

State of Florida

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: Date of Enrollment

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 Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Custody: Mother Father Both Other

Medical Information:

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

Doctor: Address: Phone:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

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

Contacts:

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

Table with 4 columns: Name, Address, Work#, Home#. It contains four rows of contact information.

Helpful Information About Child:

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or

Section 65C-20.11(2)(c)(1), F.A.C., requires that parents(s) receive a copy of the family day care home brochure, "Selecting a Family Day Care Home Provider" (CF/PI 175-28),

Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or

Section 65C-20.010(6)(c), F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Updated Date

Signature of Parent/Guardian

Updated Date

Signature of Parent/Guardian

Updated Date

Signature of Parent/Guardian

Updated Date

Signature Page

Child's Name: _____ Date: _____

Please sign and date the following acknowledging that you have received and read "The Parent Handbook", the pamphlet "Know Your Child Care Facility", and the pamphlet "Influenza Virus."

I acknowledge that I have received and read The Parent Handbook.

The Parent Handbook describes important information about the Dick Howser Center, and I acknowledge the receipt of this handbook. Further, I acknowledge that the Director has reviewed important information to me and that I understand the contents of the handbook. I understand that I am free to complete satisfaction surveys at any time, that I am welcome at the school and that I may ask questions of management pertaining to these guidelines.

Since the information and policies described here are necessarily subject to change, I understand that revisions to the handbook may occur. All such changes will be communicated through notices and I understand the Director of Dick Howser and the Vice President of Mission Services has the ability to adopt any revisions to the policies in this handbook.

Parent's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

I acknowledge that I have received and read the "Know Your Child Care Facility" pamphlet.

This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.). For more information regarding the compliance history of this child care provider, please visit: www.myflorida.com/childcare.

Parent's Signature: _____ Date: _____

I acknowledge that I have received and read the "Influenza Virus" pamphlet.

During the 2009 legislative session, a new law was passed that requires childcare 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.

Parent's Signature: _____ Date: _____

Dick Howser Center for Childhood Services, Inc
Discipline Policy

We are required by the Department of Children and Families to give employees and parents written notice of our policy regarding discipline. Please read carefully and sign below that you understand our Discipline Policy and that you agree to adhere to this policy.

The intent of this policy is to prevent misbehavior, rather than simply "react" to it. Instead of punishing a child after they have misbehaved, the environment should be set up so that the child will be less likely to misbehave. This means that certain conditions should be kept in mind: enough toys, enough space, enough activities, enough time, etc. When young children are involved in activities that they enjoy and can pursue at their own rate, they are less likely to misbehave out of frustration. When they are praised and encouraged for their efforts, they are less likely to misbehave to get attention. When children are taught to play cooperatively, they are less likely to fight among themselves. In these ways, some potential problems may be anticipated and eliminated.

Nevertheless, misbehavior will sometimes occur. At these times, Dick Howser employees WILL USE the following APPROPRIATE RESPONSES:

Calm, positive, and developmentally appropriate language will be used to redirect children's behavior when necessary to other activities, toys, or play spaces.

Children may be reminded of the rules through a restating of the limits that we place on their behavior.

If misbehavior continues, older children may be asked to sit apart from their peers until they are ready to rejoin the group.

Dick Howser employees WILL NEVER USE the following responses to misbehavior:

Children under one year of age will not be disciplined in any manner.

Children shall never be subjected to discipline that is severe, humiliating, or frightening. This includes harsh language, verbal threats of corporal or excessive punishment, name-calling, derogatory remarks, or any action that could lower the pride, dignity, or self-respect of a child.

Children shall not be subjected to discipline that is associated with food. A child may not be denied meals, dessert, snacks, treats, party food, etc.

Children may not be denied rest as a form of discipline, nor subjected to discipline because they fail to rest at designated times.

Children may not be subjected to discipline that is related to toileting.

Children will not be subjected to discipline involving total isolation (i.e. time-out) or that denies them participation in special activities.

Children will not be subjected to spanking or any other form of corporal punishment. This includes paddling a child, slapping a child on the hand or any other part of the body, pulling a child's hair, arm or other extremity, pinching a child or any other action that is painful or might cause a child bodily harm.

Child's Name: _____

Parent Signature: _____ Date: _____

Child's Name: _____

**Authorization and Release for Photograph, Television, Tape,
Movie and Sound Recording**

I hereby authorize Dick Howser Center to use any photographs, television films, movie films, videotape, and/or sound recordings in which my child may appear, for the purpose of community education and /or public relations. I understand that these items may be used in printed matter, news releases, slide presentations, motion pictures, television or radio spots and/or any other lawful purpose for publicity, advertising or education.

_____ My child MAY appear in the media for public relations and/or educational purposes in connection with Dick Howser Center s.

_____ My child MAY NOT appear in any media presentations.

_____ My child may take IN HOUSE pictures only.

**Parental Permission Form for Interaction of Children with
Observers, Students and Volunteers**

As part of the services we offer to the community, we allow students, teacher, and other eligible persons from Florida State University, Florida A & M University, Tallahassee Community College, Leon County Schools, and other qualified agencies to participate as observers and researchers in our school. Many times, the experiences involve observations of the children and various program areas. Other times, program volunteers interact directly with the children as the volunteers participate in the care and supervision of the children. Sometimes, students are required to interact with individual children to fulfill their course requirements. From time to time, your child may be selected to participate in an observation, evaluation, project or research study. Please understand that is part of our mission to provide such services to the educational community, and we cannot honor individual requests that your child not be observed. We can hold him/her back from participation in a particular project, evaluation, or study but cannot prevent him/her from being seen by our visitors. If, at any time, your child is selected to participate in an ongoing or in-depth project, we will inform you of the nature and purpose of the project, and we will request additional permission from you at that time.

_____ I GIVE my permission for my child's participation in any observations, evaluations, projects or research studies that have been approved by the Program Director.

_____ I DO NOT GIVE my permission for my child's participation in any evaluations, projects or research studies beyond general observations.

Signature of Parent/Guardian

Date

Dick Howser Center for Childhood Services, Inc.
Emergency Medical Authorization

I (we) _____ and _____
Of (city, state) _____ (country) _____
Do hereby state that I am (we are) the parent(s) or legal guardian (s) having legal custody of
(child's name) _____, born _____
Who resides with me (us) at _____

Authorize the Program Director or any employee of the Dick Howser Center to consent to any x-ray examination, anesthetic, medical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of Florida when such treatment is immediate, and when efforts to contact me (us) are unsuccessful.

Hospital Preference _____

Child's Doctor _____ Phone _____

Parent's Doctor _____ Phone _____

Parent or Guardian Signature _____

Parent or Guardian Signature _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20_____

Print, Type or Stamp Name of Notary _____

_____ Personally Known

_____ Or Produced Identification

_____ Type of ID and ID # _____



Tuition Agreement

Parent Information:
 Responsible Party for Tuition Payment: _____ DOB _____ SSN _____
 Billing Address: _____

Phone: _____ Work Phone: _____ Employer: _____

Child's name	D.O.B	PT/FT	Expiration Date	Approved Rate	Parent Fee	AVG ELC mo.	Calculate the ELC Average payment by: Approved rate – Parent Fee = Y x 21.75 = ELC Average payment

Name		Name	Agreement Expiration Date: Child's birth date or ELC Exp. whichever occurs first.
Private Pay Rate	Private Pay Rate	Private Pay Rate	Add the yellow boxes and put the total in the green box below to get the Parent monthly.
ELC (blue box)	ELC (blue box)	ELC (blue box)	
Total	Total	Total	
Multi-Child (10%)	Multi-Child (10%)	Multi-Child (10%)	
Total	Total	Total	
Employee (25%)	Employee (25%)	Employee (25%)	
Total	Total	Total	

To obtain prorated amount take the Parent Monthly Total from the Green box and divide it by 21.75, then multiply by the days of care for the remainder of the month, include any observed holidays but do not include weekends. The Annual DHC registration fee is \$50.00 for the first child and \$25 each additional child with a family maximum of \$100.

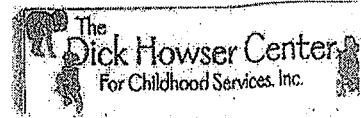
Start Date _____ Prorated Rate \$ _____ Registration Fee \$ _____ Amount Due first day of Enrollment \$ _____

Notes: _____

Director Signature _____ Date _____ Parent Signature _____ Date _____

Vice President Signature* _____ Date _____

*Signature of Vice President is only required when waiving the registration fee or any other reductions in owed tuition.



Child Emergency Contact and Pick-up Authorization Form

(Please update at least every 6 months)

Child's Name: _____ DOB: _____

Parent(s)/Guardian(s) Name: _____

Physical Address: _____

Directions to Child's Home: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

EMERGENCY CONTACTS (Must have 2, other than guardian)

Emergency Contact 1 Name: _____

Relationship to Child: _____ Phone: _____

Emergency Contact 2 Name: _____

Relationship to Child: _____ Phone: _____

Pick Authorizations (Please list all the people who have your permission to pick up you child from Dick Howser Center. Please note, all those authorized must be at least 18 and be able to provide a photo ID). Please help us keep your child safe! Tell those authorized to expect to be asked to produce an ID, even if they have previously come to pick up your child. Please understand we will not allow anyone else to pick up your child.

If you need to add an authorized pick up person by phone, you will be asked your password.

Your password is: _____

Parent / Guardian Signature: _____

Date: _____

ALL ABOUT ME:

Child's Name: _____ Nickname: _____ Birthdate _____

Who Lives in the home with the Child

Name: _____ Relationship: _____ Birthdate _____

Name: _____ Relationship: _____ Birthdate _____

Name: _____ Relationship: _____ Birthdate _____

Name: _____ Relationship: _____ Birthdate _____

Name: _____ Relationship: _____ Birthdate _____

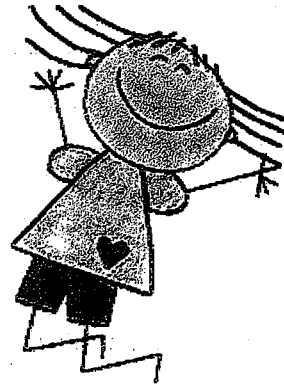
Name: _____ Relationship: _____ Birthdate _____

Child's favorite:

play materials _____

activities _____

foods _____



Does your family have any pets, if so how many and what Kinds, please also include their names

Things that comfort your child: (Including special toys or security objects that give your child comfort, e.g blankets, pacifiers, stuffed animals)

Things that frighten your child:

Do you speak a language other than English at home: If "Yes", please list below

Are there any ethnic practices or holidays which you would like us to know about:

What type of play would you describe as being your child's favorite:

Does your child have a regular nap and/or bedtime: (Anything we should know about his/her sleeping habits)

Words that you use to indicate a need to use the bathroom:

Disability or special needs of your child: (medications, treatments, allergies, food intolerance, conditions, behaviors)

Does your child receive support services (e.g speech/language therapy)? If "Yes", please provide contact information for therapists below and copies of most recent evaluations:

Does your child have any food allergies? If so, please list below:

Is there any other information about your child you would like to share? If so, please list below:



This information will help us
make your child's transition
into our school as smooth as
possible.

FLORIDA DEPARTMENT OF HEALTH

CHILD CARE FOOD PROGRAM

FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to _____ . If you need assistance filling out this form, call this number: _____

PART 1 – INFORMATION ON CHILD:

Child's Name: _____ NAME AND ADDRESS OF CCC/OSHCC: _____
 Last Name _____ First Name _____ Date of Birth _____

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS: Complete this part and Part 4.

Food Assistance Program Case Number: _____ TANF Case Number: _____

PART 3 – ALL OTHER HOUSEHOLDS: If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS		INCOME AMOUNT & FREQUENCY				
		List pay frequency (i.e., annually, monthly, twice a month, biweekly, or weekly) after each amount.				
List the Names of <u>Everyone</u> in Your Household (include child listed in Part 1 above)	Check Box if Foster Child	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (including personal use income of a foster child)	Check Box if Person has NO INCOME
<i>Last Name, First Name</i>	<input type="checkbox"/>	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	<input type="checkbox"/>
1. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

PART 4 – SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.

Signature of Adult Household Member _____ Date Signed _____ Home Phone # _____

Home Address _____ Street Address, City, State, Zip Code _____ Work Phone # _____

Last Four Digits of Social Security Number _____ Write NONE if you don't have a Social Security Number

PENALTIES FOR MISREPRESENTATION: I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

PART 5 (Optional) - RACIAL IDENTITY OF CHILD
 American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White Hispanic or Latino
 Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; and law enforcement officials to help them look into violations of program rules.

For Contractor Use Only:
 Food Assistance Program/TANF household Total Household Size: _____ Total Household Income: \$ _____
 Foster Child Income Frequency: Weekly / Biweekly / Twice a Month / Monthly / Annual (circle one)

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

Eligibility Determination: Free Reduced Non-needy
 Reason for Non-needy Status: Income too High Incomplete Application Other (Reason) _____

Signature of Determining Official: _____ Date Signed: _____

FREE AND REDUCED-PRICE MEAL APPLICATION INSTRUCTIONS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Part 2:** List the current Food Assistance Program (formerly known as the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) case number. The case number is on your letter of eligibility; it is not the number on your EBT card. **Skip Part 3.** **Part 4:** An adult household member must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

IF YOU ARE APPLYING FOR A FOSTER CHILD, CHOOSE ONE METHOD BELOW TO APPLY:

NOTE: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household with whom they reside. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

Method 1: Provide official documentation from the foster care agency or court that placed the child with the specific household. With such documentation, it is not necessary to complete the Free and Reduced-Price Meal Application.

Method 2: Complete the Free and Reduced-Price Meal Application according to these instructions – **Part 1:** Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Skip Part 2.** **Part 3:** List the child's name, check the box in the "Foster Child" column, and report the child's personal use income, if any, in the "All Other Income" column. "Personal use" income is a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and/or b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs. Do not include payments to the household for the care of the foster child. If the child receives no income, check the "NO INCOME" box in the last column. **Part 4:** A foster parent or other official representing the child must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

Method 3: Complete the Free and Reduced-Price Meal Application according to the instructions below for ALL OTHER HOUSEHOLDS.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

Skip Part 2.

Part 3:

- (1) Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) If a household member is a foster child, check the box in the "Foster Child" column next to his/her name.
- (3) Write the amount of income each household member regularly receives, before taxes or anything else is taken out, and how often it is received. List income in the appropriate column(s) to designate the source of the income, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If a foster child is listed, report his/her personal use income, if any, in the "All Other Income" column. Refer to Method 2 above for the definition of a foster child's personal use income. Do not include payments to the household for the care of the foster child as income for any household member. If any amount(s) received during the last month was more or less than usual, write that person's usual income.
- (4) For any person with no income, including children, check the "NO INCOME" box in the last column.

Part 4: An adult household member must sign the application and give the last four digits of his/her social security number (or write NONE if s/he doesn't have a social security number).

Part 5: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

INCOME TO REPORT

Earnings from Employment:

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security:

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Other Income:

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Any other income

Certain Military Income and Benefits:

All cash income for off base commercial, private housing allowances, excluding the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance (FSSA)

Welfare/Child Support/Alimony:

Public assistance payments
Welfare payments
Alimony/child support payments

All cash income for uniform allowances

All cash income made available to the household, except for combat pay received under certain conditions

Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	Dick Houser Center
*Formulas offered at this facility: Milk based:	Gerber Good Start - Gentle, Protect, Soy
Soy based:	

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified Infant cereal
- ~ A variety of texture appropriate vegetables and fruits
- ~ A variety of texture appropriate meat and meat alternates
- ~ Bread or crackers
- ~ 100 percent fruit juice

Please be aware this child care facility:

- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.
- ~ Can feed solid foods to infants younger than 4 months of age only when a medical statement is provided.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ Can offer 100 percent fruit juice from a cup – not a bottle.

Parents please complete the following:

Baby's full name: _____ Date of Birth: _____

Please check this box if your baby is breastfed and you plan to provide breastmilk.

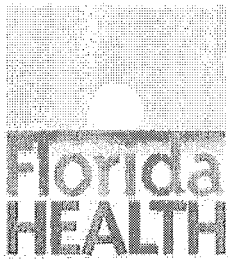
I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 4 months and older, according to the CCFP requirements.

*I prefer to supply my own formula (write in name of formula): _____

This facility has not requested or required me to provide infant formula or food.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____



Child Care Food Program
Medical Statement for Children with Disabilities
and Special Dietary Conditions

Child's Name: _____ Date: _____

Name and Address of Child Care Center: _____

Dear Parent/Guardian and Recognized Medical Authority:

This child care center participates in the Child Care Food Program (CCFP) and must serve meals and snacks meeting the CCFP requirements. Food substitutions must be made for children with a physical or mental disability when supported by a physician's statement. Food substitutions may also be made for children with special dietary conditions (unrelated to a disability) when supported by a statement signed by a physician, physician's assistant, nurse practitioner (ARNP), or registered dietitian. When supported by this documentation, the meal is not required to meet the meal pattern. Please return this completed form to the child care center. If you have any questions, please contact me at _____

Child Care Center Phone Number

Sincerely: _____
Child Care Center Director

A recognized medical authority must complete the following information.

1. Does the child identified above have a disability? A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.

- Yes If yes:
a. State and describe the disability.
b. How does the disability restrict the diet?
c. What major life activity is affected?

No If no:
Identify the medical condition (unrelated to a disability) that restricts the child's diet.

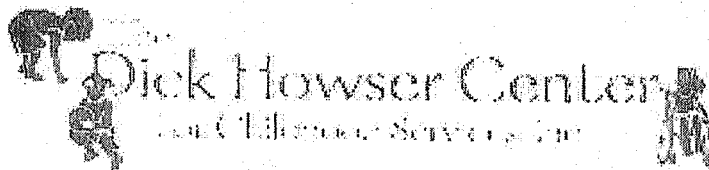
- 2. List any food(s) to be omitted from the child's diet.
3. List any food(s) to be substituted.
4. Describe any textural modification required.

Signature of Physician or Recognized Medical Authority
(For a disability, a physician must sign)

Date

Printed Name

Phone Number



Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians 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 wherein food is consumed.

Please provide the following information:

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

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

___ My child DOES have 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 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)

(Date)

"We believe that all children benefit when they are able to play and learn in a positive, nurturing environment. We encourage growth in skills and independence by focusing on each child's unique gifts and abilities."

The Dick Howser Center for Childhood Services, Inc.
240 Mabry Street, Tallahassee, Florida 32304
Telephone: (850) 574-3906
Email: info@dickhowser.org