

Smart Start Enterprises, Inc. - Lake Ruby Learning Center

2025-2026 CHILD ENROLLMENT - REGISTRATION APPLICATION

I am registering my child for (✓ Check all that apply): ☐ Standard Child Care ☐ VPK ☐ Extended Care ☐ School-Age Care

CHILD'S LAST NAME		CHILD'S FIRST NAME		CHILD'S MIDDLE NAME		CHILD'S GENDER: Male/Female		CHILD'S DATE OF BIRTH - (mm/dd/yyyy) / /		CHILD'S SOCIAL SECURITY # - - - - -	
NAME OF ELEMENTARY SCHOOL CHILD ATTENDS				ROOM #		CHILD'S TEACHER'S NAME				CHILD'S GRADE K-5	
CHILD'S PHYSICAL HOME ADDRESS		HOUSE NUMBER AND STREET		CITY		STATE		ZIP		CHILD'S HOME TELEPHONE NUMBER # () -	
FATHER'S / GUARDIAN'S / FATHER'S DOMESTIC PARTNER'S - LAST NAME				FIRST NAME		MIDDLE NAME		DATE OF BIRTH - MM/DD/YYYY / /		FATHER'S HOME PHONE NUMBER # () -	
FATHER'S PHYSICAL HOME ADDRESS		HOUSE NUMBER AND STREET		CITY		STATE		ZIP		FATHER'S CELL PHONE NUMBER # () -	
FATHER'S PLACE OF BUSINESS OR WORKPLACE		NAME OF COMPANY		CITY		STATE		FATHER'S DRIVER'S LICENSE #		FATHER'S WORK PHONE NUMBER # () -	
MOTHER'S / GUARDIAN'S / MOTHER'S DOMESTIC PARTNER'S - LAST NAME				FIRST NAME		MIDDLE NAME		DATE OF BIRTH - MM/DD/YYYY / /		MOTHER'S HOME PHONE NUMBER # () -	
MOTHER'S PHYSICAL HOME ADDRESS		HOUSE NUMBER AND STREET		CITY		STATE		ZIP		MOTHER'S CELL PHONE NUMBER # () -	
MOTHER'S PLACE OF BUSINESS OR WORKPLACE		NAME OF COMPANY		CITY		STATE		MOTHER'S DRIVER'S LICENSE #		MOTHER'S WORK PHONE NUMBER # () -	
CHILD LIVES WITH - OR - PRIMARY GUARDIAN - FULL NAME				EMAIL ADDRESS OF LEGAL GUARDIAN WE MAY USE FOR CONTACT PURPOSES @				PRIMARY GUARDIAN'S - DATE OF BIRTH / /		HOME OR CELL PHONE NUMBER # () -	
LIST ALLERGIES TO ANY FOODS		LIST ALLERGIES TO ANY FOODS		LIST ALLERGIES TO ANY MEDICATIONS		LIST ALLERGIES TO ANY INSECTS		LIST ALL OTHER ALLERGIES		LIST ALL OTHER ALLERGIES	

NOTE: When you are unavailable or not at your job location, you must always notify the center of how you or another authorized person can be reached in the event of an emergency.

LIABILITY: Children are NOT allowed to have or use any personal electronic devices/cell phones/gaming/music devices/personal items while at the Center. All personal items MUST be kept in or near the child's book bag/backpack/bag/cubby and removed from the property at the time of pickup. The Center is not responsible for lost, stolen, or damaged personal items.

WEEKLY TUITION: Weekly tuition fees are always due in advance on the first business day of each week. Any payment received after 6:00 p.m. on Tuesday will incur a mandatory \$5.00 late fee. Late fees will be charged for every week tuition has not been paid. Tuition is due each week regardless of attendance. Any payment not received by 6:00 p.m. on Wednesday will mean no further attendance until all fees, including late fees, are paid in full. Full tuition fee is due every week regardless of absences during the week.

ABSENCES: Please notify the Center in the event your child will be absent, especially if your child is a school-age child. This will help us account for all children at roll call and school-age after-school pick up so valuable time is not spent trying to locate a child that is absent. Your weekly tuition fees are always due in full and in advance each week, regardless of absence. Even if your child is out all week, you still pay your weekly tuition. You are securing your child's slot.

FUNDING: Parents on a funding source are responsible for keeping their child's funding certification current and paying for any days not covered by their funding source. This could be due to excessive absence or other. Please see your counselor to find out how many days of absence will be covered by the funding program you are on. Your account will be billed for any fees not covered by the funding source and these fees are from \$11.00 to \$50.00 per day, per child.

SIGN-IN AND OUT POLICY: I understand it is my responsibility as parent or guardian bringing my child to the center, or picking my child up from the center, to sign-in and sign-out on the sign in/sign out form. I also understand when someone is picking up my child that he or she must have proper identification, be at least 16 years of age, be on the pick up list and must sign my child in or out upon bringing or picking up my child to or from the center. I understand that if my child remains more than 10 hours between the hours of 6:30 a.m. and 6:00 p.m., there is an additional fee of \$2.00 per hour, per child charged and that I am responsible for paying these additional fees.

LATE PICK UP: I understand there is a \$1.00 per minute, per child, cost for any child who is not picked up by 6:00 p.m. each day and that excessive late pick ups (4) may result in my child being withdrawn from the center. I understand that late pick up fees are due immediately or by the next day my child returns or my child may not return until all fees are paid in full. I also understand that this facility operates on a 10 hour maximum time schedule on full-days. I understand that if my child remains more than 10 hours between the hours of 6:30 a.m. and 6:00 p.m., there is an additional fee of \$2.00 per hour, per child charged and that I am responsible for paying these additional fees.

PHOTOS AND MEDIA PUBLICATIONS: Our organization may occasionally take pictures and videos of the children playing or doing different activities, or video talent shows, plays, or parent/child special events. Some pictures are used to make special art projects or may occasionally be posted throughout the center and/or be posted in one of our newsletters, publications, or advertisements. If you do not want your child to be photographed/videoed, please check the appropriate box below so your child's file can be flagged for NO PICTURES. Otherwise, please check the appropriate box below and sign if you have no objection to your child having his or her picture taken and used for such purposes.

✓ CHECK APPROPRIATE BOX ☐ ALLOW PICTURES/VIDEOS TO BE TAKEN AND USED ☐ DO NOT USE MY CHILD'S PICTURES/VIDEOS

I understand it is my responsibility to update my child's emergency information, pick up list, and phone numbers as often as necessary to keep the list current.

By signing, I attest that I have read and fully understand the terms of this agreement and I will comply with all policies and procedures.

Signature of Parent or Legal Guardian _____

Date _____

SITE MANAGER USE ONLY	
Registration Date: ____/____/20____	Start Date: ____/____/20____
Enrolled By (Staff member's name): _____	Contracted Weekly Fee \$ _____
<input type="checkbox"/> Paid Registration Fee	<input type="checkbox"/> Paid Tuition Fee
Amount Paid: \$ _____	Check or Money Order # _____
For Week: ____/____/20____	
Is Child on a Funding Source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of Funding Source?	<input type="checkbox"/> ELC <input type="checkbox"/> Scholarship <input type="checkbox"/> Staff Member <input type="checkbox"/> School Board <input type="checkbox"/> Other
If ELC, list ELC Certificate Rates:	Part Time Fee \$ _____
Daily Parent Fee \$ _____	Weekly Parent Fee \$ _____
Holiday/Full-Day Parent Fee \$ _____	
Does this child have siblings at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list name/s: _____	
Check that parent was given the following:	<input type="checkbox"/> Know Your Child Care Brochure <input type="checkbox"/> Influenza Info <input type="checkbox"/> Parent Info/Handbook <input type="checkbox"/> Walk Through of the Center <input type="checkbox"/> Nutritional Guidelines

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ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY - Please list ONLY the people we may discuss emergency issues with.				
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD

CHILD'S PHYSICIAN OR DENTIST TO BE CALLED BY MEDICAL PERSONNEL IN THE EVENT OF AN EMERGENCY		
PHYSICIAN'S NAME	PHYSICIAN'S TELEPHONE NUMBER# () -	MEDICAL INSURANCE COMPANY NAME AND POLICY #
PHYSICIAN'S ADDRESS - STREET ADDRESS, CITY, STATE, ZIP		
DENTIST'S NAME	DENTIST'S TELEPHONE NUMBER# () -	DENTAL INSURANCE COMPANY NAME AND POLICY #
DENTIST'S ADDRESS - STREET ADDRESS, CITY, STATE, ZIP		

OTHER THAN THE CUSTODIAL PARENT OR GUARDIANS - LIST OTHER PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION AND VERIFICATION FROM LEGAL PARENT/GUARDIAN OR REPRESENTATIVE. MUST BE OVER 16 YEARS OF AGE.)				
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD
FULL NAME	DATE OF BIRTH - MM/DD/YYYY / /	HOME PHONE NUMBER# () -	CELL PHONE NUMBER# () -	WORK PHONE NUMBER# () -
STREET ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO CHILD

LIST ALL KNOWN ALLERGIES			
ALLERGY TO ANY MEDICATIONS	ALLERGY TO ANY FOOD	ALLERGY TO ANY PLANTS	ALLERGY TO ANY INSECTS
OTHER	OTHER	OTHER	OTHER
ADDITIONAL INFORMATION OR COMMENTS			

LIST ANY DAILY MEDICATIONS <small>(Example: Diabetes, Asthma, Seizure Medicine etc... This information is in the event of an emergency for the medical professionals.) Please notify the center if this information changes.</small>			
NAME OF MEDICATION	DOSAGE	REASON FOR TAKING MEDICATION	OTHER INFORMATION OR COMMENTS
NAME OF MEDICATION	DOSAGE	REASON FOR TAKING MEDICATION	OTHER INFORMATION OR COMMENTS

PLEASE LIST ANY COURT ORDERED, SPECIAL CIRCUMSTANCES, MEDICAL, OR OTHER INFORMATION WE NEED TO BE AWARE OF <small>(DOCUMENTATION MUST BE ATTACHED IN A CONFIDENTIAL ENVELOPE FOR ALL COURT ORDERED OR LEGAL CIRCUMSTANCES)</small>

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NOTE: In extreme circumstances, policy and procedures may merit special consideration and will be reviewed by the executive director on an individual basis for each occurrence.

FEE AGREEMENT STATEMENT

This Fee Agreement outlines the policies for enrollment, tuition, payments, and related matters at Lake Ruby Learning Center (LRLC). By enrolling your child, you agree to these terms. All fees are per child unless otherwise stated. This agreement ensures the smooth operation of the center and fair treatment for all families. If you have questions, please contact the Director.

Section 1: Enrollment and Registration

1. A non-refundable registration fee of \$75.00 is required per child at the time of enrollment.
2. An annual supply fee of \$75.00 is due per child on the anniversary of enrollment.
3. Children are enrolled in one-week sessions. No credits, adjustments, or refunds will be issued for absences, regardless of the reason, including full-week absences, holidays, center closures (e.g., due to storms), or suspensions.
4. No child will be admitted to the program without full registration, including submission of all required enrollment forms and payment of the registration fee and the first week's tuition in advance.

Section 2: Tuition and Payment Requirements

1. Tuition must be paid in full and in advance for the current or upcoming week before your child may attend.
2. Weekly tuition payments are due on Monday of each tuition week (or the first day the center is open of that week). A late fee of \$5.00 will be applied to any account not paid in full by 6:00 p.m. on Tuesday. Accounts not paid in full (including any late fees) by 6:00 p.m. on Wednesday of the tuition week, will result in suspension of services until all fees are paid in full.
3. Full weekly tuition is due regardless of attendance, absences, holidays, center closures, or suspensions. In cases of suspension exceeding one week, parents/guardians may choose to withdraw and re-enroll when space is available, subject to the re-enrollment requirements in Section 1.
4. Parents/guardians utilizing external funding sources, such as ELC, must maintain a current certificate and pay any fees not covered by the funding source. In the event of a lapse in coverage, full weekly tuition must be paid until the certificate is renewed and the center receives written confirmation of coverage from the funding source.
5. One week of vacation per calendar year is permitted without tuition obligation, provided written notice is submitted to the Director at least two weeks in advance.
6. It is the responsibility of parents/guardians to: **A.** Retain canceled checks and receipts for tax purposes, as the center does not provide year-end statements. **B.** Ensure timely weekly tuition payments, as the center does not send billing reminders. **C.** Request receipts at the time of payment, as retroactive receipts are not provided. **D.** Regularly check the parent board and posted signs for updates on policies, holidays, fees, closures, and other information.

Section 3: Payment Methods and Policies

1. Payments must be made payable to: "Lake Ruby Learning Center" or "LRLC". Altered checks or money orders will not be accepted.
2. Acceptable payment methods are checks, money orders, or online payments (If online payments are made, you must provide a copy of the online receipt showing payment was made. Online payments MUST be made on Monday or before 6:00pm on Tuesday of the tuition week to avoid a \$5.00 late fee. Excessive late payments (defined as three or more occurrences) may lead to permanent dismissal.
3. Cash is not accepted for tuition payments due to safety considerations.
4. Checks must: **A.** Be drawn on a local bank account. Out of state checks are not accepted. **B.** Include the child's name, payment dates, full name, current local address, phone number, and the banking financial institution's pre-printed details. **C.** Bear the correct date of payment (the date submitted); if incorrect, the payer must initial the correction. **D.** Include a state ID number if paying by personal check. No out-of-state, temporary, starter, counter, second-party, or post-dated checks will be accepted. **E.** Payments will not be held and will be deposited immediately.
5. In the event of a returned check: **A.** A \$25.00 returned check fee and a \$5.00 late fee will apply. **B.** Payment must be made in full (including tuition and fees) via money order, certified check, or online payment within 24 hours of notification. **C.** Child care services will be suspended until all amounts are paid in full. Fees will not be waived under any circumstances. **D.** After 2 returned checks, only money orders or cashier's checks will be accepted for future payments.

Section 4: Late Pick-Up and Withdrawal

1. A late pick-up fee of \$1.00 per minute, per child, will be assessed for pick-ups after 6:00 p.m. Late fees are due within 24 hours. Excessive late pick-ups (defined as three or more occurrences) may result in dismissal from the program.
2. To withdraw a child, written notice must be provided to the Director at least one week in advance; otherwise, full weekly tuition will be charged.
3. After one week of unnotified absence, the child will be automatically withdrawn, and full weekly tuition will remain due for that week without proper notice.
4. Upon withdrawal from the program for any reason, re-enrollment requires a new registration fee, updated enrollment forms, and payment of any outstanding balances from the prior enrollment.

By signing, I have read and fully understand the terms of this agreement and I will comply with all policies and procedures.

Signature of Parent or Legal Guardian

Date

PERMISSION TO VIEW AND HAVE ACCESS TO MY CHILD'S RECORDS

I, (Print Name of Parent or Legal Guardian) _____ give my permission for this company, its staff, the Dept. of Children & Families, the Early Learning Coalition, and any other affiliates associated with this company to view and have access to all of my child's records.

Signature of Parent or Legal Guardian

Print Name of Child

Date

ACKNOWLEDGMENT OF, AND HOW TO PREVENT, SHAKEN BABY SYNDROME (SBS)

Abusive head trauma (AHT), commonly known as **Shaken Baby Syndrome (SBS)**, inflicted head injury, or whiplash shake syndrome — is a serious brain injury to a child's head caused by someone else forcefully shaking an infant or toddler 5 years old and younger. SBS is one of the leading causes of death in infants. Parents and caregivers should learn to cope and identify the reason for a baby's cry. If a baby is shaken it can cause permanent brain damage, paralysis, blindness, broken bones and death. The most important tool parents and caregivers have is education and awareness. Shaken baby syndrome is preventable. Help is available for parents who are at risk of harming a child. Parents and caregivers can also educate others about the dangers of shaken baby syndrome. Shaken baby syndrome symptoms and signs can include: Extreme fussiness or irritability, Difficulty staying awake, Breathing problems, Poor eating, Vomiting, Pale or bluish skin, Seizures, Paralysis, Coma. Babies may also become less interested in eating, have trouble sucking, and stop smiling and talking. Sometimes you can stop the crying by rubbing the baby's back, singing, using "white noise" from an app or the sound of running water, taking a walk, or using a pacifier. Sometimes nothing seems to work. That's when you especially need to manage your feelings. Shaken baby syndrome is 100% preventable. It starts with making sure all the baby's caregivers -- parents, grandparents, baby-sitters, nannies, preschools, etc. -- understand two things: 1. The dangers of shaking a baby, even for a few seconds. 2. That babies cry a lot at first. The National Center for shaken baby syndrome calls it **PURPLE** crying:

Peak pattern: At 2-3 months old, babies cry the most.

Unpredictable: Crying starts and stops without reason.

Resistant to soothing: Nothing stops the crying.

Pain-like look on face: When babies cry, they look like they're in pain, even if they're not.

Long bouts of crying: Babies can cry for hours at a time.

Evening crying: Some babies cry more in the afternoon and evening.

By signing, I affirm that I have read, understand, and acknowledge the above facts, signs and symptoms of Shaken Baby Syndrome (SBS).

Signature of Parent or Legal Guardian

Print Name of Child

Date

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DISCIPLINE/SUSPENSION/EXPULSION/TERMINATION POLICY

Consistent with requirement of the Department of Child and Families, as well as Florida Statute 1006.147, it is the policy of our company that all children enrolled as well as staff, have an educational environment that is safe, secure, and free from harassment and bullying of any kind. Bullying/harassment of any type will not be tolerated. By signing, you acknowledge that you understand the disciplinary guidelines that Smart Start Youth & Family Services, Inc. follow:

ACTIONS FOR DISCIPLINARY DETERMINATION:

Any child/children who is accused of misbehavior or a breach of conduct will be presented to the Site Manager by the staff member having knowledge of the misbehavior or breach of conduct and afforded an opportunity to explain what happened. When deciding what disciplinary action should be taken, the Site Manager shall consider the child's age, exceptionality, previous conduct, probability of a recurring violation, intent, attitude, and severity of the offense and, whenever possible, shall impose disciplinary action in a progressive manner. All corrective strategies used by all staff must be in compliance with this company's rules and policies. Inherent in these rules and policies is the philosophy of fairness and consideration for actions that are in the best interest of the children.

1. Age appropriate, constructive disciplinary practices are used for children in child care.
 - A. Discussion with the child about appropriate behavior.
 - B. Redirection of the child/children to another activity.
 - C. Disciplinary Form(s) signed by parent/legal guardian.
 - D. Consultation with parents to seek answers or understanding of the problem.
 - E. Suspension, Expulsion, or Termination from the program.
2. Children are not subjected to discipline which is severe, humiliating or frightening.
3. Discipline is not associated with food, rest or toileting.
4. Spanking, or any other form of physical punishment, is strictly prohibited.

At the discretion of the Site Supervisor/Executive Director, and after a reasonable effort on the part of the program staff to integrate a child into the program, a child's participation may be terminated if that child is deemed chronically disruptive to the functioning of the program.

HARASSMENT/DISCRIMINATION/BULLYING/MISCONDUCT

This company has a Zero Tolerance Policy on Harassment and/or Bullying, etc. This company, forbids and affirmatively commits to preventing discrimination, harassment, or bullying against ANY person, including children, parents, co-workers, directors, or any other staff member, on the basis of sex, race, national origin, language spoken, color, marital status, homelessness, or disability, or other basis prohibited by law. Any and all persons involved in any activity of this facility have the right to an environment free from discrimination, harassment, or bullying. This company will not tolerate harassment/discrimination/bullying by any of its employees, parents, children, non-employee, or volunteers who are associated with this company or its child care facilities. Discrimination, harassment, and bullying threaten the safety, security, and well-being of not only those against whom such actions are directed, but everyone who has an interest in our program. For these reasons, this company has adopted this policy as its commitment to requiring and ensuring that all activities will take place without harassment, discrimination, or bullying being directed against any person. Any substantiated violation of this policy will be deemed a serious violation and shall be addressed accordingly. All administrators, Site Managers, Directors, Group Leaders, Staff, and Supervisors of this company are expected and required to ensure that this policy is fully implemented and vigorously enforced.

LEVELS OF DISCIPLINE:

LEVEL 1 - Group Leader Intervention LEVEL 2 - Site Manager Intervention LEVEL 3 - Parental Assistance LEVEL 4 - Suspension LEVEL 5 - Expulsion/Termination from Program

LEVEL OF OFFENSE AND DISCIPLINARY ACTION TO BE TAKEN FOR NON-INJURY

FIRST OFFENSE WITH NO INJURY/PHYSICAL HARM AND *SEVERITY: Child and Parent/Legal Guardian Notification: Written Disciplinary Warning

SECOND OFFENSE WITH NO INJURY/PHYSICAL HARM AND *SEVERITY: Written Disciplinary Warning Form and One Day Suspension

THIRD OFFENSE WITH NO INJURY/PHYSICAL HARM AND *SEVERITY: Initial Conference and Three Day Suspension:

FOURTH OFFENSE WITH NO INJURY/PHYSICAL HARM AND *SEVERITY: Conference and Expulsion/Termination From Program

LEVEL OF OFFENSE AND DISCIPLINARY ACTION TO BE TAKEN FOR INJURY

FIRST OFFENSE WITH INJURY OR PHYSICAL HARM AND *SEVERITY: Child and Parent/Legal Guardian Notification: Written Disciplinary Warning (Note: Depending upon the

*severity of the injury the child may be subject to up to 5 days suspension on first offense)

SECOND OFFENSE WITH INJURY OR PHYSICAL HARM AND *SEVERITY: Written Disciplinary Warning Form and Three Days (or up to 15 Days) Suspension (Note: Depending upon the *severity of the injury the child may be subject to up to 15 days suspension on second offense)

THIRD OFFENSE WITH INJURY OR PHYSICAL HARM AND *SEVERITY: Conference With Parent/Legal Guardian and Expulsion/Termination From Program (Note: Depending upon the *severity of the injury the child may be subject to expulsion for the remainder of the school year or permanently terminated from the program)

***SEVERITY: IF THE INJURY OR OFFENSE IS DETERMINED TOO SEVERE, THE CHILD MAY BE SUBJECT TO IMMEDIATE SUSPENSION, EXPULSION, OR TERMINATION, EVEN IF IT IS THE FIRST, SECOND, OR THIRD OFFENSE. THE SITE SUPERVISOR/EXECUTIVE DIRECTOR MUST GIVE DIRECT APPROVAL FOR SUSPENSION, EXPULSION, OR TERMINATION OF A CHILD.**

I have read and fully understand and agree with the above Discipline/Suspension/Expulsion/Termination Policy.

Signature of Parent or Legal Guardian

Date

IN CASE OF EMERGENCY EVACUATION

In the event of an emergency where the children at the Center were to be evacuated, the Center will follow the City/County Emergency Evacuation Plan. The Center does not transport children in an evacuation, therefore, emergency and volunteer transportation would be used.

Each City/County has its own evacuation location. Here at the center we have practice drills to help the children be prepared in the event of an emergency. These evacuation drills, help to ensure that students can be moved to safety for any of a number of scenarios. Emergency drills include Fire drills, in the event there is a fire and the children need to exist the building. Weather drills, to ensure that students stay safe from acts of nature such as severe weather and flooding. Shelter-in-place drills to protect students from contaminants and other hazardous materials. Lockdown drills, to ensure that students can safely take cover when an internal threat exists, and that they are ready to take further action should it be needed.

Also, in the event the children were to have to leave the entire campus and evacuate to a safer place off site, the center will follow the emergency system set in place at the time according to the city/country emergency system.

I have read and fully understand and acknowledge the Emergency Evacuation Plan of this Center will be to follow the Emergency Evacuation Plan of each school. I understand that the Center does not transport children and the emergency evacuation transportation would be provided by the Emergency System in place or by Volunteer transportation at the time of emergency.

Signature of Parent or Legal Guardian

Date

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Legal Guardian please initial here that you have read and agree to this policy: _____

MEDICATION POLICY

WE DO NOT GIVE ANY KIND OF MEDICATION. If your child needs medication, you will have to make arrangements to give the medication during your lunch hour, before and or after school. This includes breathing treatments. 911 will be called for emergencies. The center cannot transport your child to a medical facility.

Legal Guardian please initial here that you have read and agree to this policy: _____

ACCIDENT INSURANCE POLICY

Your registration fee pays for an accident insurance policy in case your child gets injured while at the center. Our policy is an "excess coverage" policy which means that your primary insurance must pay first. This insurance will pay for most charges not covered by your primary insurance company. However the parent or guardian will be responsible for paying any fees not covered by insurance.

Legal Guardian please initial here that you have read and agree to this policy: _____

HOLIDAYS / CENTER CLOSED / FULL DAY INFORMATION

The center will be closed on all major holidays which include: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve and Christmas Day. **If the holiday falls on the weekend:** If the holiday falls on Saturday then the center will be closed on Friday before and if the holiday falls on a Sunday then the center will be closed on Monday after. Note: We are sometimes closed due to severe storm warnings. If the public schools are closed then we may also be closed. You can usually get this information from your local news or weather station or if time allows you will be notified by the center director. Parents or Guardians are responsible for obtaining alternate care for their children when the center is closed.

Legal Guardian please initial here that you have read and agree to this policy: _____

HOURS OF OPERATION / LATE PICK UP POLICY

During normal operation, the center is open from 6:30 a.m. until 6:00 p.m. Monday thru Friday. Please be sure to notify the center if you may be late picking up your child. You should notify the center if your drop off or pick up time changes. There is a (10) hour time frame that your child can be at the center each day. If your child is left at the center between the hours of operation for more than 10 hours during the day, you will be charged a non-prorated fee of \$2.00 per hour, per child after the first 10 hours of care. There is a late fee of \$1.00 per minute, per child, starting at 6:01 p.m. and excessive late pick ups may result in your child being dropped from the program. If a parent or guardian has not picked up their child/children by 6:20 p.m. and no one has called to say they will be late and/or the center is unable to locate someone on the child's pick up list to pick up the child, the Department of Children and Families and Local Police or Sheriff's Department will be called to pick up the child/children.

Legal Guardian please initial here that you have read and agree to this policy: _____

ABSENCES

Weekly tuition fees are due in full each week regardless of absence, holiday or even if your child is absent all week. This secures your child's slot at the center. If a parent is on a state grant, funding source or scholarship for child care fees, that child should be at the center every day unless an emergency or illness occurs. Most funding sources will only cover from 1 to 3 days of absence per calendar month. Depending on the funding source your child is on, if the child is absent more than the allowable days, for whatever the reason may be, the parent will be responsible for paying the regular tuition fees for the days absent. In some cases an absentee waiver can be signed, along with a doctor's note or a letter of explanation from the parent due to an emergency to cover extra days absent. However, this does not guarantee payment from the funding source. Therefore, the parent may still be required to pay the regular tuition not paid by the funding source. These fees are from \$9.00 to \$25.00 per day, per child. Private paying parents are also required to pay full weekly tuition rates, regardless of absence or holidays. Parents/Guardians are responsible for renewing and/or keeping their funding certificate valid at all times while in attendance at the center.

Legal Guardian please initial here that you have read and agree to this policy: _____

INCOME TAX STATEMENTS

The center does not issue end of the year income tax statements. It is the responsibility of the parent or guardian to keep your canceled check, money order or cash receipts for your end of the year balance. We will gladly give you a receipt at time of payment if you ask, no matter what form of payment you choose, however you must ask and get your receipt at the time of payment as we do not back log receipts.

Legal Guardian please initial here that you have read and agree to this policy: _____

NUTRITION AGREEMENT STATEMENT

Parent or guardian must supply each child with a meal and snack that meets the nutritional needs for a child of his/her age group. You have been provided with a Nutritional Guidelines Sheet and pertinent nutritional/dietary information for each child's age group. See the parent information sheet or Parent Handbook for the nutritional guidelines. You must provide meals or snacks each day your child is in attendance at the center. The center will provide water to drink with each meal or snack and throughout the day while your child is at the center. Soda drinks like cola type drinks, carbonated drinks, energy drinks, etc. are not nutritional and therefore not allowed at the center. The center is not able to store cold foods, nor warm or cook meals or snacks. All meals and snacks must be packed and ready to eat.

Legal Guardian please initial here that you have read and agree to this policy: _____

CHILDREN OBSERVATION FORMS

The center participates in child observations as part of it's program. By signing below you give your permission for your child's observations to be documented so that the center can offer assistance in strong and weak areas. The center will notify you of any concerns.

ACKNOWLEDGEMENT

By signing this acknowledgement, I attest that I have read, fully understand, and agree to all the policies of this company, Smart Start Enterprises, Inc. dba Lake Ruby Learning Center, which include the following: Medication Policy, Accident Insurance Policy, Holiday / Center Closed / Full Day Information, Hours of Operation / Late Pick ups, Absences, Income Tax Statements, Nutrition Agreement Statement, and Child Observation Reports.

Signature of Parent or Legal Guardian _____

Print Name of Child _____

Date _____

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.

*Please fill out
and sign below stating
that you have received
information about the
influenza (flu) virus.
Thanks!*



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

CF/PI 175-70, June 2009

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



INFLUENZA VIRUS

**"The Flu"
A Guide
for Parents**

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

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



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

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



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

KNOW YOUR CHILDCARE BROCHURE AND INFLUENZA (FLU) VIRUS AND DISTRACTED ADULT BROCHURES STATEMENT

On (Today's Date) ____/____/____, I, (Print Name of Parent or Legal Guardian) _____ received and read a copy of the Know Your Child Care Brochure, and the Influenza (Flu) Virus Information, and the "Distracted Adult CF/PI 175-12" Brochures.

Signature of Parent or Legal Guardian

Print Name of Child

Date

Every enrolled child must have this brochure signed by a Parent or Guardian within the month of APRIL and within the month of SEPTEMBER EVERY Year, and it must be kept in the Child's File for DCF inspection.

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...



My signature below verifies receipt of the Distracted Adult brochure

Print Child's Full Name

Print Parent/Guardian's Full Name

April ____, 20 ____

Parent/Guardian's Signature

September ____, 20 ____

Parent/Guardian's Signature

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



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.



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.



Developed by:
The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

2025-2026 EMERGENCY MEDICAL AUTHORIZATION FORM AND FIELD TRIP PERMISSION FORM

A **completed** and **notarized** Emergency Medical Authorization and Field Trip Permission Form is required for **each** child participating in the Smart Start Enterprises, Inc. dba Lake Ruby Learning Center school-year or summer program. **Please print in ink or type only. Fill in all sections.** This form as well as all child information forms may be copied for use on the facility bus or van in the event that it is needed.

- Must Be Completed by Custodial Parent/s or Legal Authorized Representative. Notify Facility Immediately if any Information Changes. -

Release for Participation in the Smart Start Enterprises, Inc. dba Lake Ruby Learning Center Program

Child's Full Legal Name: _____ Date of Birth: ____/____/____ Age: _____ Gender: _____

I do hereby solemnly swear that I (we) _____ have legal custody of the aforementioned minor child.

I (we), the undersigned, individually and/or as parent/s and/or legal guardian/s of the aforementioned minor child, ask that he/she be admitted to participate in the Smart Start Enterprises, Inc. dba Lake Ruby Learning Center (hereafter "The Center") school-year or summer program and field trip events. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless The Center, its officers, agents and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at and/or with The Center. Non-conformance to The Center's policies and procedures as told to my child by the directors and/or staff may result in dismissal from the program and/or field trip events. My aforementioned minor child has my permission to participate in any of the field trips and center activities. I have read the parent handbook, parent field trip rules & information and understand them completely.

- I give my permission for any staff member to apply sunscreen to my child as needed during any outside activity whether the center or I have provided the sunscreen.
- I understand that I will be notified in advance of any field trips during the year, and that all field trip information is posted on the parent information board a week before the field trip or event, and that I must sign my child up for each field trip or event I wish my child to participate in and that there may be a separate charge for the field trip and that all field trip monies must be paid in cash, by the due date and paid separate from tuition. There are no refunds unless the trip is canceled for bad weather or other unforeseen reason. I may only pick up and/or drop off my child at the child care facility to participate in a field trip or event and that my child must ride the facility bus or van to each field trip event.
- I understand that a copy of this notarized agreement and my child's information will be kept at the facility as well as on the facility bus or van in the event that it is needed.

THE SECTION IN THIS BOX IS FOR SCHOOL-AGE CHILDREN ONLY — BUS/VAN TRANSPORTATION AUTHORIZATION

My child _____ will be attending the School-Age Program at The Center. Therefore, The Center has my permission to transport my child to and from The Center to their elementary school during the school-year. My child attends _____ Elementary School.

INSURANCE / ACCIDENT POLICY

I understand that my child's registration fee pays for an 'Excess Coverage Accident Insurance Policy' in the event my child is injured while in the care of Smart Start Enterprises, Inc. and its employees. I also understand that the policy is an Excess Coverage Policy which means that my primary insurance must pay first and the excess coverage insurance will pay for most charges not covered by my primary insurance company. I understand that I will be responsible for paying any cost or fees not covered by insurance.

EMERGENCY MEDICAL AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I grant my authorization and consent for Smart Start Enterprises, Inc. dba Lake Ruby Learning Center, its officers, agents, staff, or employees (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

In all emergencies, I understand that 911 will be called. In the event that reasonable attempts to contact me, the undersigned, have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by any licensed physician, surgeon, dentist, hospital, or other medical professional or institution; and the transfer of my child to the preferred hospital or, any hospital reasonably accessible. I understand that the consent and authorization herein granted do not include major surgical procedures unless the medical opinions of two licensed physicians, surgeons, or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery and are valid only during the time my child is in the care of and in attendance with the Smart Start Enterprises, Inc. dba Lake Ruby Learning Center program. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

CERTIFICATE OF ACKNOWLEDGMENT OF CUSTODIAL PARENT OR LEGAL GUARDIAN

By signing this form, I attest that I have read, fully understand and agree to comply with the terms and conditions in this agreement, as well as the policies and procedures of this company.

This authorization is effective commencing on the _____ day of _____, 20____ and expiring when the child has been withdrawn or terminated.

Signed this _____ day of _____, 20 ____.

Custodial Parent or Legal Guardian #1's Signature

Custodial Parent or Legal Guardian #2's Signature if Applicable

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

In the State of _____, in the County of _____. This document was acknowledged before me this _____ day of _____, 20 ____.

_____ (person/s full legal name) appeared before me in person and signed this document, who was identified by use of valid (select one) ☐ Driver's License ☐ Passport ☐ State Issued Identification (ID Number) _____ or is ☐ Personally known to me.

(Signature of Notary Officer)
Notary Public for the State of Florida

My Commission Expires:
(Notary Seal or Stamp)