Smart Start Enterprises, Inc. – Lake Ruby Learning Center

2026-2027 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.

Initials **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.

Initials **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.

Initials **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.

Initials **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.

Initials **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 full, legible signatures are required, no initials or nick names can be accepted. I understand if the signature of the person signing is not legible then that person must also print their name next to their signature.

Initials **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.

Initials **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 $ _____

☐Paid Registration Fee ☐Paid Tuition Fee Amount Paid: $_____ Check or Money Order # _____ For Week: ____/____/20____

Is Child on a Funding Source? ☐Yes ☐No If yes, name of Funding Source? ☐ELC ☐Scholarship ☐Staff Member ☐School Board ☐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? ☐Yes ☐No If yes, list name/s: _____

Check that parent was given the following: ☐Know Your Child Care Brochure ☐Influenza Info ☐Parent Info/Handbook ☐Walk Through of the Center ☐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 *(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.*

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

(DOCUMENTATION MUST BE ATTACHED IN A CONFIDENTIAL ENVELOPE FOR ALL COURT ORDERED OR LEGAL CIRCUMSTANCES)

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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

Please read the following carefully:

1. Children are enrolled for one week sessions. No credits or refunds will be given for absences regardless of the reason. There is a non-refundable $75.00 registration fee per child.
2. Your child's full tuition payment and registration fee must be paid in full before your child can start attending. Also, the LAST week of the school-year must be paid on that Monday in order to attend.
3. Tuition payments are due in full and in advance, on Monday of each week or the first day of the week the center is open. A $5.00 late fee will be added to any account not paid in full by Tuesday, 6:00 p.m. each week. Since all payments are due in advance, we DO NOT hold payments from immediate deposit. Please note that for the LAST week of school, all fees are due on Monday. There is no grace period during the last week of school. If fees are not paid by 6:00 p.m. Monday of the last week of school, your child may not attend until all fees are paid.
4. Full weekly tuition fees are due, regardless of absences, even if your child is out all week. Full weekly tuition fees are due regardless of holidays or when the center is closed for storm days.
5. Fees are due in full each week for children who are on suspension regardless of the reason, this will hold their slot until they return. If suspended for more than one week the parent may wish to withdraw and re-register when space is available.
6. If your account has not been paid in full, including late fees by Wednesday, 6:00 p.m. then your account will be suspended and your child will not be able to return to the center until your account has been paid in full. Excessive late payments can result in your child being dropped from the program. We consider 5 times to be excessive. There is no grace period for the last week of school.
7. Parents on a funding source are required to keep their funding certificate current and for paying any and all fees not covered by their funding source.
8. You must notify the center site manager one week in advance and in writing if you chose to withdraw your child from the program or your account will be charged the full regular tuition fee.
9. When paying by check, please print your child's name and the dates for which you are paying on each payment. All checks must have your full name, complete local/current address & phone number with the local financial institution's name & address printed on each check. We do not accept starter checks that do not have your information printed on them.
10. The actual date tuition is paid must be correct on each payment. If it is backdated or the wrong date is on your payment, you must put the correct date on the payment and initial the change.
11. No child will be admitted to the program who has not been fully registered and all fees paid in advance for the week attending.
12. A late pick up charge of $1.00 per minute, per child is assessed if your child/children are not picked-up daily by 6:00 p.m. Late fees are due the day you are late. Excessive late pick ups may result in your child being dropped from the program. Unless it is an emergency situation, we consider 5 times to be excessive.
13. In the event of a returned check, you will be charged a $5.00 late fee and a $25.00 return fee. Only money orders or a certified check are accepted as payment and must be paid in full, including tuition, returned fee, and late fee within 24 hours of being notified. If returned checks are left unpaid, your child care will be suspended until all fees are paid in full. Any late fees or returned check fees incurred will not be waived for any reason.
14. Weekly tuition fees are still due if your child care is suspended for any reason; this will hold your child's spot until they return. You may choose to withdraw your child until account is paid in full. The return check fee will not be waived for any reason.
15. After the second return check, the center will only accept money orders or cashiers check, in advance for tuition fees for the remainder of the school year or summer
16. For the safety of our children and staff, only check or money order payments will be accepted at this school site. No cash will be accepted for tuition payments.
17. We only accept checks drawn on a local bank account. No out of state, temporary, starter, counter or 2nd party checks will be accepted.
18. Financial assistance may be available to qualifying individuals unable to afford program fees. See your director for more information.
19. After one week of absence without notice your child will be automatically withdrawn from the program.
20. Once your child has been withdrawn from the center for any reason, in order for your child/children to return to the center you must re-register your child with a new registration fee, all new enrollment forms and pay any unpaid fees from previous registration.
21. It is your responsibility to keep up with your canceled checks and/or receipts for income tax purposes as the center does not do end of the year statements.
22. It is your responsibility to remember to pay your child's tuition on time and in advance as the center does not send out billing. The date you are paying MUST be on the check/money order.
23. If you would like a receipt, you must get one at time of payment as we do not back log receipts.
24. A one week vacation time is allowed each year without obligation for tuition payment during that week of absence as long as there is a two week in advance written vacation notice given.
25. Make payments payable to Lake Ruby LC. We will not accept altered money orders/checks, including checks made out to the wrong party.
26. I understand it is my responsibility to check the parent board and or all posted signs regarding updates on center policies, center holidays, closed and other parent information or reminders.
27. For every returning child for new school-year. There is a $75.00 supply fee due annually on your enrollment anniversary of each year, for each returning child you have enrolled at the center.

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 can 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 Alpha KidCare, Inc. and/or Early Childhood KidCare, Inc. and/or 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*

REQUIRED DCF BROCHURES FOR INSPECTION — Parent Acknowledgment of DCF Brochures

On *(Today's Date)*_____/_____/_____, I, *(Print Name of Parent or Legal Guardian)* _____ received and read the Know Your Child Care Brochure and How To Prevent Shaken Baby Syndrome (SBS) Brochures.

_____ _____ _____

Signature of Parent or Legal Guardian *Print Name of Child* *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 sever 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 form 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 which 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 on nutritional guidelines. You must provide your child with a meal that meets the nutritional needs for a child of his/her age group every day your child is in attendance at the center. The center will provide milk or juice for each meal your child is at the center, therefore, you need not pack a drink. Soda drinks like Coke or Pepsi etc. are not nutritional and therefore not allowed at the center.

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*

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2026-2027 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 herby 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.

_____ My Commission Expires:

(Signature of Notary Officer) *(Notary Seal or Stamp)*

Notary Public for the State of Florida

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