

Name of Center: Stetson Baptist Christian School
Address: 1025 W. Minnesota Ave
Deland Fl, 32720
Phone: (386) 734-7791
Administrator: Anthony Campbell
Director: Anna Cendejas



2, 3 and VPK Student Packed Lunch

I understand that I must provide a nutritious lunch for my child.

Per DCF regulations, all children will have an insulated lunch box with an ice pack to keep food safe. Lunches must meet nutritional guidelines set by the USDA. We recommend you use the "My Plate" as a guide to ensure that your child is eating a healthy and nutritious meal.

Child's Name: _____

Parent Signature: _____

Date: _____

Permission for Food-Related Activities & Special Occasion Food Consumption

Pursuant to 65C22.005., F.A.C., licensed child care facilities must obtain written permission from parent/guardians regarding a child's participation in food related activities. Activities include: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I, _____, (parent/guardian) give/decline (circle one) permission for my child, _____, (child's name) to participate in food related activities and special occasions where food is consumed.

Please provide the following information:

____ My child DOES NOT have a food allergy or dietary restriction.

____ My child DOES have a food allergy or dietary restriction. He/she may participate in activities, but not eat or handle the following items:

Parent Signature: _____

Date: _____

2, 3 and VPK who eat SBCS School Lunch

In an effort to provide the best possible nutritional environment for the children in our facility, we have adopted the policy described below. The administration and staff appreciate support from the parents in promoting the health of our children.

Menus and Variety

- Our menus include healthy items and include a combination of new and familiar foods.

Beverages

- We make drinking water freely available so children can serve themselves both inside and outdoors.
- We serve only 1% or skim milk to children age 2 or older.
- We rarely offer sweetened drinks other than 100% juice.

Fruits and Vegetables

- We offer fruit to children at least 1 time a day.
- We only offer fruit canned in its own juice (no syrups), fresh, or frozen.
- We offer vegetables to children at least 1 time a day.

Meats, Fats, and Grains

- We offer fried or pre-fried (frozen and breaded) meats (chicken nuggets) or fish (fish sticks) once a week or less.
- We offer fried or pre-fried potatoes (French fries, tater tots, hash browns) once a week or less.
- We offer high fat meals like sausage, bacon, hotdogs, or bologna once a week or less.
- We offer lean meats at least once a week or less

Parent Signature: _____

Date: _____

Evacuation

In case of the need to evacuate Stetson Baptist Christian School, the following procedures will be followed:

Evacuation routes/exits:

- Children will exit the building according to fire exit signs posted on classroom walls.

Notification:

- Once all children are safely evacuated from the building, 911 will be called (if not called previously) and parents will be notified of the evacuation via email.

Evacuation Site:

- St. Peter's Catholic School Don Bosco Center
421 W. New York Ave, Deland, FL 32720

Transportation to Evacuation Location:

- Children will be driven in personal vehicles and the bus from St. Peter's Catholic School will be utilized if their driver is available to assist.

In case of an emergency evacuation from Stetson Baptist Christian School, I give my permission for my child to be transported off campus to the above location where I will pick up my child.

Child's Name: _____

Parent Signature: _____

School Year: _____

Health History of Child

Does your child have any of the following illnesses/conditions?

Frequent colds, earaches, tubes in his/her ears, any problems in speech, hearing, vision, allergies, allergic reactions or certain fears that we should be aware of? Please List below:

Any special dietary needs? Please list below:

Illness

For the protection of all children and staff, your child should be kept home if they are showing any of the following symptoms:

Fever:

Your child should not attend school if they have a fever. If a fever of 100 degrees or higher occurs while at school, you will be notified to pick up your child IMMEDIATELY. The child must be fever free for 1 full school day before returning to school.

Diarrhea or Vomiting:

A child who is vomiting or has diarrhea should not be sent to school. If this happens while your child is at school the parent will be notified to pick up IMMEDIATELY. The child must be free from any symptoms of diarrhea or vomiting for 1 full school day before returning.

Eye Infection (Conjunctivitis)

We cannot accept any child that has discharge, redness, or mattering of the eye. Once a doctor has prescribed medicine and eye drops have been administered to the child, a period of 24 hours must pass before your child will be able to return to school.

Contagious Diseases:

If your child develops any of the following contagious diseases you must notify the school immediately: Unknown rashes, scarlet fever, strep throat, measles, mumps, chicken pox, pin worms, etc.

Please keep your child home should these or any other unusual symptoms occur. Before any child can return to school they MUST have a doctor's note saying they are able to return to school.

I have read the above statement and understand SBCS policy on illness.

Mother's Signature

Father's Signature

Date: _____

Date: _____

Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<http://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf>

**** If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE****

Sign: _____

Date: _____



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

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

Full Name: _____

Child's Physical Address: _____
Last First Middle Nickname

Primary Hours of Care: From _____ To _____

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

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

Family Information: Child Lives With: _____

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

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

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

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

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

Contacts:

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

Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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STETSON BAPTIST CHRISTIAN SCHOOL MEDICAL RELEASE FORM

The following is our Medical Release form. It **MUST BE** signed by the student's legal parent/guardian.

I/we hereby release Stetson Baptist Christian School from any liability for injury or damage resulting from emergency treatment of my child.

Student's Name: _____ Grade: _____ School Year: _____

Date of Birth: _____ Social Security #: _____

Student's Doctor: _____ Doctor's Phone #: _____

It is understood that the school will follow these procedures:

1. Administer minor first aid treatment by a qualified person (one who holds a first aid certificate from the American Red Cross).
2. If this is not judged to be adequate, parents/guardians will be contacted immediately. If parents/guardians cannot be reached immediately, the person the parents/guardians have named or the student's doctor will be contacted.
3. The school has the right to take the student to the Emergency Room, without prior parent/guardian notification, when it is judged necessary for safety and treatment of the student. Parents/guardians will be notified.

Parent or guardian name: _____ Driver's License #: _____

Address: _____

City: _____ Zip: _____

Home Phone #: _____ Work #: _____ Cell#: _____

(It is your responsibility to update the School's records if any of this information changes during the school year.
Please contact the school office for more information.)

Person responsible for billing: _____

Insurance company: _____

Address: _____ Phone #: _____

Any allergies (include medication)? _____

Persons authorized to remove your child if parents/guardians cannot be reached:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Parent/Guardian signature: _____ Date: _____

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.

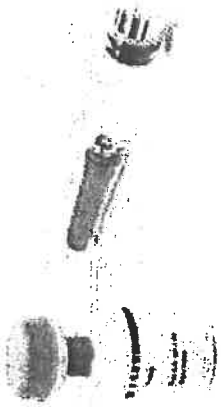


What should I do if my child gets sick?

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:

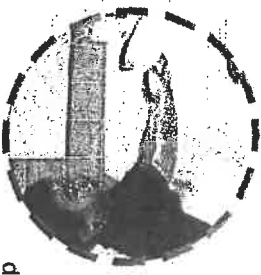
- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions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



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.

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.

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/>