18**
License Expires on **3/11/19**
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING
MYFLFAMILIES.COM

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

CF/PI 175-24, 03/2014

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



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

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

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

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

Health Related Requirements

- Emergency procedures that include:
 - Posting Florida Abuse Hotline 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 examination/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.

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.



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:

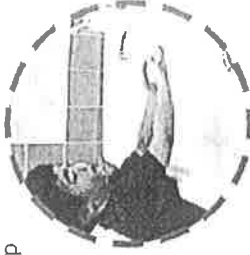
- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



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.

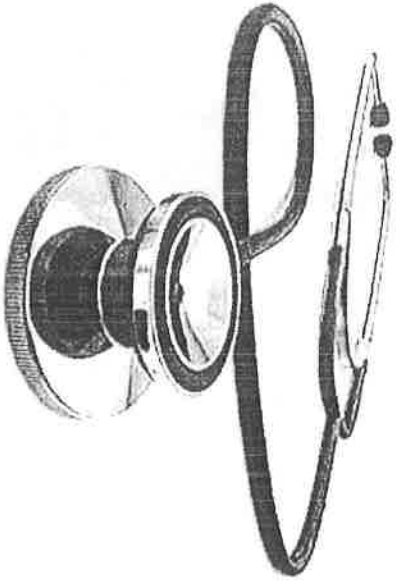
How can I protect my child from the flu?

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.

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

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

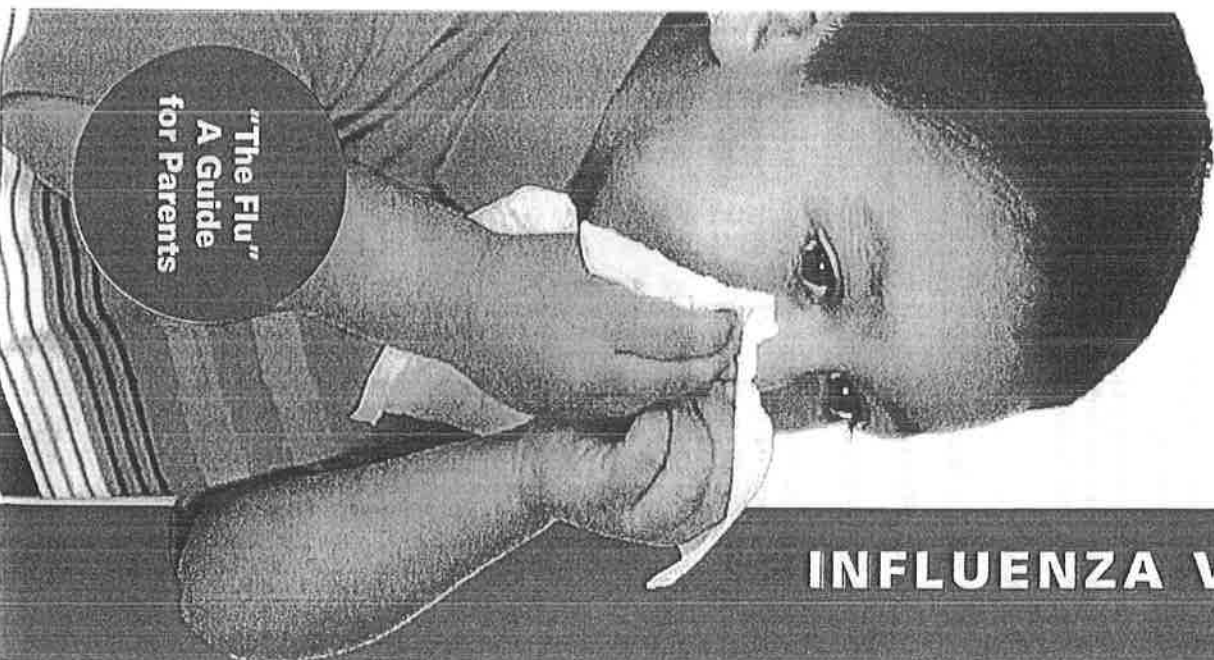
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



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

CF/PI 175-70, June 2009

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



INFLUENZA VIRUS

"The Flu"
A Guide
for Parents