Enrollment Checklist
What you need to start attending Golden Triangle!

- ❏ **Non-Refundable** Enrollment Fee $_____
- ❏ First Week Tuition $_____
- ❏ Updated Shots/Physical
- ❏ Copy of Parent ID's
- ❏ 3 Sets of Spare Clothes/ A pair of Shoes and Socks
- ❏ Crib Sheet & Blanket
- ❏ Extra underwear for potty training children!
- ❏ Diapers (if applicable)
- ❏ Wipes (if applicable)
- ❏ Full Paper Packet **(at least 1 day prior to start date)**
- ❏ Online Enrollment **(Please visit goldentriangleacademy.com and fill out online enrollment prior to start!)**
- ❏ Any Dietary or Allergy Needs **(some require doctor's note on file. Ask your office staff!)**

Thank You!
Welcome to the Family!

If you have an questions you spoke with _____

Golden Triangle Learning Center Application for Enrollment

Student Information:

Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Child's Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From_____ to _____

Days of the Week in Care: M T W Th F

Meals Typically Served while in care: Br AM Snack Lunch PM Snack

Family Information:

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

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email:_____ Email: _____

Last 4 of Social:_____ Last 4 of Social:_____

Custody: Mother Father Both Other_____

Medical Information:

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

Doctor:_____ Address:_____ Phone:_____

Doctor:_____ Address:_____ Phone:_____

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

_____

_____

Emergency Contacts:

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

Name	Address	Number	Number
Name	Address	Number	Number
Name	Address	Number	Number
Name	Address	Number	Number

Helpful information about child:

Four Digit Code for Phone Permission Pickups: _____

This code will need to be given when you are authorizing another person to pick up your child over the phone. This code should only be known by you. This allows us to verify who we are speaking with on the phone so your child stays safe.

Your signature below indicates that the information on this enrollment form is complete and accurate. I hereby grant permission for all personal and agents of Golden Triangle Academy LLC to have access to my child's records.

Parent/Guardian Signature_____ Date: _____

*A copy of parents ID will be taken when your child's enrollment packet is dropped off.

What Makes My Child Special?

How does your child react when you leave them?_____

What is your child's normal disposition?_____

Does your child have any bad habits?_____

Are there any restrictions to play or activities?_____

Any speech / hearing /vision problems?_____

Has you child had any communicable diseases? If so, when?_____

_____

Is your child prone to any illness (such as headaches, tummy aches, etc.)?_____

_____

How is your child most easily settled?_____

_____

What are your child's favorite activities?_____

_____

_____

_____

EATING

What are your child's favorite foods?_____

What are your child's least favorite foods?_____

Does your child eat with utensils? Which one(s)?_____

SLEEPING

What time does your child wake up?_____

What is their mood when they wake up?_____

What time does your child go to sleep at night?_____

What is their mood when they are put to bed?_____

Does your child sleep through the night?_____

Where (on what) does your child sleep?_____

Does your child take a nap? If yes, when?_____

How do you put your child to sleep?_____

PERSONALITY TRAITS

Has your child had experience playing with other children?_____

How does your child show when he/she is:

Afraid?_____

Happy?_____

Angry?_____

Tired?_____

Sick?_____

What forms of discipline are most often used in your home?_____

_____

How does your child feel about daycare?_____

Are there any recent traumatic events that have occurred within your life that could affect your child? If yes, what?

_____

Does your child have any special toys, blankets, etc.?_____

POTTY TRAINING

If your child is potty trained, can he/she be relied upon to indicate bathroom needs?_____

_____

Does your child have any fears relating to potty training?_____

_____

_____

_____

Does your child have any accidents? When? _____

_____

What word does your child use for:

Bowel movements?_____

Urination?_____

Soiled Diaper?_____

Permission for Food Related and Special Occasion Food Consumption

*** Pursuant to 65C-22.005(1)(c)2.,F.A.C., licensed child care must obtain written permission from parents/guardian regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations and birthdays.***

I _____ give/decline permission for my child_____
(Parent or Guardian) (circle one) (child's name)

to participate in food related activities and special occasions where food is consumed.

Please provide the following information:

___My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

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

___My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):_____
_____
_____

___My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

_____ _____
(Parent or Guardian Signature) (Date)

Audio/Visual/Photo Release Form

I _____the parent or legal guardian of _____give my permission to Golden Triangle Learning Center, to tape record, video record or photograph my child for educational, security, and/or publicity purposes while participating in the regular activities of this program. We will not sell or solicit audio, visual or photos. They may be used on our welcome slideshow as well as our Facebook page.

_____ _____
(Parent or Guardian Signature) (Date)

Discipline Policy

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, Golden Triangle Academy uses a positive approach to discipline and practices the following discipline and behavior management techniques.

WE DO NOT

- Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.) Use any strategy that hurts, shames, or belittles a child.
- Use any strategy that threatens, intimidates, or forces a child.
- Use food as a form of reward or punishment.
- Use or withhold physical activity as a punishment.
- Shame or punish a child if a bathroom accident occurs.
- Embarrass any child in front of others.
- Compare children.
- Place children in a locked and/or dark room.
- Leave any child alone, unattended or without supervision.
- Allow discipline of a child by other children.
- Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups.

WE DO

- Communicate to children using positive statements.
- Communicate with children on their level.
- Talk with children in a calm quiet manner.
- Explain unacceptable behavior to children.
- Give attention to children for positive behavior.
- Praise and encourage the children.
- Reason with and set limits for the children.
- Apply rules consistently.
- Model appropriate behavior.
- Set up the classroom environment to prevent problems.
- Provide alternatives and redirect children to acceptable activity.
- Give children opportunities to make choices and solve problems.
- Help children talk out problems and think of solutions.
- Listen to children and respect the children's needs, desires and feelings.
- Provide appropriate words to help solve conflicts.
- Use storybooks and discussion to work through common conflicts.

- Use “Time Out” if a child’s behavior becomes extreme. Extreme behavior is defined as kicking, scratching, spitting, pinching and throwing objects. The child will first be given a choice of discontinuing such behavior or being separated from the group while remaining within the teacher’s sight. The guideline for “Time Out” is 1 minute for every year old the child is. Example: 2 year old = 2 minutes
  3 year old = 3 minutes
  4 year old = 4 minutes

Conferences will be scheduled with parents if particular disciplinary problems occur. If a child’s behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate child care services for that particular child.

Hurricane Policy

During hurricane season, Golden Triangle Learning Center will close in conjunction with the Lake County School System at the approach and during a storm. Once the storm has passed, providing that we have electrical power and the building is structurally sound, we will reopen regardless of whether Lake County Schools reopen or not. Please remember our primary concern is for the safety of the children. **All fees apply during this time.** This policy also applies to before/after school children. Please remember to check HiMama and our Facebook page during these times as this is where our updates will be sent.

Surveillance Policy

Surveillance cameras are installed in the center. The cameras are located in every classroom. We hope that this will prove to be very helpful in the growth and development of your child’s needs. In order for your child to attend Golden Triangle Learning Center, we must have your signed consent that acknowledges that you are aware of the surveillance cameras in place at the center.

Unlimited Parental Access Policy

In accordance with state and federal mandates, it is the policy of the Golden Triangle Learning Center to provide custodial parents/guardians unlimited access to their children during their attendance. Custodial parent/guardians may pick up their children during normal facility hours without any restriction.In an effort to maintain the security of all children this Unlimited Parental Access Policy does not automatically provide custodial parents/guardians the unlimited right to enter into their child’s classroom. Parents/guardians must receive authorization from facility staff before entering a child’s classroom.

Sick Policy

Children of any age will experience a lot of infection in their first year of group child care. However, if a first year of child care is during infancy, a child may have as many as 8 to 12 colds more than a child would have if cared for at home without exposure to siblings or other children. During the second year of child care attendance, the number of respiratory illnesses begins to decrease because exposure to so many germs causes rapid development of the immune system. Diarrhea occurs once or twice a year in the typical child.

The primary reasons for exclusion from child care or school are that the condition:

- Prevents the child from participating comfortably in activities
- Results in a need for care that is greater than staff members can provide without compromising the health and safety of other children
- Poses a risk or spread of harmful disease to others

Any child with respiratory symptoms (cough, runny nose, or sore throat) and fever will be excluded from their child care program. The child can return after the fever associated with these symptoms has resolved **(min 24hrs without the use of fever-reducing medicine).**

Make Sure You Are Reachable at All Times:

In many child care programs, as well as public and private schools, parents are contacted right away when their child shows signs of even a mild illness, like a cold. In others, children are allowed to continue the regular program as long as they can take part in most activities and do not have a condition that requires exclusion. Either way, **be certain that the school or caregiver has a way to reach you at all times—make your phone numbers at home and work available, as well as your cell phone number.**

Conditions that require exclusion include:

- When the child appears to be severely ill, is not responsive, irritable, persistently crying, having difficulty breathing, or having a quickly spreading rash.
- Fever (temperature above 99.5°F, this has been adjusted due to COVID-19 from 101°F) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, or diarrhea). For infants less than 2 months of age, an unexplained fever should be evaluated by a health professional. For these infants younger than 2 months of age, get urgent medical advice for temperature above 100.4°F, whether or not other symptoms are present. **Child can not return until 24hrs symptom free and the child will be excluded for the following day.**
- Diarrhea—Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing "accidents," and for children whose stool frequency exceeds 2 stools above normal per 24-hours for that child while the child is in the program or whose stool contains more than a drop of blood or mucus. Diarrhea is defined by stool which is occurring more frequently and/or is less formed in consistency than usual in the child, and not associated with changes of diet. **Child can not return until 24hrs symptom free and the child will be excluded for the following day.**
- Vomiting in the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable/non-infectious condition and the child is not in danger of dehydration.
- Abdominal pain that continues for more than 2 hours or intermittent abdominal pain associated with fever or other signs or symptoms.
- Mouth sores with drooling that the child cannot control unless the child's primary health care provider or local health department authority states that the child is noninfectious.
- Rash with fever or behavioral changes, until a primary care provider has determined that the illness is not a communicable disease.
- Skin sores that are weeping fluid and are on an exposed body surface that cannot be covered with a waterproof dressing.

Other conditions with specific diagnoses as follows:

- Streptococcal pharyngitis (i.e., strep throat or other streptococcal infection), until the child has had two doses of a course of an appropriate antibiotic 12 hours apart.
- Head lice, scabies, ringworm until after the first treatment. Treatment must occur between before the beginning of the next day.
- Chickenpox (varicella) until all lesions have dried or crusted (usually 6 days after onset of rash) and no new lesions have shown for at least 24 hours.
- Rubella, until 7 days after the rash appears
- Pertussis, until 5 days of appropriate antibiotic treatment (21 days if untreated)
- Mumps, until 5 days after onset of parotid gland swelling
- Measles, until 4 days after onset of rash
- Hepatitis A virus infection, until 1 week after onset of illness or jaundice or as directed by the health department
- Coxsackievirus (Hand, Foot, and Mouth), Must be fever free with crusted over blistered unless otherwise stated by your child's physician.
- Conjunctivitis (Pink Eye), at least 24HRS after the start of medication or three doses, unless otherwise stated in a note from your child's physician.

COVID-19

COVID-19, any child that exhibits two or more COVID-19 symptoms will be excluded from the program.

- Fever (temperature 99.5 °F or higher)
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for a child with chronic allergic/asthmatic cough, see if there is a change from their usual cough)
- Diarrhea, vomiting, or stomachache
- New onset of severe headache, especially with a fever

People who have a fever of 99.5 °F or above or other signs of illness should not be admitted to your facility.

The length of time the child should stay out of child care depends on whether the child has COVID-19 or another illness. In most instances, those who have COVID-19 can be around others after

- 10 days since symptoms first appeared and
- 24 hours with no fever without the use of fever-reducing medications and
- Other symptoms of COVID-19 are improving

Children who test positive for COVID-19 but do not have symptoms can be around others 10 days after their first positive COVID-19 test.

Please contact your local health department for more information on COVID-19.

Expulsion Policy

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

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

Staff will try to redirect child from negative behavior.

Staff will reassess classroom environment, appropriate behaviors, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behavior.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/guardian will be notified verbally

Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion

The director, classroom staff and parent/guardian will have a conference to discuss how to promote positive behaviors.

SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or come to an agreement with the school.

The parent/guardian will be informed regarding the length of the expulsion policy.

The parent/guardian will be informed about the expected behavioral changes.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parents to return to school.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

Failure to pay/habitual lateness in payment.

Failure to complete required forms including the child's immunization and physical forms.

Failure to pick up child(ren) by closing time/habitual tardiness.

Verbal abuse to staff.

Parent threatens physical or intimidating actions towards staff members.

CHILD'S ACTIONS FOR EXPULSION

Failure of child to adjust after a reasonable amount of time

Uncontrollable tantrums/angry outbursts

Ongoing physical abuse to staff or other children

School Readiness Program Attendance Policy (ELC)

Our program hours are Monday through Friday from 6:30 a.m. - 6:30 p.m. The state provides funding for your child when they are in attendance.

Your student is able to miss 3 days a month without a note, and an additional 7 days with an absent note.

A child's absence is excused if the child does not attend on an operational day due to one of the following reasons, which is documentation is required:

* Hospitalization of the child or parent with appropriate documentation.
* Illness requiring home-stay must be documented by a medical professional.
* Death in the immediate family with appropriate documentation (i.e. obituary, death certificate).
* Court ordered visitation with appropriate documentation (i.e. court order).
* Unforeseen documented military deployment or exercise of the parent.

Drop Off/Pick Up Policy

DROP OFF

Please be aware that due to our DCF Licencing and Insurance we can not have children in the building before 6:30am.

- Due to the start of circle time and a new DCF rule requiring us to have contact with an adult from the child's contact list if the child is absent (to reduce the number of children left in vehicles) children cannot be dropped off after 9:30am.
- If you know your child will be absent please contact us before the 9:30 cut off so we do not have to call everyone on your contact list for verification.
- Breakfast is picked up at 9:00am, If you would like your child to have breakfast please arrive by 8:45am
- If your weekly tuition is not paid by Tuesday morning you will not be aloud to drop off until payment is received unless arrangements have been made with the office.
- When arriving you MUST sign your child in everyday on the computer and in ELC book (including times) if applicable.
- All children must be escorted to their classroom and released to their teacher (after teacher acknowledgment).

PICK UP

Please be aware that due to our DCF Licencing and Insurance we can not have children in the building after 6:30pm.

- After 6:30pm there will be a late fee of $1 per minute per child.
- Please encourage your child to stay in the classroom until you receive acknowledgement from their teacher that you are taking them.
- Cubbies need to be checked every Friday for replenishment.
- Blankets and sheets need to be taken home every Friday to be washed and need to return on Monday mornings.
- Please check for soiled clothes when picking up everyday.
- Check your child's folder everyday for artwork. On Fridays folders will be emptied by the teachers.

When picking up and dropping off please park in a designated parking space. For the safety of the children you are not allowed to park by the sidewalk or in front of the doors thank you. Also please watch your speed when entering and exiting the parking lot as at this time there are children in the parking lot.

If you have any lengthy concerns or questions for your child’s teacher at pickup and drop off **please do not** take the teachers attention away from the children as this is a safety issue; Please speak to someone in the office to assist you.

Shaken Baby Syndrome (Abusive Head Trauma) Prevention Policy

This policy is designed to prevent the possibility of abusive head trauma during care. Abusive head trauma (also referred to as Shaken Baby Syndrome) occurs in infants and young children, whose neck muscles are not well-developed and whose heads are larger relative to their bodies. As a result, they are especially susceptible to head trauma caused by any type of forceful or sudden shaking, with or without blunt impact. Damage can occur in as little as 5 seconds.

Abusive head trauma can occur in children up to 5 years of age; however, infants less than one year are at greater risk of injury. Shaken baby syndrome can lead to serious conditions including:

- Brain damage, problems with memory and attention, cerebral palsy;
- Blindness or hearing loss;
- Intellectual, speech or learning disabilities; and
- Developmental delays.

Signs and Symptoms

The signs and symptoms of shaken baby syndrome or head trauma include:

- Seizures
- Bruises
- Lack of appetite, vomiting, or difficulty sucking or swallowing
- Lack of smiling or vocalizing
- Rigidity, inability to lift the head
- Difficulty staying awake, altered consciousness
- Difficulty breathing, blue color due to lack of oxygen
- Unequal pupil size, inability to focus the eyes or track movement or
- Irritability.

Injury Prevention

Infant crying is normal behavior, which improves as a child ages. Caregivers should develop proactive strategies to manage stress levels and appropriate responses to a crying child. This includes being self-aware and noticing when the caregiver may become frustrated or angry. Parents/guardians, caregivers and coworkers should discuss what calming strategies are successful with a particular child at home or in the center.

Emergency Response

If a child presents any of the above symptoms or you suspect a baby has suffered abusive head trauma:

- Call 911, call the parent/guardian and inform your director and regional manager.
- Report to the appropriate child protective services agency (or law enforcement, if applicable) within 24 hours or less as required by law.

Strategies for Caregivers and Parents

A child is usually shaken out of frustration, often when the child is persistently crying or irritable. The following strategies may work some of the time; but sometimes nothing will comfort a crying child. A teacher should seek support from a coworker or center management. If a child is inconsolable on a regular basis, the director and regional manager should be notified and determine if the right supports are in place for the child and for staff.

Do:

- Hand the child to another caregiver.
- Place the child somewhere safe in the classroom (or home) and call the office (or a neighbor) for support; take deep breaths and count to 10.
- Check to see if the baby's diaper needs changing.
- Give the baby a bottle. If baby readily takes bottle, feed slowly stopping to burp often. **Do not force the baby to eat**.
- Check for signs of illness and call the parent if you suspect the child is sick.
- Give baby a pacifier.
- Hold the baby close against your body and breathe calmly and slowly.
- Gently rock the baby using slow, rhythmic movements.
- Sing to the baby or play soft, soothing music.
- Use "white noise" or rhythmic sounds that mimic the constant whir of noise in the womb
- Hold the baby on its side or stomach position to help with digestion. Babies should always be placed on their backs to sleep.
- Take the baby for a walk indoors or outside for a ride in the stroller
- Be patient: let the baby cry it out if necessary.

Never:

- Shake a child.
- Drop a child.
- Throw a child into the air or into a crib, chair, or car seat.
- Push a child into any object including walls, doors, and furniture.
- Strike a child's head, directly or indirectly

Resources

In addition to any required state training, the following resources are available to parents/guardians and staff:
Websites:
Abusive Head Trauma-How to Protect Your Baby
https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-TraumaShaken-Baby-Syndrome.aspx

National Center on Shaken Baby Syndrome

https://www.dontshake.org/

Payment Policy

Payments are due on Fridays for the following week. If payment is not received by Monday morning a late fee of $25 will be added to your account Monday night. If Payment is not received by Tuesday morning you will be denied drop off until payment is received. Please be aware that even if your child is not in the building you will still be charged for the week as that is their spot. Payments can be made via cash, check or money order. Accounts that are past due after 30 days will be sent to collections.

Enrollment/Withdrawal Policy

For your child to start with us you will need to complete the online registration at goldentriangleacademy.com. You will also need to complete and return this paper packet with your child's shot record, physical, non-refundable registration fee, and first weeks tuition attached. Your child will not be able to start until we receive all of the information listed above.

Tuition is calculated over the whole calendar year and adjustments were made to reflect our scheduled closure days. Tuition fees are not based on child attendance, therefore tuition is due whether your child is in attendance or not. (Any and all tuition fees for unforeseen closures such as hurricanes (Please see hurricane policy), COVID-19, and the facility not being operational (Water & Electric) will be fully billed tuition days.)

In order to withdraw your child for any reason we require a written two week notice delivered to the office. You will be responsible for the tuition of these two weeks whether your child attends or not. Accounts that are past due after 30 days will be sent to collections.

Additional Information

On our website goldentriangleacademy.com you can find our parent handbook, Know Your Child Care Facility Flyer, Rilya Wilson Act Flyer, Hot Car Flyer, Flu Flyer, links to the VPK application, and the ELC school readiness application. Please check up on our facebook page regularly as we post important information. During emergencies facebook will be the easiest way of contact. In the event that we need to evacuate the building our off site locations for our Eustis center are the Opis Ruleme Center 2810 Ruleme St, Eustis, FL 32726 , Mount Dora BJJ 2750 Dillard Rd #1, Eustis, FL 32726 and Golden Triangle Learning Center of Leesburg 32506

CR 473, Leesburg, FL 34788. Our off-site locations for our Leesburg center are Walgreens 11101 US-441, Tavares, FL 32778 and Golden Triangle Learning Center of Eustis 351 Plaza Dr, Eustis, FL 32726.

Acknowledgement Of Receipt

POLICY	INITIAL
Discipline Policy	
Hurricane Policy	
Surveillance Policy	
Unlimited Parental Access Policy	
Sick Policy	
Expulsion Policy	
School Readiness Program Attendance Policy	
Drop Off/Pick Up Policy	
Shaken Baby Syndrome Prevention Policy	

By signing below, I acknowledge receipt of the above listed forms, and agree to abide by the terms and policies as outlined in them.

_____ _____ _____

(Parent or Guardian Name) (Parent or Guardian signature) (Date)

_____

(Childs Name)

Acknowledgement of Receipt Cont.

Policy	Initial
Payment Policy *Payments due FRI* $25 Late fee added MON at 6PM * TUES drop off denied without payment * Payment required if the child attends or not.	
Enrollment/Withdrawal Policy *Non refundable registration fee, first week tuition, enrollment pack, shots and physical records due before enrollment * Two weeks notice required for withdrawal and payment for these weeks are required if the child attends or not. *After 30 days of non payment balance will be sent to collections * Tuition is based on enrollment and not attendance, meaning regardless of your child's attendance all tuition fees are due.	
Parent Handbook	
Know Your Child Care Facility Flyer	
Rilya Wilson Act Flyer	
Hot Car Flyer	
Flu Flyer	
Off Site Location	

By signing below, I acknowledge receipt of the above listed forms, and agree to abide by the terms and policies as outlined in them.

_____ _____ _____

(Parent or Guardian Name) (Parent or Guardian Name) (Date)

_____

(Childs Name)

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ **Center Name & Address:** Golden Triangle Learning Center - Leesburg 32506 CR 473 Leesburg, FL 34778

Primary Hours of Care: From: 6:30AM To: 6:30PM **Days of the Week in Care:** (M)(T)(W)(TH)(F) S S **Meals Typically Served While in Care:** (BR)(MS)(LU)(AS) SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (352) 609-5905

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: |___||___||___||___||___||___||___||___||___||___| ***or*** TANF Case Number: |___||___||___||___||___||___||___||___||___||___|

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: $_____	**How often received? (check only one):** ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. **For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually).** For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work ($ Amount / How often?)	Public Assistance/Child Support/Alimony ($ Amount / How often?)	Pensions/Retirement/All Other Income ($ Amount / How often?)
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ **Last four digits of Social Security Number (SSN) of adult household member:** |___||___||___||___| If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ **Daytime phone #:** (_____) _____ – _____
Street Address, City, State, Zip Code

Signature of adult household member: _____ **Printed name:** _____ **Date signed:** _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. **Ethnicity (check one):** |___| Hispanic or Latino |___| Not Hispanic or Latino

Race (check one or more): |___|American Indian or Alaskan Native |___|Asian |___| Black or African American |___|Native Hawaiian or Other Pacific Islander |___| White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child **Total Household Size:** _____ **Total Household Income:** $_____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy **How Often Income is Received (Frequency):** ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____

Diaper Cream/Ointment Authorization Form

Child's Name:	**Date of Birth/Age:**
Name of Medication:	
Start Date:	**Stop Date: (if any)**
Apply topically: ▢ **when rash is present** ▢ **with every diaper change** ▢ **other:**	**Amount to be applied:**
Possible side effects:	▢ **Above information is consistent with cream/ointment label?**
Special Instructions:	

In the event your child needs cream and does not have any you authorize Golden Triangle Learning Center to use our class cream.

Destin or A & D
(Store Brand Equivalent)

Signature: _____

_____ _____

Parent/Guardian Signature Date

_____

Daytime Phone Number

Golden Triangle Learning Center
2021 - 2022 Closure Dates

July 5th 2021 - Observation of Independence Day

September 6th 2021 - Labor Day

November 25th 2021 - Thanksgiving Day

November 26th 2021 - Observation of Thanksgiving Day

December 27th - December 31st - Christmas Break

February 21st 2022 - Presidents Day

April 15th 2022 - Good Friday

May 30th 2022 - Memorial Day