



Little Jan Learn and Play FULL TIME CONTRACT

This agreement is made by and between Little Jan Learn and Play, Licensed Child Care Provider and _____, Parent/Guardian of _____. The following has been agreed upon between the two parties beginning _____:

I have read and agree to full contents of the Parent's Handbook. I understand that disregarding these policies can result in termination from child care enrollment.

I understand that I must follow the termination policy as it is written in the Parent's Handbook.*

I agree to the weekly rate of \$ _____, to be paid the Friday before the week begins for my child, _____. Our arrival time will be _____, and pick up time will be no later than _____. From Monday through Friday. Any added time before or after those times will be discussed beforehand, or will be subject to late pickup fees or early arrival fees.

This agreement shall be in effect until which time parent/guardian or provider has given termination notice in accordance to the Parent Handbook policy, or negotiation of a new contract.

THIS AGREEMENT AND THE PARENT HANDBOOK WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

Licensed Child Care Provider

Date

BOTH PARENTS MUST SIGN OR PARENT/GAURDIAN WITH SOLE CUSTODY OF THE CHILD:

Parent/guardian

Date

Parent/guardian

Date

*This will include late penalties, as stated in the policy, from date due to date paid, plus legal fees if applicable.

Family Handbook Acknowledgement

Please sign this acknowledgement, detach it from the handbook, and return it to the center prior to enrollment.

This handbook may be updated from time-to-time, and notice will be provided as updates are implemented.

Thank you for your acknowledging the policies and procedures we have established for the safety and welfare of all children in our care. We look forward to getting to know you and your family.

These policies and procedures:

Provide and clarify those standards of behavior by and toward students that are necessary to support the Little Jan Learn and Play's educational mission and provide processes for addressing failures to meet those standards. The policies and procedures in this handbook apply to all students of the Little Jan Learn and Play unless the language of the handbook specifically indicates otherwise.

Little Jan Learn and Play publishes this handbook annually, but the policies and procedures may be subject to change during the academic year.

I have received the Little Jan Learn and Play Family Handbook, and I have reviewed the family handbook with a member of the Little Jan Learn and Play staff. It is my responsibility to understand and familiarize myself the Family Handbook and to ask center management for clarification of any policy, procedure or information contained in the Little Jan Learn and Play Family Handbook that I do not understand.

Recipient Signature

Date

Center Staff Signature

Date

DCF Brochures

By signing I acknowledge that I have received information about this DCF flyer, and given a copy by request

A change in daily routine:
 If you are a caregiver, you may notice a change in your child's behavior. This could be a sign of a health problem. If you notice a change in your child's behavior, call your doctor or the DCF hotline at 1-800-352-2263.




During the 2019 legislative session,
 Florida's Department of Children and Families (DCF) has been working to improve the lives of children and families. One of the ways we are doing this is by focusing on the health and safety of children. We are working to ensure that every child in Florida has the opportunity to thrive.

FACTS ABOUT HEATSTROKE:
 Heatstroke is a life-threatening condition that occurs when the body's temperature rises too high. It can be caused by exposure to high temperatures and direct sunlight. Symptoms include dizziness, nausea, and confusion. If you suspect a child has heatstroke, call 911 immediately.

PREVENTION TIPS:
 - Avoid outdoor activities during the hottest part of the day.
 - Drink plenty of water.
 - Wear protective clothing, such as hats and sunscreen.
 - Never leave children in a car, even for a short time.

What is a child abuse report?
 A child abuse report is a written statement that a child has been abused or neglected. It is filed with the Department of Children and Families (DCF) and is used to investigate the case.

What should I do if my child is in danger?
 If you believe your child is in immediate danger, call 911. If you believe your child is in danger of being abused or neglected, call the DCF hotline at 1-800-352-2263.

What should I do if my child is not safe?
 If you believe your child is not safe, you should take steps to protect them. This may include moving them to a safe location, contacting law enforcement, or seeking medical attention.

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What should I do if my child is not safe?
 If you believe your child is not safe, you should take steps to protect them. This may include moving them to a safe location, contacting law enforcement, or seeking medical attention.

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Little Jan Learn & Play
11189 S Orange Blossom Trl. Orlando, FL 32837 Suite 102

Child's Name: _____

Center Name & Address: _____

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (407) 270-6234

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 13 that reside in the household, even if not related.

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

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? IF NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Household income and adult household member information (see reverse side for what types of income to report)

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

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

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

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)	Last four digits of Social Security Number (SSN) of adult household member:	
				SSN	SSN

STEP 4: Contact information and adult signature

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

Home address (if available): _____ Daytime phone #: () _____

Street Address, City, State, Zip Code _____ Printed name: _____ Date signed: _____

OPTIONAL CHILD'S SOURCE OF INFORMATION We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.

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

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

FOR CONTRACTOR USE ONLY

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Non-needy

Eligibility Determination: Free Reduced-Price Non-needy

Total Household Size: _____ Total Household Income: \$ _____

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

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

Determining Official's Signature: _____ Date: _____

Second Party Check Signature: _____ Date: _____

**Florida Department of Health
Child Care Food Program
Child Participation Form**

Name of Child: _____

Name of Facility: _____

Dear Parent:
Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon-Fri	a.m. _____ p.m. to _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are not the same every day, please complete this chart.		
Day	a.m. _____ p.m. to _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Monday	a.m. _____ p.m. to _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ p.m. to _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ p.m. to _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ p.m. to _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ p.m. to _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ p.m. to _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ p.m. to _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: _____

Date: _____

Printed Name: _____

Phone Number: _____