Camper's Name:						Date:
				_		Grade/DOB:
Parent/Guardian1:				1		Age
Signature:		Amoun Paio Credit	1	Cash:		Check:
	Su	mmit-Questa	Monte	essori Sc	hool	
		CHILDHOOD 2				
Please complete for	r enrollment. All sessions are	payable in advance includin	g before care a	and after care . ALL	FEES are non-trans	ferable & non-refundable.
There will be NO RE	FUND or credit of Summer C	A REAL PROPERTY AND A REAL PROPERTY A REAL PRO				
		Early Chil				
	Ages 3 to 5 (PK3 - KG)	*Cost \$540 per 2 weeks	ession	*Time : 8:15 a.n	n 3:00 p.m. (Fu	ll day)
	Session 1	Session 2	Session 3	S	ession 4	
	6/17 - 6/28 \$540 *Closed June 19th			\$600		\$300
				Non-Refu	ndable Regist	ration fee \$80
					TOTAL \$	and the second
		# Days or W	eeks x Cost			
Before Care	(7:30 - 8:15) \$25/wee	ek - \$8 dav	= Ś			
	3:00 - 5:30) \$70/week		= \$			
Late pick up fee	apply \$25 per day	TOTAL \$				
		Swin	<b>n</b> (Ages 4 & 5	5)		
	Instructional Sw	vim will be offered in wee Must be enrolled i	-		ssions per week,	
rivate	(Five 30-minute private less	ons)		Cost \$265/	\$160(wk 2&3)/	\$215(wk 6)
emi-Private	(Five 30-minute semi-privat	e lessons, 2 swimmers)		Cost \$200/	\$125(wk 2&3)	\$165(wk 6)
roup	3 per group (Five 30-minute	group lessons)		Cost \$190/	\$115(wk 2&3)/	\$155(wk 6)
ges 4-5 Begir	4 or 5 per group (	Five 30-minute group lessor	is)	Cost \$180/	\$110(wk 2&3)/	\$150(wk 6)
lease Circle:	Week 1 no lessons (3 days)	Week 3 7/1 - 7/5 (3 days) Week 4	Week 5 7/15 -7/19	Week 6 7/22 - 7/26 (4 days)	Week 7 7/29 - 8/2	
		(/-/			TOTAL \$	
Sel 11 Sec		Spanish Imm	ersion (A	Ages 4-6)		
			. to 3:00 p.m h - June 28th			
		*Closed June 19th			st \$575 Sessio TOTAL \$	n 1(9 days)
Summit-Questa Mont	tessori School is a community of	educators, children, and families	committed to t	he	GRAND TO	TAL Ś

teaching principles and methods of Dr. Maria Montessori. The Montessori educational approach is based on respect for the individual child, respect for others, and respect for al forms of life.

The interrelationship among the child's physical, social, emotional, intellectual, and spiritual development is basic to Montessori education. At Summit-Questa, students are encouraged to achieve their full potential through work and play, individually and in small groups. These experiences allow for critical thinking, problem solving, and positive peer interaction.

Our mission is to provide an environment for all children to express themselves, experience the joy of discovery, and have a sense of community and belonging. To achieve this mission Summit-Questa has created a school atmosphere where children can respond to their natural drive to work and learn. Children may progress at their own pace and rhythm with guidance from specialty trained teachers.

Through Integration of these principles, Summit-Questa has created a nurturing environment where children become lifelong learners who possess an enthusiasm for learning, a positive self image, and the ability to adapt to readily changing technology in the 21st century.

Summit-Questa does not discriminate on the basis of race, religion, sex or ethnic origin.



# 2024 NEW Early Childhood Camper



# Summit-Questa Montessori School

Dear Parents:

Welcome to SQMS Summer Camp!

We ask that you read the attached Camp Policies carefully. Please provide your child with healthy snacks and lunch daily. We do have a nutritional policy and do not allow soda, candy, high sugar snacks or chocolate.

Have your camper bring a backpack with a change of clothes, a towel, bathing suit, sunscreen, water shoes and bug spray. If your child is taking a nap, we need a crib size cover sheet and blanket. Please be sure that every item is clearly labeled with your child's name. For other questions and concerns, please contact your child's teacher.

Thank you for your cooperation.

The Early Childhood Summer Camp Team

# Summit-Questa Montessori School

# <u>Summer Camp 2024</u>

#### EARLY CHILDHOOD/KINDERGARTEN ENROLLMENT CHECKLIST

#### **DUE WITH REGISTRATION:**

 1.	Child Enrollment Information - Password
 2.	Pickup Authorization
 3.	Emergency Medical & Authorization Information
 4.	Medical Information
 5.	Prescription & Non-Prescription Medication Authorization
 6.	Swim Waiver & Media Release & Waiver
 7.	Transportation Consent & Release
 8.	Swim Central Form
 9.	Camp Policies
 10.	Nutritional & Health Policy
 11.	Know Your Childcare & Flu & Distracted Adult Flyers
 12.	Code of Conduct
 13.	Discipline Policy & Biting Policy
 14.	Disciplinary Action
 15.	Food Allergy Letter from Ms. Judy
 16.	Current HRS Good Health Form #3040
 17.	Current HRS Immunization Form #680

Student Name (Print):

Attach recent photo of your student.

#### BEFORE YOUR CAMPER CAN ATTEND SUMMER CAMP ALL ENROLLMENT PAPERS AND CAMP FEES MUST BE SUBMITTED TO THE ADMINISTRATION AND HEALTH FORMS DH680 AND DH3040 MUST BE CURRENT. THANK YOU FOR YOUR COOPERATION!

## SUMMER 2024 <u>SUMMIT-QUESTA MONTESSORI SCHOOL</u> <u>CHILD ENROLLMENT INFORMATION</u>

#### (Replaces Broward County Bureau of Children's Services/Child Care Licensing & Enforcement #1 Form)

Child's Information	In	structions:	Please print or writ	e clearly. Fi	ll in all b	olanks. If not	applicab	le enter N/A.
Full Name			Dat	e of Enrollm				Female Male
Preferred Name	Birth Date		Cur	rent Age		Age as of 6/		
	Birth Place	_						
Address		City & St	ate	Zip		Email Addr	ess	
Telephone ( )	Allergies (severe/EpiPe	<i>,</i>	Special Prob		nation			
Child resides with?		What	language is spoken	at home?				
			o has legal custody?					
Who will receive report cards?		Who	will receive billing	statements:	?			
Parent 1/Legal Guardian								
Name				elephone (	)			
Address (if different)		City			State		Zip	
Mobile Cell	E-mail ac	ldress			Drive	rs License (co	py must b	e on file)
Place of Employment			Work Telephone	( )				Ext.
Parent 2/Legal Guardian								
Name		······		Home	Felephon	ie ( )		
Address (if different)		City			State		Zip	
Mobile/Cell	E-mail ac	ldress			Drive	rs License (co	py must t	e on file)
Place of Employment			Work Telephone	( )				Ext.
Legal Guardian's Information			•					
Name				Home	Felephon	le ( ) Ce	11(	)
Address (if different)			City			State	2	Cip
Child's Physician					•	<b>D1</b>		
Name		•		Health	Insuranc	e Plan		
Address		Telephon	e No.			another phys r noted above		nable to
Other Persons to be Notified in Case of I	llness or Accident (if pare	ents cannot	be reached)					
Name	Address		Home Telephone		_ Cell		Work	

In case of emergency, the school has permission to take my child to the nearest hospital 🔺 Yes 🔺 No

#### Persons Permitted to Remove Child (Copy of Driver's License Must be on File) Driver's License must be presented on pickup.

Parent 1 Yes No	Parent 2 🔺 Yes 🔺 No	
Name	Address/Phone No.	Relationship
Name	Address/Phone No.	Relationship
Name	Address/Phone No.	Relationship

#### Names of Siblings Attending or Graduated from Summit-Questa Montessori School

Name	Grade	Teacher/Classroom
Name	Grade	Teacher/Classroom
Name	Grade	Teacher/Classroom

Parent/Legal Guardian: My signature below indicates that the information given herein is truthful and accurate to the best of my knowledge.

Check one.	Signature	Date
- Parent		
🕳 Legal		
Guardian		

#### Office Use Only

Previous School Records Received	Date of Child's Visitation	Enrollment packet received (date)
Health Records received (date)	Summer School Required	Tutoring Required
Registration/tuition deposit received \$	Date Paid	Other Fees Paid \$ Description \$
Grade enrolled for	Classroom assigned to	Other Comments:

# BEFORE A NEW CAMPER CAN BE OFFICIALLY ADMITTED, ENROLLMENT PAPERS, CAMP FEES ALONG WITH PROPER IMMUNIZATION AND HEALTH RECORDS MUST BE SUBMITTED TO THE ADMINISTRATION. THANK YOU FOR YOUR COOPERATION!

# **SQMS PASSWORD**

#### The password is used for the protection of your child.

Circumstances may occur when you will need someone that is not listed on our enrollment form to take your child from this facility. When these circumstances arise, you will need to call and inform us of your intention and you will be asked for your password. Informing us of your password will enable us to carry out your instructions. If you do not provide or remember your password, we may not be able to carry out your request over the telephone. The password for your child should not be given to any other individual. The password provides a code between staff and parents only to enable us to follow your instructions from over the phone.

PASSWORD:	
Parent or Guardian (Print)	
Parent or Guardian (Signature)	
Name of Child/children	
Date	
Director	



# Summit-Questa Montessori School <u>Pick Up Authorization</u>

Cl	hild' Name	Class/Teacher	
Ра	arent/Legal Guardian Name	J.	Cell No.
Per	sons authorized to pick up child: (Driver's license must be on file in the	office and presented for identification.	)
	Name	Address & Cell Phone No.	
	Name	Address & Cell Phone No.	

#### Emergency Information: (In case of illness or emergency, if parents cannot be reached, notify:)

Name		Relationsh	lip			
Address		Telephone (include cell phone number)				
Name		Relationship				
Address			Telephone (include cell phone number)			
Child's Physician		Telephone				
Address	City		State	Zip		
In case of illness or accident, describe special instructions.						

# Summit-Questa Montessori School EMERGENCY MEDICAL INFORMATION & AUTHORIZATION

Please print all information legibly. This emergency form is our direct line of communication to you when you are needed in an emergency. It is your responsibility to notify the office in writing of any changes to this form (phone numbers, emergency contact information, health conditions).

Please print information clearly.

Child's Full Name		Date of Birth:	
Address		Home Phone No	
Parent 1's Name		Parent 1's Cell #	Parent 1's Work #:
Parent 2's Name		Parent 2's Cell #:	Parent 2's Work #:
Email Address			
Alternative Contact (if parent cannot be	reached) – driver's license	e must be on file and presented at tim	ne of pickup.
(1) Name	Relation	Work #	Cell #
		Home#	
(2) Name	Relation	Work #	Cell #
Physician's Name		Physician's Phone #	
Child's Insurance Company		Ins. Co. Phone #	Policy #
Child's Drug Allergies:	Date of	Last Tetanus/diphtheria booster (T	[dap):
Current Prescribed Medication:		EpiPen: C	ontact Lens: Glasses:
Child's special medical needs and condit		tic, allergies)	
parent or emergency contact can agree that I will be financially r for all damages, claims, and am	nnot be reached, I give pern responsible for all aspects of nounts paid or due in conne dical attention and/or inco	nission for the School to arrange for n f such emergency medical care and I ection with such emergency medical c	o my child as needed. In the event that a necessary medical care. I understand and indemnify and hold the School harmless are. We release the School from any nsfer for this purpose due to incomplete or
Parent Signature/Da			

It is the <u>parent's responsibility to notify the School of any change in their child's medical status</u> or medication and to provide the School with an up-to-date State of Florida Certification of Immunization record (Form 680) and a current State of Florida Student Health Examination (Form 3040). Students with Religious Exemptions, who are not immunized, are attending school. Religious Exemption Form DH 681 must be kept on file but does not need to be renewed.

Prescribed medication must be in original pharmaceutical containers. All medications to be dispensed or administered at the School must be supported by an Authorization for Administration of Prescription and Non-Prescription Medication Form (available in office), signed by both the student's physician and parents. Students are not generally allowed to carry prescription medication while at school. The only exceptions are for Epi-Pens, inhalers, and insulin pens, if supported by a physician order and parental consent and the student is mature enough to be responsible for the appropriate administration. Parents who believe self-administration is appropriate for their child must contact Ms. Judy.

# **Summit-Questa Montessori School** 5451 SW 64<sup>th</sup> Avenue (Davie Road) • Davie, FL 33314 • (954) 584-3466 Fax (954) 584-7816

# **Medical Information**

Child's Information Instruction	ons: Please print or	write clearly. Fill	l in all blanks.	If not applicable	e enter N/A.	
Full Name			S (	ex ∢ one.)	🛋 Female	🔺 Male
Nickname	]	Birth Date		urrent Age		
Physical Handicaps: (Specify missing	g or injured bodily	parts, weaknesses,	, etc.)			
Bones & Joints:			Organs:			
Muscles:		,	Weight Proble	ms:		
Psychological Handicaps: (Specify pr	oblem areas such a	s fears, hyperactiv	rity, hypersens	itivity, etc.)		
Chronic Ailments: (Indicate for each -	- yes or no)					
Asthma or other respiratory problems:			Crohn's Dise	ase:		
Circulatory or congenital heart probler	ns:		Headaches:			
Diabetes, etc:			Epilepsy:			
Hemophilia or other bleeding problem	5:		Date of Last	Tetanus/diphthe	eria booster (Tdap):	
Vision, Hearing, Sensory: (Indicate f	or each yes or no	)				
Visual Aides:			Hearing Imp	pairments:		
Sensory Impairment:	If yes, what are	a?				
Allergies: (Please be specific)						
Food Allergies:		Medicatio	on for Food Al	lergies:		
Dietary Restrictions: Milk	Wheat/Gluten	Egg	Nuts	MSG		
Drug Allergies:		Other				
Environmental Allergies:		Medicat	ion for Enviro	nmental Allergi	es:	
Immediate Medical Attention if Neede	d:					
Is EpiPen Needed:	EpiPen on Cam	pus:	If yes,	where		
Please indicate the trigger?						
The School has permission to admini	ster the following	treatments to my	student as n	eeded: (Specify	yes or no)	
Deet Free Insect Repellent for mosqu	itoes?					
Insect Repellent with Deet?						
(to be supplied by parent & the child	s name clearly man	rked on it)				
Sunscreen?						
(to be supplied by parent & the cl	nild's name clearly	marked on it)				
Print name of parent or legal guar	dian that comple	eted this form:				
Signature of parent or legal guard	ian			Date C	ompleted	

It is the parent/legal guardian's responsibility to inform the office in writing of any changes that need to be made to this document regarding your child.

To be completed for prescriptions, Tylenol, Motrin, Cough Medicine, and other over the counter medications.

#### AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

This form is void if altered in any way.

Instructions: Each of the three sections must be completed by the appropriate person as follows:

Parts I and III by Parent /Guardian; Part II by Physician. Please print clearly.

#### Part I: Student Information (to be completed by Parent/Guardian).

Child's Full Name	Date of Birth:		
Parent/Guardian	Grade:		
Address	Home	Phone #:	
	Cell Ph	ione #:	
Part II: Acti	on Plan (to be completed by Phy	sician). Please complete all spaces.	
This request is to be effective for SQI	MS CAMP 20 or earlier stop date:		
1. Prescription Medication:	Generic Name (if used):		
Dosage amount:	Time(s) to be administered at School:		
Condition for which drug is given:	Note any untoward side effects:		
Inhalant Prescriptions: This student is b	oth capable and responsible for self-adminis	stering this medication.	
No	Yes, if supervised	Yes, unsupervised	
2. Non-prescription Medication:	Generic Name (if used):		
Dosage amount:	Please administer according to man	nufacturer's label for recommended time	
schedule when needed at school for the f	ollowing conditions or symptoms:		
3. Non-prescription Medication:	Generic Name (if used):		
Dosage amount:	Please administer according to manufacturer's label for recommended time		
schedule when needed at school for the f	ollowing conditions or symptoms:		
PRINT PHYSICIAN'S NAME	PHYSICIAN'S	SIGNATURE	
PHYSICIAN'S ADDRESS	DATE		

#### Part III: Parental Permission (to be completed by Parent/Guardian). Form is void if not completed.

I request the designated school personnel or its agents to assist my child in the administration of the above named prescription and non-prescription medications. I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that (1) there is no liability on the part of the school, its personnel, or agents, and hereby release and waive any claims or actions against such persons or entity as the result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication must be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container; (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, or when the medication prescription expires, whichever occurs first. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and school personnel.

Parent/Guardian Signature \_

Date

Medication orders must be renewed by the attending physician and release signed by the parent/guardian annually. Each medication or any change in medication requires a new form. The parent/guardian will be responsible for ensuring that medicines provided for the school have not expired or been recalled.

## **Swim Lesson Policies**

Although we will try to accommodate all campers/students, some classes will fill up quickly. Registrations will be processed on a first come first serve basis. If a camper/student has been enrolled into a skill level that is inappropriate to maximize their potential for learning and fun, they will be reassigned to a new level and you will be notified.

Please note: Classes may be canceled if minimum enrollment is not met, or due to inclement weather.



## Summit-Questa Montessori School Swim Waiver and Release from Liability Form Parent Consent Form

Child's Name:	Age:	Sex:			
hereby assert that my child is physically able to participate in Summit-Questa's swim					
	program including swim lessons, swim team and any other swim activity. I,				
······································	(parent's name), HEREBY WAIVE AND RELEASE, indemnify,				
hold harmless and forever discharge, Summit-Questa Montess	ori School (JEDCO, In	nc. and Questa Middle School) and its			
employees, officers, and agents, of and from any and all claim		-			
lawsuits, damages and liabilities, of every kind of nature, whe					
may have, arising from or in any way related to my child's part		e events or activities conducted by or			
on the premises of, or for the benefit of the Summit-Questa M	ontessori School.				
Parent /Guardian (print name):					
· · · · · · · · · · · · · · · · · · ·					
Denote Oliminations		Deter			
Parent Signature:		Date:			
Witnessed By:		Date:			
Media	<u>Release</u>				
Child's Name	DOB				
Address: City:	State:	Zip Code:			
NATURE OF PHOTOGRAPH: I consent for all purposes to	the use, and/or reprod	uction of all photographs/videos of			
my child taken by the photographer or by any nominee of the	photographer associate	ed with the school, in whole or in part,			
in all forms and media editorial, art and exhibition.					
In giving this consent, I release the photographer and his nom	inees from liability for	any violation of any personal or			
proprietary right I have in connection with any reproduction o	r use of the photograph	ns. I certify that I am over 21 years of			
age.					
All photographs/videos are for educational purposes and/or ad	vertising for Summit-	Questa Montessori School and Questa			
Middle School.					
Parent /Guardian (print name):					
Parent Signature:		Date:			
Witnessed By:		Date:			

## Summit-Questa Montessori School and Questa Middle School Release, Waiver and Indemnification

The Releasors shall also indemnify and hold the Releasees harmless from any liability, loss, or expense, including legal fees, in connection with any claim, demand, or cause of action asserted against the Releasee(s) because of any injury to or death of any person or persons, or for loss or damage to any property, when such injury, death, loss, loss of use, or damage arises out of or is attributed to the act, omission, negligence or willful misconduct of Student or Parent.

In the event that this Waiver and Release is found to be invalid, unenforceable, or void, in whole or in part, for any reason, the Releasors acknowledge and agree that in no event, including without limitation, the negligence or gross negligence of the Releases, or any of them, shall the Releases' aggregate liability to the Releasors or any other person exceed any applicable insurance limits, and in no event shall Releases, or any of them be liable to any person for special, incidental, consequential, or punitive damages or for any indirect damages such as but not limited to, exemplary damages or lost earnings, lost revenues or loss of consortium, or companionship (even if the Releases have been advised of the possibility of such damages) whether based upon statute, contract, tort, negligence, strict liability, or otherwise.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound, have executed this Release and Waiver this

\_\_\_\_\_ day of \_\_\_\_\_\_ 2024.

Parent/Guardian (print name) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_

\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_

# Summit-Questa Montessori School Summer Camp Transportation Consent and Release

\_\_\_\_\_ I/We give permission for Student to ride our Bus/Van to and from sports activities.

\_\_\_\_\_ I/We give permission for Student to ride our Bus/Van to and from extracurricular activities.

\_\_X\_\_ I/We give permission for Student to ride our Bus/Van to a neighboring property due to an emergency, crisis or natural disaster.

\_\_\_\_\_I/We give permission for Student to ride our Bus/Van for field trips. (In many cases, the school will rent buses for field trips and we will not be using our own.)

\_\_\_\_\_I/We give permission for Student to ride on a leased bus to attend a field trip.

In exchange for the School permitting my/our Student to ride the Bus/Van, I/we hereby agree to release and hold JEDCO, Inc. d/b/a Summit-Questa Montessori School and Questa Middle School, and their predecessors, successors, and assigns, as well as all of their respective representatives, agents, owners, officers, directors, shareholders, managers, partners, employees, staff, volunteers, and supervisors, past and present, harmless from and indemnify them against all claims, demands, suits, charges, fees, attorneys' fees, costs, damages, liens, liabilities, and actions of any kind whatsoever arising out of the transportation of Student. The types of claims I/we hereby release include contract claims, statutory claims, torts of any kind, negligence, intentional acts, economic and non-economic damages, expenses, costs, insurance claims, attorneys' fees, or any other type of claim.

I/We have signed this document knowingly, willingly, and after having an opportunity to consider its implications. I/We understand that I/we do not have to sign this document.

Parent/Guardian (print name)

Parent/Guardian (signature)	Date
Witnessed by	Date

# <u>Summit-Questa Montessori</u> <u>Camp Policies</u>

ARRIVAL: When dropping your child off in the morning please be sure to **sign** in and touch base with a staff member before leaving. DO NOT LEAVE YOUR CHILD UNLESS YOU SEE A STAFF MEMBER ON DUTY. It is exceedingly important for your child to arrive at school on time. The way we start our day is important, as it sets the tone for the day ahead and models your values to your child. As such, we hope that each child arrives well rested and has had a nutritious breakfast. Arriving on time teaches children good habits, provides continuity and allows them to transition more naturally into the classroom with their peers.

**DISMISSAL TIME:** Please be prompt in picking your child up at the appropriate time. You are given a 15 minute grace period once your child's day ends and emergencies are acknowledged. However, beyond this, **A Late Pick-up Charge Is Assessed**. First 15 minutes \$25; 5:45-6:00 is \$50; 6:01-6:30 is \$75.00. We staff according to our after-care enrollees and as such, we may not be in accordance with adult to child ratios when children are left late. This is an unsafe situation for staff as well as your child.

<u>School Shoes</u> – Deck, oxford, sneakers and other soft-soled, lace shoes are the acceptable choices. Boots of any kind, flip-flops, sandals or open-toe shoes may not be worn to school.

Jewelry - Please do not allow your child to wear jewelry for safety reasons. It can be very upsetting when an item is lost or broken and more importantly, jewelry can get caught in playground equipment and this may be a safety issue

**COMMUNICATION:** Communication between teachers and parents is necessary for the coordination of the child's home and school lives. Teachers and parents can schedule time for discussions as needed. Please keep the school informed of any changes in the home, which might affect your child's behavior. Phone numbers, home address, and email addresses must be kept current. Please inform the front office to change your child's parental consent form.

It is necessary for you to be connected to our school email and text alert system. Please check your emails and text messages for school/camp updates and other correspondence, including medical alerts in the event of a communicable illness in the classroom.

**PICKUP:** When picking up your child, whether it be at the end of regular school/camp dismissal or from our after-care program, please be sure to sign out. As well, check your mailbox or child's backpack daily for announcements, memos, etc. For safety reasons, please do not allow your child to run around the campus after pickup.

The sight of a parent returning to school after a long day apart can be an emotionally charged experience for some children. Pickup is smoothest when children know the day has ended and the parent is now in charge. Giving your child a few minutes to gather their things and transition calmly helps to make it clear it is time to go home. When someone other than yourself will be picking up your child, you must let the office know. *We need written information a minimum of 24 hours in advance. That person will need to show I.D.* We will not release your child to anyone not listed on your parental consent form or without your permission. Nor are children allowed to make their own plans with friends at school. These plans should be made through their parents.

**PARENTAL AUTHORITY:** Children need to see that their parents are fully responsible for their well-being, even when teachers are present. This transfer of authority can be difficult for all involved. When in the building, help your child follow our rules, which include the following:

- ✓ Use "inside" voices (quiet, soft and calm).
- Never run or "roughhouse" in the building or anywhere on our school grounds.
- ✓ Please leave things as neat and tidy as you find them.

In addition, please do not let your child out of your sight before or after class. When picking up or dropping off your child, **please do not engage teachers or staff members in conversation when they are on duty**. This may be a serious situation if their attention is diverted from the children they are supposed to be watching. By distracting a staff member and/or teacher, you are potentially putting our children in danger.' If you need to talk to a teacher, please call the office to set up a conference or ask for the teacher to call you when she/he is free. We appreciate your help.

**REQUIRED STUDENT HEALTH FORMS:** Our school policy requires that HRS Good Health Form #3040 be updated every two years and that HRS Immunization Form #680 must be kept current. All immunizations must be up-to-date. This includes any changes that may occur regarding new vaccines that may be needed between Kindergarten and 7<sup>th</sup> grade. Students with Religious Exemptions, who are not immunized, are attending school. Religious Exemption Form DH 681 must be kept on file.

- ILLNESS/MEDICATION: If your child becomes ill while at Summit-Questa Montessori School, you will be contacted immediately. If you are unable to come promptly you must make arrangements to send someone immediately. Any child with a fever, vomiting, diarrhea, rash, nasal discharge (anything other than clear, such as green or brown in color), pink eye, head lice, will be sent home and may not return to school until symptom-free for 24 hours or with a doctors consent. Please report any communicable disease to the office immediately so that other parents may be notified.
- If you bring prescription medication to be dispensed at school, it must be in the original container with the following information: name of doctor, name of child, directions for administering. You must request and fill out a #5 form which is kept on file, signed by a staff member specifying dosage, time and date given. Neither prescription, nor over the counter medication will be dispersed at school without a current Authorization for Administration of Prescription and Non-Prescription Medication. You may administer medication to your child before or after school if you wish.
- FAMILY INFORMATION: The information we request from our families, including but not limited to, addresses, phone numbers, email addresses, school records and financial information, is used only by SQMS for school purpose.

I, have read, fully understand, and agree to follow all school policies for as long as my child is enrolled at Summit-Questa Montessori School.

Student Name (print): \_\_\_\_\_

Parent's Signature/Date:\_\_\_

Parent's Signature/Date:\_\_\_\_

# Lockdown Procedures

A "lockdown" is instituted in response to an incident that could potentially result in an unsafe environment for students and staff. When a "lockdown" order is issued by the local police department, all school outside activities are stopped, with staff and students immediately reporting to their classrooms or other protected areas. Once everyone is in a secure environment, room doors are locked and will remain locked until the situation has been safely resolved. The front gates are also locked and no one is allowed to enter or leave the campus. No students may be released to their parents until an "all clear" signal is given. The lockdown will remain in effect until the local police inform the school that it is safe to resume all normal activities. The school is required to follow "The Safe Passage Act of 2001."

\*\*\*PARENT ALERT – We have contracted with a company called RenWeb to notify parents through their Parent Alert Program in the event of an emergency.

## **Emergency Closing**

In the event of extreme weather conditions, we will close whenever the Broward County School District announces its classes are canceled. If a hurricane is approaching our area, staff members are required to help secure their classrooms and the property as needed.



# Summit-Questa Montessori School Nutritional Policy

Healthy eating habits in children and adolescents promote optimal childhood health, growth and intellectual development. Please send a <u>healthy lunch</u>. Read labels. So many of the "handy, quickie" lunch items are loaded with salt, sugar and preservatives. We encourage including fresh fruit, vegetables, protein and whole grain items in your student's lunch and snacks. Soda, candy and high sugar snacks are not permitted at school at any time. **Do not send metal pull top can containers such as fruit cups, pudding, etc. or glass containers.** Lunch boxes may not have any symbols of violence (e.g. transformers, guns, any weapons, etc.)

Child Care Licensing states student lunches need to include:

- Meat/Fish/Poultry or cheese, eggs, peanut butter or dried beans
- Fruits and/or vegetables
- Bread/butter
- Milk

Summit-Questa Montes		ollow all school policies as long as n	,
tudent Name & Grade (plea	ase print):		-
Parent's Signature	Date	Parent's Signature	Date
	essori School Admi	inistrator	

#### **HEALTH POLICY**

In an effort to limit the spread of viruses and other contagious illnesses on our campus, we request our families follow the simple rules listed below.

- *Fever* -- Fever is a common symptom of viral infections. Students may not come to school when they have a fever (over 100 degrees Fahrenheit). Your child should be fever free (without being medicated) for 24 hours before returning to school.
- *Vomiting* Your child may return to school after he/she has not thrown up for 24 hours and is back on a regular diet.
- *Diarrhea* Your child may return to school after he/she has been diarrhea-free for over 24 hours.
- Sore Throats/Strep Throat/Scarlet Fever Not all sore throats will result in strep throat. If your child has difficulty swallowing, headache, upset stomach, fever and/or white patches in their throat, they probably have strep throat and should be taken to the doctor. He/she can return to school 24 hours after antibiotic treatment begins and with a doctor's note stating your child may return to school.
- *Cough* If your child's cough is frequent or severe, they will not be able to concentrate sufficiently to be in school. A severe and/or frequent cough may also prevent other students from concentrating. For these reasons, students may not come to school with a serious cough and should probably be seen by a doctor to make sure they do not have bronchitis or even pneumonia. He/she would benefit from more rest at home. Please do not send your student to school until his/her cough has been treated by a doctor and the cough is under control.
- *Common Cold/Flu* Students should not come to school within the first 24 to 48 hours of a cold/flu. Colds are most infectious at this point.
- *Conjunctivitis (Pink Eye)* Pink Eye is highly contagious. Students must be evaluated by a doctor and generally may come back to school after 24 hours of antibiotic treatment. (Doctor's note required to return)
- *Ear/Sinus/Other Non Contagious Secondary Infection* Students may come to school after they have been evaluated and appropriately treated by their doctor.
- **Rash** Children with a skin rash should be seen by a doctor, as this could be one of various infectious diseases. Some of these infections require antibiotic treatment. (Doctor's note required to return)
- *Head Lice* Your child may return to school when they have been treated for lice and are nit free. (Doctor note required to return)

	Following these simple rules will help u other contagious diseases.	is prevent the spreading of viruses or			
	other contagious diseases.				
	•	•			
	Please use your common sense when	• •			
	not send them to school if they are fee	ling poorly, have low energy, are			
	contagious or are feverish.				
	If a student becomes ill while they are	at school, the parent or guardian will			
	be called to pick up their child.				
	How to help prevent the spread of infe	ction			
	<ul> <li>By washing hands regularly</li> </ul>				
	<ul> <li>By not sharing drinks or food</li> </ul>				
	<ul> <li>Immunizations are up to date</li> </ul>				
	<ul> <li>Don't send your child to school</li> </ul>	when they are contagious			
	<ul> <li>Complete any antibiotic your ch</li> </ul>	nild has been prescribed			
	Thank you for your	cooperation!			
We (the	e parents or guardians) of	agree to abide by			
the scho	ool's guidelines noted above.				
Parent/	Guardian's Signature	Date			

#### Student Code of Conduct RESPECT FOR COMMUNITY

- Listen patiently
- Be patient when you are asking for help, wait your turn
- Look at the person who is speaking to you and answer respectfully
- Please do not use inappropriate language
- Use good manners at all times
- Help others when they need it
- Raise your hand to talk, do not interrupt others
- Treat others the way you want to be treated

#### **RESPECT FOR ENVIRONMENT**

- Treat all materials and beings with respect living and nonliving
- Help to care for the environment by keeping it clean
- Clean up your personal work space
- Please take care when using school equipment and lessons
- Push in chairs
- Walk and act carefully do not step on plants, break off branches or hurt any forms of nature
- Respect and care for all forms of life

#### **RESPECT FOR SELF**

- Make smart choices
- Focus and concentrate on your tasks and work hard to finish them
- Do not cheat yourself; use your own words when writing; do not plagiarize
- Take pride in your work and do your best at all times
- Don't be afraid to ask for help
- Don't be hard on yourself, you will succeed
- Be honest; we all make mistakes
- Care for your personal items
- Don't be afraid to say what you think but be respectful
- Ask others to treat you the same way they want to be treated

Remember that we are all different but everyone of us has their own special gift to offer each other.



# Summit-Questa Montessori School <u>Discipline Policy</u>

At Summit-Questa Montessori School, we believe that discipline is a necessary component for learning. In order to assure your child a quality education, it is important to have a written discipline policy that is understood by the parent as well as the child. In each classroom there are established ground rules which serve as guidelines for the well being, safety, and respect of all. We also have a school wide discipline policy that your child is expected to follow which includes the following:

- ✔ Control aggression toward others.
- ✓ Handle school property and materials with care.
- ✔ Respect the property and rights of other children, staff, and school in general.
- ✓ Be polite and use good manners at all times.
- ✔ Follow directions within a reasonable amount of time; given the needed adult guidance.
- Behave appropriately at all times which includes: during classroom learning time, as well as outdoors and in other areas of the building, on field trips, in before care, after care, extracurricular activities, and while being transported to and from school while engaged in school activities and programs.

If your child chooses to break a school rule, the consequences are as follows in this order:

- 1. Warning
- 2. Time out with written notice to parents
- 3. Parents called
- 4. Parents called in for conference
- 5. Probation and possible suspension
- 6. Student expelled

In instances where aggression is provoked, please inform your child of these steps to take:

- 1. Verbally express their displeasure.
- 2. Walk away from the situation
- 3. Ask for intervention from a teacher.

Entering into a fight, even if provoked, is unacceptable behavior.

The age of a child will be taken into consideration when dealing with discipline problems.

In addition, any unsafe or disruptive behavior exhibited by children or parents, as well as any parents who do not adhere to and support our discipline policy, and/or are uncooperative in supporting the decisions of the school, may also be subject to immediate dismissal of their child. There will be no refund of tuition if your child is dismissed and any unpaid balance of your student's annual tuition, after care/before care, tutoring, field trip fees, and extracurricular activities must still be paid in full.

At Summit-Questa Montessori School we believe that a child in an environment of love, trust and respect, will gain self-discipline and the desire to learn and succeed in a positive way. Thank you for your cooperation.

In addition, we request that parents be proactive partners in their child's school experience. *If you hear through your child of any behavior that is inappropriate, we ask that you inform teachers and administration immediately.* 

Student Name (please print)

I/We have read and understand this Discipline Policy and accept and agree to abide by the conditions stated herein for as long as my child is enrolled in Summit-Questa Montessori School.

Parent's Signature/Date

Parent's Signature/Date



# Summit-Questa Montessori School <u>Discipline/Biting Policy</u>

#### (Early Childhood Age)

Dear Parent:

Biting is a normal part of the young child's development. Some young children at this age are unable to communicate well verbally thus, they deal with their problems by biting. An occasional bite is expected and usually occurs in every environment which includes  $2\frac{1}{2}$  or 3-year old children. However, we are unable to keep children that bite on a regular basis.

If your child bites or is physically aggressive toward another child or teacher, the consequences are as follows:

Incident	Consequence
1	Warning to child and isolation from the group.
2	Parents are called and notified of behavior, parents must pick up the child from school immediately.
3	Parents must pick up the child from school immediately and schedule a conference with the teacher.
4	Enrollment is terminated from school.

Children who are asked to leave due to biting incidents will be welcomed back at a later date when the biting stage has ceased. The biting stage usually lasts from 2-12 months in length and parents can be assured that the child will eventually outgrow this stage.

At this very young age, children who display any physical aggression toward others, including, but not limited to, multiple bites or who disrupt the educational program may warrant action other than stated in this policy. Therefore, the school reserves the right to consider this policy null and void and immediately dismiss any student who may endanger themselves or others or disrupt the educational program.

In addition any parent/s who do not adhere to and support our discipline policy and/or are uncooperative in supporting the decisions of the school will also be subject to the immediate dismissal of their child. *There will be no refund of tuition if your child is dismissed and any unpaid balance of your student's annual tuition, after care/before care, tutoring, field trip fees, and extracurricular activities must still be paid in full.* 

I have read, understand and agree to follow this Discipline/Biting Policy from Summit-Questa Montessori School as stated above.

Student Name (please print)

Parent's Signature/Date

Parent's Signature/Date

# DISCIPLINE

Summit-Questa Montessori School operates on the assumption that everyone in the school, including staff members, will treat everyone else with care and respect. The children are allowed to move freely and explore the environment using the rules and procedures that are consistent throughout all our environments.

There are four basic behaviors that are forbidden:

- No child or adult will hurt another child or adult in any way.
- No child or adult may disturb the work of another in any way.
- No child or adult may mistreat the property of the school in any way.
- Corporal punishment or legally questionable practices are not allowed.

\*\*The above rules pertain to any student, teacher, parent or visitor in the school.

In the Montessori environment a child is considered to be in control when working constructively with the school materials and showing respect for his/her own work, as well as the work of others. If the child loses control, the teacher will intervene. The teacher will take the child aside and will talk to him/her privately about the situation. The child will be given a chance to regain control. The staff at Summit-Questa will use positive language and always talk to the child at eye level. If the child still has not gained control, the teacher will take control. The child will be asked to choose a place and sit and think about what he or she has done. When the child is ready, he or she may rejoin the group. All unusual or behavioral situations must be documented.

If the child has a problem, the following procedures will be followed:

- 1. The school administrator and teacher involved will conduct a meeting to discuss the problem.
- 2. The parents will be contacted for a conference to discuss the problem. The conference will serve the purpose of exchanging ideas to help the child. A date for a second conference will be set.
- 3. The second conference will serve the purpose of evaluating the child's progress. If no improvement is shown, a decision will be made at this time regarding what steps should be taken to best meet the needs of the child, while taking into consideration the well-being of the school environment.

Summit-Questa Montessori School believes that a child in an environment of love, trust and respect, will gain self-discipline and the desire to learn and succeed in a positive way.

# **DISCIPLINARY ACTION**

Any unsafe or disruptive behavior exhibited by children or parents, as well as any parents who do not adhere to and support our discipline policy, and/or are uncooperative in supporting the decisions of the school, may also be subject to immediate dismissal of their child. There will be no refund of tuition if your child is dismissed and any unpaid balance of your student's summer camp tuition, after care/before care, tutoring, field trip fees, and extracurricular activities must still be paid in full.

**GROUNDS FOR SUSPENSION AND/OR DISMISSAL**: Your school services may be terminated immediately for the following reasons:

- 1. Failure to pay tuition and fees.
- 2. Failure to bring in up-to-date health forms.
- 3. Checks returned more than two times.
- 4. Disciplinary problems and/or lack of parental cooperation.
- 5. Unsafe or inappropriate behavior exhibited by a child or parent.
- 6. Refusal to follow school policies or support school decisions on the part of a student or parent.
- 7. If the school determines that any action taken by a parent or child interferes with the school's ability to accomplish its educational purposes and summer camp program, or damages the school's reputation.

I/We have read and understand this Discipline Policy and accept and agree to abide by the conditions stated herein for as long as my child is enrolled in Summit-Questa Montessori School.

Parent's Signature/Date

Parent's Signature/Date

## SUMMIT-QUESTA MONTESSORI SCHOOL FOOD ALLERGY GUIDELINES & POLICY

Dear Parents,

Summit-Questa defines a child with a serious food allergy as one whose doctor has prescribed an Epi-Pen to be on hand at all times. The school is aware of the special needs of these children. While we cannot guarantee that a child will be protected against exposure to an allergen, by working together, we feel that we can minimize the risk and create a safe learning environment.

The philosophy behind the attached *guidelines* is "*simplest is safest*". With education and with clear and frequent communication, parents and educators will be able to keep your child as safe as possible while at school.

Summit-Questa Montessori considered food bans in the past, however besides it being discriminatory; it also promotes complacency and resentment.

The principal tenet of our "simplest is safest" philosophy is that a food allergic child should not eat any food that did not come from his or her home. It is an easier policy for parent, teacher, and child to observe, whether it is at lunch, on field trips, or at school sponsored events.

By signing this cover letter and each of the attached pages, the parents and children agree to adhere to these principles and guidelines. The parents agree to hold the school and teachers harmless in case of accidental exposure to an allergen. The school will make reasonable efforts to assist with your child's food allergy.

Summit-Questa teachers and administrators are always available to discuss your concerns. We have students on campus whose parents are actively involved in food allergy issues, and they will be happy to help you throughout the school year.

Sincerely, Judy Dempsey, Principal

		ee to adhere to the school principles and g of an accidental exposure to an allergen.	uidelines. We agre
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
Print Child's Name:			

#### Parent and /or Legal Custodian Responsibilities

#### FOOD/CROSS-CONTAMINATION

- The child's lunch will be packed at home every day and will include a clean place mat and napkin.
- Parents will also provide a safe snack each day for their child.
- Parents will store "safe" treats and special snacks at school for birthday celebrations, food lessons, and other events at which food is served. Freezer space is available.
- Summit-Questa cannot take responsibility for outside vendors. Children with food allergies may not order school lunch.

#### COMMUNICATION

- Parents will provide the office with ALL emergency phone numbers and medications.
- The food allergic child will wear a Medic Alert bracelet and parents will educate the child on the importance of wearing it.
- Parents will sign all appropriate waivers and forms with regard to the administration of medications. If a current waiver is not on file, the school may administer the medication in the event of an emergency. Working with the child's teacher, the parent will help educate classmates, staff, and parents.
- In a Montessori environment, students have many teachers. It is the parents' responsibility to ascertain if the child's designated teacher is present each day. There will be a back-up teacher available, but it is the parents' responsibility to assign the back-up teacher the day's responsibilities regarding the food allergic child.
- In coordination with other parents of food allergic children, parents will train and educate teachers and support staff. They will also make their best effort to keep one another informed of school or PTO events that might have food issues.
- Parents will keep the school updated with educational materials pertaining to their child's allergy.

Print Student's Name:	Classroom:
Parent/Guardian Signature	Date:

#### Teacher/Administrator Responsibilities

#### FOOD/CROSS-CONTAMINATION

- Keeping with our belief that "simplest is safest", the school will make reasonable efforts to assist the parent and child with their food allergy safety plan.
- The teacher's role in the classroom is that of the educator. Food labels should be read by parents each time because companies change their manufacturing processes making the risk of cross contamination too great. It is not the teacher's responsibility to read each and every food label. The teacher has to rely on the fact that the food an allergic child brought from home is safe, and that the child will not eat food that is not brought from home.
- Summit-Questa will make reasonable efforts to provide an allergy free table at lunch, and will make reasonable efforts to have a food allergy aware trained adult at that table. A food allergic child will not be made to sit alone.
- If eating inside because of the weather, reasonable efforts will be made to wash the tables.
- We will make reasonable efforts to be certain that all students wash their hands after lunch and snack.
- Provide time for the student to retrieve their special snack.
- Teachers and administrators will make reasonable efforts to avoid conducting educational lessons that include the use of food as a teaching tool, reward, or incentive. If necessary, an allergic child's parent will be given as much notice as possible so that a suitable substitute can be found. This will greatly reduce their feelings of isolation.
- Reasonable efforts will be made so that class pet's food will not include the use of a food allergen.

#### FIELD TRIPS

- As much notice as possible about field trips will be given to parents. Teachers and administrators will make reasonable efforts to coordinate with parents to resolve any food issues or requirements.
- Teachers will make reasonable efforts to help educate other parents attending field trips on the special needs of the allergic child, if requested in writing by the parent.

Print Student's Name:

Parent Signature

Date:		

#### COMMUNICATION

- Summit-Questa will make reasonable efforts to educate classmates and parents with regard to food allergy issues in coordination with food allergy parents.
- The school will make reasonable efforts to give as much notice as possible with regard to special events at school that might involve food i.e. Upper Elementary's reports on countries.
- Summit-Questa will make reasonable efforts to give as much notice as possible that a food allergic child's teacher is going to be absent on a given day. It is the parent's responsibility to notify the backup teacher as defined above.
- Teachers and administrators will make reasonable efforts to notify parents of any new personnel or parent helper in the classroom so that they can be educated and trained about food allergies by the food allergic child's parent and or legal guardian.

#### TRAINING

• Teachers and administrators will make reasonable effort to attend one training session prior to the beginning of the school year and one refresher mid-year to be conducted by the parents of the food allergic children.

#### Allergic Child Responsibilities

- The food allergic child will be aware, on an age appropriate level, of the details of the allergy (causes, symptoms, avoidance, rules) and the dangers/consequences of not following instructions to manage the allergy. The child needs to be proactive in the care of and management of his or her allergy and reactions.
- The child will notify an adult immediately of any allergic symptoms or if ingestion of an allergen is suspected.
- The child will inform a teacher promptly of any taunts, dares, threats, or harassment due to their allergy.

Print Student's Name:

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

Date \_\_\_\_\_



SWIM Central Water Safety Education Questionnaire

**Parents:** Do you know that drowning is the leading cause of death among children? Complete this form to receive information to protect your child from drowning.

		Birth:
Parent Name:	Parent Signature	Date
Email (optional)		
Information is for the u	use of the Broward County Swim Central program	n only.
Unable to swin		
	le, but NOT comfortable in deep water or an extended period of time in deep water	
<ol> <li>Has your child ever</li> <li>Yes</li> </ol>	received formal swimming lessons?	
	ne reasons below that apply:	
Swim lesson	w how to find information about swim lessons hs are not important lessons not convenient	<ul> <li>Transportation problems</li> <li>Lessons are too expensive</li> </ul>
	such as swim suit, towel, goggles too expensive	
3. Do you or a family n □ Yes □ No	nember know how to perform CPR with rescue b	oreaths?
<ol> <li>Has your child's doc</li> <li>□ Yes</li> <li>□ No</li> </ol>	tor talked to you about drowning prevention and	d water safety?
5. Would you redeem	a \$40 coupon to apply to the cost of swim lessor	ns for your child?
□ Yes, visit <u>ht</u> □ No	tp://www.watersmartbroward.org/swim-instruc	tion/ for details.
Care Facilities to mail o	4, Section 7-8 requires parents to complete SV or fax a copy to SWIM Central. Also required i red by the staff of the local licensing agency.	
	t-Questa Moulessor: School Facilit	
	riginal form via fax or mail is required, indicate	below:
	or, date mailed:	
Fax: 954.357.8077	SWIM Central	
	3700 NW 11 <sup>th</sup> Place	
	Lauderhill, FL 33311	
	andout for parent distribution can be download	ded:
http://www.watersmart	broward.org/resources/brochures-handouts/	

### Name of Child:

#### Parent's Signature:

#### 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 accordingto 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: \_\_\_\_\_\_ License Issued on \_\_/\_/\_\_ License Expires on \_\_/\_/\_ For more information regarding the compliance history of this child care provider, please visit: MyFLFamilies.com/childcare





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

CF/PI 175-24, 03/2014 This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.,

# Know Your Child Care Facility

MyFLFamilies.com/ChildCare



#### **General Requirements**

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

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

Maintain minimum staff-to-child ratios

Age of Child Child: Teacher	
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.
- a sector or occurring for an radiny directory.

#### Food and Nutrition

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

#### **Record Keeping**

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

#### Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping
   Provide space that is clean and free of litter
- and other hazards.
- Maintain sufficient lighting and inside temperatures
- Equipt 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 freqently hold, cuddle, and talk to the children.
- Help children manage their behavior in a positive, constructive, and non-threatening manner
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children
- Provide stimulating, interesting, and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children
   Communicate with parents,

#### Quality Environments

- Are clean, safe, inviting, comfortable, child-friendly.
- Provide easy access to age-appropriate toys
- Display children's activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.



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: X	Sec. S

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: <u>http://www.cdc.gov/flu/</u> or <u>http://www.immunizeflorida.org/</u>

#### 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. Children & Estimate

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

#### CF/PI 175-70, June 2009

"The Flu"

A Guide

for Parents

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

INFLUENZA VIRUS



# 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.



# A 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.

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

Parent/Guardian:

Child's Name:

Date:

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

### 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 CF/PI 175-12, May 2018

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

