

BRICKS Early Learning Center  
Registration and Tuition Information.



2 months-VPK (4–5-year-olds)  
**2024-2025**  
Lic#C11MD2553

**Registration Fee:** \$275 (CASH Only) Sibling \$215

**Curriculum Fee:** \$100 (CASH Only)

Yearly *non-refundable* fee:

Includes curriculum, accreditation requirements, consumable materials, camera system, and classroom technology.

- Tuition is based on a *yearly* amount. Biweekly tuition payments must be paid via BrightWheel’s mandatory autopay system.
  - Please make sure the card on file is the card you will want to use each deduction.
  - There will be no credits nor reimbursements for calendar days the school is closed; **the total sum is a yearly total** covering all calendar school days.
- You will see a reoccurring \$1.75 charge included in your BrightWheel invoice which covers the use and benefits of our communication system (BrightWheel).
- Yearly Rates Per Room (Aug 5<sup>th</sup> -May 26<sup>th</sup>) **22** Equal Biweekly Payments.
- *There will be no additional charges for Early Care or After Care.*
- Hours-7:00am-6:00pm
  - Infants-\$9,856.00 - \$448.00 biweekly
  - One’s- \$8,362.00 - \$380.00 biweekly
  - Two’s- \$7,854.00 - \$359.00 biweekly
  - Three’s-\$7,392.00- \$336.00 biweekly
  - Private 4’s-\$7,348.00- \$334.00 biweekly
  - VPK Wrap-\$4,796.00- \$218.00 biweekly
  - Non-VPK day fee - \$35
- The VPK voucher offers 540 hours of instruction paid by the Early Learning Coalition. This covers 3 hours of your child’s day. *We do not charge for early care.* The VPK program helps families offset the cost of tuition.

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Financial Agreement

I/We hereby request that our child \_\_\_\_\_ be enrolled at BRICKS Early Learning Center for the academic year of 2024-2025. I/We agree to pay the total sum of registration and tuition as stated above. I/We agree that our account will be on an automatic deduction plan. All payments are non-refundable. BRICKS reserves the right to dismiss students if accounts are 10 business days (one biweekly tuition cycle) past due.

X \_\_\_\_\_ 1<sup>st</sup> Parent or Guardian \_\_\_\_\_ date

X \_\_\_\_\_ 2<sup>nd</sup> Parent or Guardian \_\_\_\_\_ date



505 NE 18th Avenue  
Homestead, FL 33033  
786-481-2077  
info@brickselc.net

**Child Folder – Checkoff List**

***For Parent to fill out and sign & return:***

- \_\_\_ Application for Enrollment
- \_\_\_ Billing Preferences
- \_\_\_ Emergency Contact
- \_\_\_ Photo/ Video Authorization
- \_\_\_ Discipline Policy
- \_\_\_ Authorization for Emergency Treatment
- \_\_\_ Consent for Food for School Activities
- \_\_\_ Parent Release-Sunscreen and Repellent
- \_\_\_ Religious Exemption Form
- \_\_\_ Allergy Data Form
- \_\_\_ BrightWheel Agreement
- \_\_\_ Parent Handbook Affidavit
- \_\_\_ Influenza Brochure

***For parents to provide:***

- \_\_\_ Vaccination records (White form from Pediatrician)
- \_\_\_ Physical Form (White form from Pediatrician)
- \_\_\_ Copy of Birth Certificate
- \_\_\_ Copy of Parent Identification
- \_\_\_ VPK Certificate of Eligibility (if applicable)
- \_\_\_ School Readiness Eligibility (if applicable)

***For Parents to Keep:***

- \_\_\_ Parent Handbook
- \_\_\_ Supply List @brickselc.net
- \_\_\_ Know Your Childcare Facility
- \_\_\_ Distracted Adult Form
- \_\_\_ Accident/Incident Policy

**Uniforms are to be purchased ONLY at:**

**Miami Uniform**

9851 E Fern St

Palmetto Bay, FL 33157

(305) 255-3252

**FOR SCHOOL USE ONLY:**

Received: \$ \_\_\_\_\_ Cash    Credit    Cash    Check# \_\_\_\_\_    Money Order# \_\_\_\_\_    Date:    /    /    Initial: \_\_\_\_\_

Status:    New Family    Continuing Child    Returning Family- New Child    Other: \_\_\_\_\_



**FOR OFFICE USE ONLY:**

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Room# \_\_\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_

# Application Packet

## 2024 - 2025

**Referral Information: How did you hear about BRICKS?**

\_\_\_Website \_\_\_Social Media \_\_\_Ad \_\_\_Sign \_\_\_Referred by: \_\_\_\_\_

**Student Information:**

Full Name: \_\_\_\_\_  

Last
Middle
First
Nickname

Date of birth:    /    /	Language spoken:	Ethnicity:	Sex: Male/ Female
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Child's Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Sibling(s) attending BRICKS Early Learning Center: \_\_\_\_\_

**Family Information:**

Child lives with: \_\_\_\_\_

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Phone: (____) _____	Phone: (____) _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Work Phone: (____) _____	Work Phone: (____) _____
Mother's language: _____	Father's language: _____



Please return application with NON-REFUNDABLE fee as follows:

- Registration Fee of \$275 for NEW/RETURNING STUDENTS
  - Curriculum Fee of \$100 for NEW/RETURNING STUDENTS
- CASH ONLY will be accepted. All fees are subject to change.

**Please Initial:**

\_\_\_\_\_ I understand that there are payment deadlines I must meet in order to hold my child's spot in this class. I also understand that I must have all required forms on file with BRICKS Early Learning Center before my child attends this Center.

**VPK Students will NOT be considered enrolled until BRICKS has the child's VPK certificate along with registration and application.**

**Tuition/ Payment Information:**

Current tuition amount: \$\_\_\_\_\_ [ ] Bi – weekly through BrightWheel

Please provide us the information below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_

\_\_\_\_\_

**\* COVID-19 Tuition Policy \***

As of January 26, 2023, each COVID case will be discussed with the Director on a case-by-case basis.

This page **MUST**  
be filled out.

Credit Card on File

I, \_\_\_\_\_ authorize **BRICKS Early Learning Center** to charge my credit card listed below for any invoice of services provided for my child/children which has not been paid within 30 days of the due date. I have provided my credit card billing information voluntarily and acknowledge full financial responsibility for all charges incurred as a result of services provided to us.

*Please charge the credit card listed below:*

CHOOSE ONE:

- Visa     American Express     Mastercard     Discover

\_\_\_\_\_  
Credit Card Number

\_\_\_\_/\_\_\_\_ (month/year)  
Expiration date:

\_\_\_\_\_  
CVV:

Name on card:

\_\_\_\_\_  
Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contact

The 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:

**MUST be 18 years or older and provide Valid picture ID**

Name:	Relationship:	Cell:	Work:	Home:
Name:	Relationship:	Cell:	Work:	Home:
Name:	Relationship:	Cell:	Work:	Home:
Name:	Relationship:	Cell:	Work:	Home:
Name:	Relationship:	Cell:	Work:	Home:

Please list any person(s) **NOT AUTHORIZED** to pick up your child:

Name:	Name:	Name:	Name:

Name and phone number of the first person to be called in case of an emergency:

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Custody: Who has custody of your child? [ ]Mother [ ]Father [ ]Other: \_\_\_\_\_

Helpful information about the child such as anxieties or fears?

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Photo/Video Recording Authorization Form

BRICKS Early Learning Center takes photographs and videos of children enrolled at its center on a regular basis for business purposes. BRICKS Early Learning Center retains all rights, title, and interest in these materials and may use and disseminate them in the class Shutterfly accounts. BRICKS Early Learning Center takes care that any use, display, or that disseminate all photographs or videos of children, whether at a particular center for the children attends or for its general business purpose, is accomplished in a thoughtful, safe, and secure appropriate manner under the particular circumstances. For example, at BRICKS Early Learning Center, these materials may be used to be better communicate with families and to illustrate the daily curriculum, to chronicle a child's development, or document center activates. These photos may be shared with you and other families on a secure Shutterfly account, BRICKS Instagram/ Facebook or BRICKS Early Learning Center web page.

I, \_\_\_\_\_ give permission to BRICKS Early Learning Center to take photographs and video of my child during his/her enrollment and to use materials for its business purpose.

I, \_\_\_\_\_ **DO NOT** give permission to BRICKS Early Learning Center to take photographs and videos of my child during his/her enrollment and to use these materials for its business purpose.

Child's Name: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Dear Parents,

We are required by the Department of Children and Families to provide parents with a written Discipline Policy. Please sign this form and return to the front office.

Our program will ensure that age –appropriate constructive disciplinary practices are used for your child. This care will allow the children to build their own self- control. We will encourage children to choose alternatives to improper behavior. Are staff will guide and reinforce good behavior and use intervention assistance and redirect to help children to achieve self-control and self-direction.

- Teachers/Staff will observe them doing well and praise them, accordingly.
- Set children up to succeed.
- Encourage children’s active involvement.
- Speak to children using positive words.
- Listen with interest and respect.
- Be fair.

Should positive redirection fail to change behavior, your child will be sent to safe place in 1- minute increments for each year of the child’s age. Safe Place will not exceed 4 minutes. Parents will be made aware of continuous misbehavior. At no time will physical/corporal punishment be used. Guidance is never tied to food or toileting.

I, \_\_\_\_\_ have received in writing the disciplinary practices by BRICKS Early Learning Center.

\_\_\_\_\_  
Parent/ Guardian Name:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature:

\_\_\_\_\_  
Child’s Name:





## Authorization for Emergency Treatment

Permission to the Director, Acting Director, or the teacher to take whatever steps may be necessary for medical care of an emergency hereby given, I understand that the order of actions taken will follow the outline below unless there is a need for immediate action (911), but will not be limited to the actions:

\*Note that during the course of contact, emergency first aid will begin such as CPR, cleaning wounds, allergy medication administered, etc.

1. Parent or Guardian will be called.
2. Child's Physician will be called.
3. Contact person will be called (those that parents listed).
4. If none of these efforts are successful:
  - a. An ambulance will be called and
  - b. Authorize BRICKS Early Learning Center to transport my child to Baptist Hospital (Children's ER)
  - c. In order for the school to assume responsibility for my child, I understand that I must sign in and out at departure time.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Health Insurance Coverage: \_\_\_\_\_

Chronic Health Condition(s)/ Allergies: \_\_\_\_\_

### Medical Information:

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

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

*In signing this page, you are giving us authority to call fire rescue even in the event that we cannot get in contact with either parent/ guardian or emergency contact person/persons parents have listed.*

\_\_\_\_\_  
Parent/ Guardian Name/ Signature:

\_\_\_\_\_  
Date:

Consent for Food for School Activities

I, \_\_\_\_\_ (parent/ guardian name),  
give permission for my son/daughter \_\_\_\_\_ (child's name)  
to eat any food given in a special occasion and/ or school activities.

**\*\*If your child has any food or milk allergies/restrictions, we will need the Child Care Food Program Medical Statement filled out your child's physician for our files. (form provided by the front office)**

*This form may update at any given time and will have to be filled out by your child's physician again.*

Yes, I agree.

\_\_\_\_\_  
Parent/ Guardian Signature:

\_\_\_\_\_  
Date:

No, I **DO NOT** agree.

\_\_\_\_\_  
Parent/ Guardian Signature:

\_\_\_\_\_  
Date:



Parent Release- Sunscreen and Insect Repellent

Sunscreen and insect repellent should be applied to a child at least once at home to test for an allergic reaction. Aerosol sprays and combined sunscreen and insect repellent are prohibited.

Sunscreen/ Sunblock: must provide UVB and UVA protection with SPF of 15 or higher.

Insect repellent: Must not be used if recommended by public health authorities or requested by a parent/ guardian. The repellent may not contain a concentrate of more than 30% DEET, deet free is preferred. Repellent may be applied no more than once a day. All sunscreen/sunblock and insect repellent provided by a parent/ guardian must:

- Be in original containers.
- Clearly labeled with child's FULL NAME.
- Within the expiration date.
- Appropriate for the age of child.

I, \_\_\_\_\_ give BRICKS Early Learning Center permission to apply \_\_\_\_\_ (name of sunscreen) and \_\_\_\_\_ (name of insect repellent) to my child.

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_ (not to exceed one year)

**Special Instructions** (for sunblock/ insect repellent):

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Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Section 402.3125(5), F.S., requires that parents receive a copy of the childcare facility brochure, "KNOW YOUR CHILD CARE facility" (CF/PI 175-24.)

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

Influenza Brochure.

Distracted adult flyer.

By signing below, you verify that you have received the above forms and that all information on this enrollment form is complete and accurate.

\_\_\_\_\_  
Parent/ Guardian Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/ Guardian Signature:

\_\_\_\_\_  
Child's Name:



## Holiday Exemption Form

Here at BRICKS Early Learning Center, we celebrate Holidays. Kindly let us know if your family does **NOT** celebrate any specific or all holidays or if you would not like your child to participate in any classroom activities.

List below:

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\_\_\_\_\_  
Parent/ Guardian Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/ Guardian Signature:

## Severe Allergy Data Form

Name of child: _____	Date of birth: _____
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What does your child have an allergy/ life- threatening allergic reaction to?

\_\_\_\_\_

How did you become aware that your child had this allergy?

\_\_\_\_\_

Describe in detail the symptoms of the allergic reaction:

\_\_\_\_\_

What treatment plan should we follow in case an allergic reaction arises?

\_\_\_\_\_

**Medications to be used by the BRICKS Early Learning Center Staff to treat the allergic reaction are:**

Name of Medication:	Dose given:	Expiration date:	Stored at School? YES/ NO
Name of Medication:	Dose given:	Expiration date:	Stored at School? YES/ NO
Name of Medication:	Dose given:	Expiration date:	Stored at School? YES/ NO
Name of Medication:	Dose given:	Expiration date:	Stored at School? YES/ NO

Is there anything else your child should avoid? \_\_\_\_\_

Any other information for BRICKS Early Learning Center?

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\_\_\_\_\_  
Parent/ Guardian Name/ Signature:

\_\_\_\_\_  
Date:



## Parent Agreement

BRICKS Parents are responsible for

- Checking Brightwheel App daily for messages from teachers and administration (responding if necessary).
- Paying Brightwheel Tech Fee of \$1.75 when Tuition is due
- Billing on a bi- weekly basis (every other Monday), even on days BRICKS is CLOSED.
- All announcements pertaining to school news, reminders, Accidents/ Incident reports and closure dates will be sent through the Brightwheel app.
- I understand that BW responses are to be expected during our business hours.

I \_\_\_\_\_ agree to the terms of the Brightwheel App used by BRICKS Early Learning Center for my child

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Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: \_\_\_\_\_ Center Name & Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (\_\_\_\_\_) \_\_\_\_\_

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (Include child listed at top of form)**

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 5.

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

**STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**  
 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.

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

**STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**  
 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." If you enter "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?)	
	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly

**STEP 5: Contact information and adult signature** Last four digits of Social Security Number (SSN) of adult household member: \_\_\_\_\_ If no SSN, write "none."

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): \_\_\_\_\_ Street Address, City, State, Zip Code \_\_\_\_\_ Daytime phone #: (\_\_\_\_\_) \_\_\_\_\_

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**OPTIONAL: Child's ethnic and racial identities** 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. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

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

Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child  Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_  
 Eligibility Determination:  Free  Reduced-Price  Non-needy  How Often Income is Received (Frequency):  Weekly  Biweekly  Twice a Month  Monthly  Annually

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: \_\_\_\_\_  
 Revised 6/2019 Page 1 of 2 U-009-08



**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.



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

**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.

CF/PI 175-70, June 2009

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



**"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/>**

**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...



Developed by:  
 The Office of Child Care Regulation  
[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)  
 CF/PI 175-12, May 2018

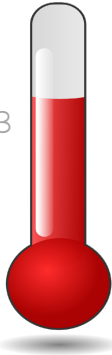


## FACTS ABOUT HEATSTROKE:

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.

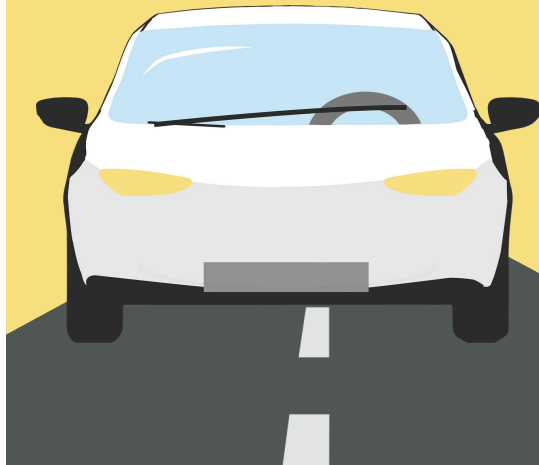
The body temperature of a child increases **3 to 5 times faster** than an adult's body.



## 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.

When life happens...Don't be a **DISTRACTED ADULT**



**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.



**My signature below verifies receipt of the Distracted Adult brochure**

Parent/Guardian:

Child's Name:

Date:

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

# Getting In; Getting Out



## 10: Check Behind The Car

- BEFORE GETTING IN THE CAR AND STARTING THE ENGINE, walk around the car and CHECK FOR KIDS, TOYS, AND PETS!
- Make sure there is NOTHING UNDER OR BEHIND YOUR CAR that could attract a young child.
- PICK UP TOYS, BIKES, CHALK OR ANY TYPE OF EQUIPMENT around the driveway so that these items don't entice kids to play.

Developed by:  
**PREVENTION UNIT**  
Office of Family and  
Community Services



## 10: Getting In; Getting Out



## 10: Check the Back Seat

- In just 10 MINUTES, a car's temperature can increase by 19°
- Before getting out of your car, check the back seat ... **DON'T FORGET YOUR CHILD!**
- NEVER leave your child alone in a car and CALL 911 IF YOU SEE ANY CHILD LOCKED IN A CAR!
- Place something in the back seat that you will need at work, school, or home (your laptop, your lunch).

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My signature below verifies receipt of the **Getting In; Getting Out...** flyer from the Department of Children and Families.

Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Getting In; Getting Out



### 10: Check Behind The Car

- BEFORE starting in the car and starting the engine, walk around the car and check for kids, toys, and pets!
- Make sure there is NOTHING UNDER OR BEHIND YOUR CAR that could attract a young child.
- PICK UP TOYS, BIKES, CHALK OR ANY TYPE OF EQUIPMENT around the driveway so that these items don't entice kids to play.

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# Safe Sleep in Child-Care Settings



**Child-Care Providers – Put Babies Safely to Sleep**  
Here are six ways to keep the baby in your care safe

Put baby to bed on their back – it's the safest way



Put them to sleep in their crib, bassinet or other safe sleeping space



Use a firm and flat mattress with a tight sheet



Keep sleep surface clutter-free – no pillows, bumper pads, blankets, toys



No surface sharing – bed, couch, chair, or any other surface area



Consider offering a pacifier at nap time and bedtime\*

\*Do not use a pacifier until after breastfeeding is well-established.



## Caregivers:

Encourage new mothers to follow the American Academy of Pediatrics (AAP) recommendations for Safe Sleep and Breastfeeding for 12 months. Any breastfeeding for 2-4 months reduces the risk of SIDS by about 40 percent

# BRICKS Early Learning Center STUDENT EMERGENCY CONTACT CARD

2020-2021 SCHOOL YEAR

**FOR OFFICE USE ONLY:**

Class: \_\_\_\_\_

Teacher: \_\_\_\_\_

Enrollment date: \_\_\_\_\_

In case of an emergency, it is imperative that BRICKS ELC is able to reach the student's parent or guardian. Please fill in the information on of this card carefully and accurately. Please use blue or black ink and print clearly and legibly.

Male  
 Female

Teacher \_\_\_\_\_

**STUDENT**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate \_\_\_\_\_

Birthplace \_\_\_\_\_

Home Address (Primary Residence) \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Lives with:  Both Parents  Mother  Father  Legal Guardian  
Address change?  No  Yes *If so, please contact the school office of changes.*

**MOTHER/GUARDIAN**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Employer/Address \_\_\_\_\_

Home Address, if different from above \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

**FATHER/GUARDIAN**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Employer/Address \_\_\_\_\_

Home Address, if different from above \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Are there any COURT- MANDATED custody/visitation orders limiting access to this student?  
 No  Yes *If Yes, please attach LEGAL ORDER.*

Other Children at home: \_\_\_\_\_

Languages spoken at home: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**AUTHORIZED CONTACTS** Please list the names of relatives/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIAN, OR ADULTS LISTED ON THIS CARD.**

I, \_\_\_\_\_ hereby authorize the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in school.

NAME:	RELATIONSHIP:	PHONE NUMBER:
1.		
2.		
3.		
4.		
5.		
6.		

I declare that the information this form is true and correct. I will notify the school office immediately of any changes to be made in the foregoing information.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship \_\_\_\_\_



**Request for Copy of IEP/IFSP/Professional Evaluation**

BRICKS Early Learning Center

Dear family,

We share a common interest in your child’s well-being, growth, and development. Developmental plans and assessments allow us to promote accommodations and adaptations that meet your child's specific needs. If your child has received a professional evaluation such as, 1) an Individualized Family Support Plan (IFSP), (2) an Individualized Educational Plan (IEP, and/or an evaluation from a service professional (e.g. Speech Therapy, Behavioral Therapy, Occupational Therapy, etc.), it would be beneficial to share a copy of this plan with us. We can work together to ensure that the recommendations are put into practice.

In addition, if your child receives School Readiness funding, we will share this document with the Early Learning Coalition of Miami-Dade/Monroe for additional support services.

We kindly ask that you complete the lower part of this form and return it to us. Thank you in advance for your cooperation.

\_\_\_\_\_ I am enclosing a copy of my child’s IEP, IFSP, or other professional evaluation.

\_\_\_\_\_ I am not providing a copy of my child’s evaluation, or this does not apply to my child.

Child’s name (please print):

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Parent/guardian name (please print):

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Parent/guardian signature:

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**Note: This data will be protected and not shared with anyone outside the Early Learning Coalition of Miami-Dade and Monroe.**