

Registration Checklist 3 Year Olds and VPK

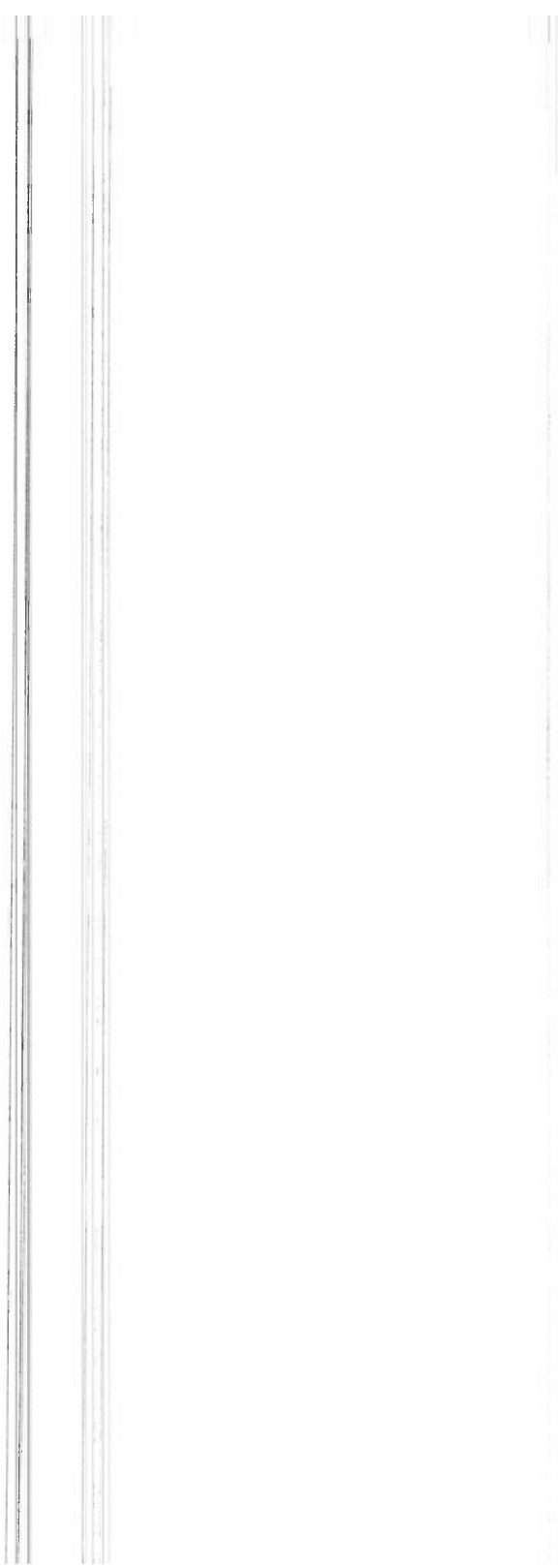
Registration is not complete until all the following forms and fees are submitted. Please check with the office to be sure that we have an opening for your child before submitting paperwork.

Child's Name _____

Enrollment Date _____

Parent's Names _____

- _____ Enrollment application completed (all blanks)
 - Child's Enrollment Record
 - Emergency Medical Release
 - Food Experience Participation Form
 - IPLA Parent Handbook Acknowledgement
 - Code of Student Conduct/Know Your Child's Children Center
 - Expulsion Policy
 - Field Trip
 - Reunification/Disaster Plan
 - Media Release Form
 - Child Care Food Program
- _____ Copy of Birth Certificate
- _____ Physical (less than 12 months old) – Yellow Form
- _____ FL Immunization – Blue Form





CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information:

Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency 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 children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK
CHILD'S ENROLLMENT RECORD
(Back Page)

Medical Information:

Child's Physician/Health Resource

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Supper

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian _____ Date _____

IPLA EMERGENCY MEDICAL RELEASE

This form must contain only one child's name. A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____ Medicines Routinely taken _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address) (number, apartment #, street) City State Zip Code)

Home Telephone _____ Cell Phone _____ Work Phone _____

Email Address _____

Family Physician's Name/Health Care Resource: _____

Address: _____ Phone Number: _____

Hospital Preference _____ Street Address (number, apartment #, street) City State Zip Code

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____ Phone _____

Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone/Cell Telephone/Work Telephone

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

_____, in the event of an emergency at which time
(Child's Full Name)

I cannot be reached, I give consent to transport by ambulance if the situation warrants it.

Sign in the presence of the Notary.

Signature of Custodial Parent/Legal Guardian (Affiant) _____

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ 20_____
(Month) (Day) (Year)

by means of • physical presence or • online notarization by _____ who is personally known
to me or has produced _____ as identification.

(Type of identification)

Signed: _____

(Signature of Notary) SEAL OF NOTARY

INFINITE POTENTIAL
LEARNING ACADEMY

Authorized to Pick-Up List

All children are to be signed in and out and may be picked up by those persons on the **Authorized to Pick-Up List**.

Ex. Susan Boyle 727-123-4567

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____



INFINITE POTENTIAL
LEARNING ACADEMY

Food Experience Participation Form

I give permission for my child _____ to participate in food related activities.

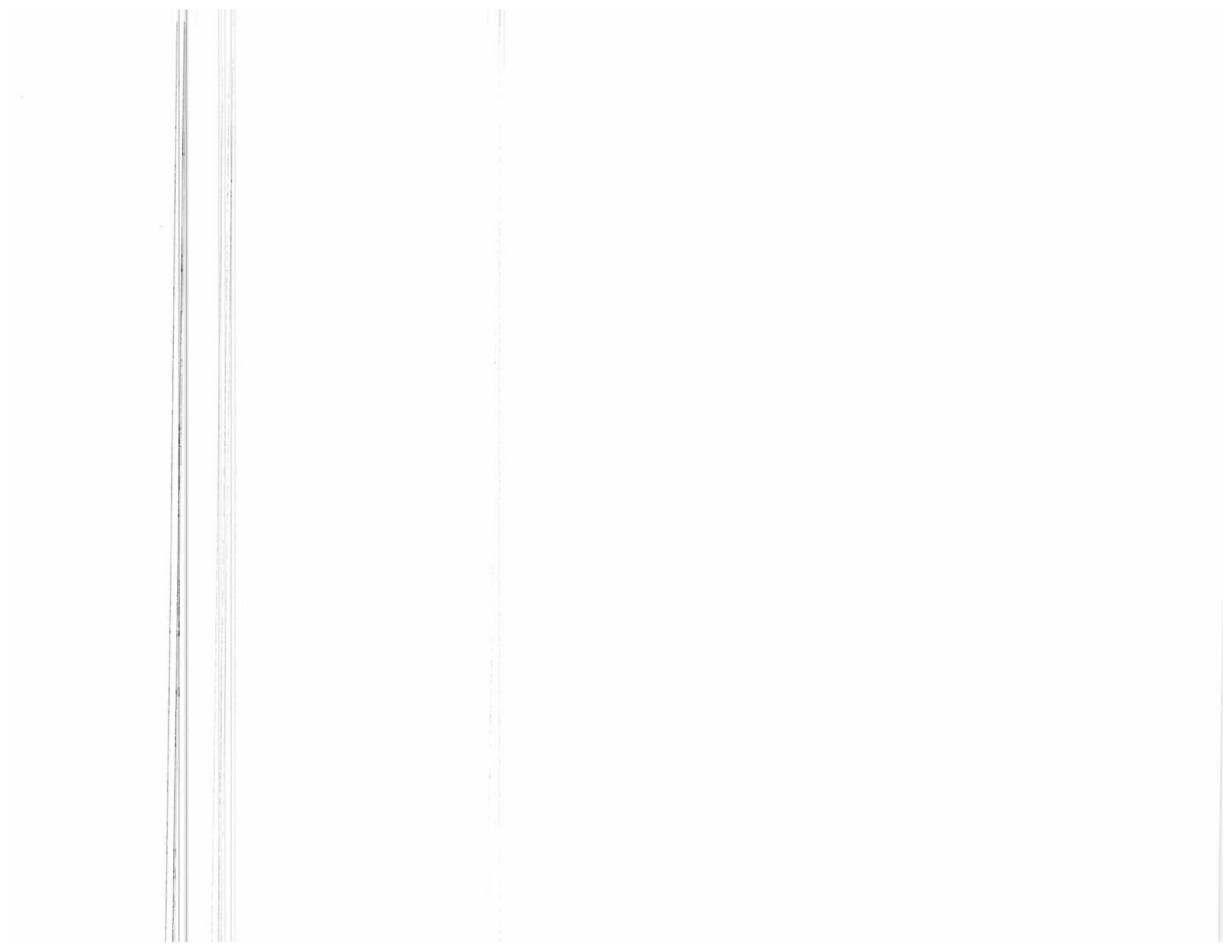
Please check one of the following:

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

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature _____



IPLA Parent Handbook Acknowledgement

Please complete the form and return to your child's teacher.

Student Name (please print) _____

Age/Grade Level _____

Parent/Guardian Name _____

Signature _____

Date _____ Contact Number _____

I acknowledge that I have received and read the Parent Handbook. I understand that I am required to follow the policies in the Parent Handbook. If I have any questions regarding the Parent Handbook, I will directly contact the Director.



Infinite Potential Learning Academy

(Discipline Policy)

Know Your Child's Learning Center

The Florida Statutes 402.305(12) requires that parents are notified in writing of the disciplinary practices used by Child Care Facilities (Infinite Potential Learning Academy) prior to enrolling their child. F.S. prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or other forms of physical punishment is prohibited. Infinite Potential Learning Academy must ensure that disciplinary practices are both constructive and appropriate for each child's age. Our objective is to help the child maintain control of his/her emotions, not to prevent the child from expressing his/her feelings or moods.

The following are guidelines in which IPLA establishes and maintains a safe orderly learning environment:

1. An effort will be made to recognize and reinforce positive behavior and ignore negative behavior whenever possible.
2. Challenging behaviors will be corrected by the teacher in a calm and professional manner.
3. Do not argue with a child, allow him/her to express his/her feelings, then state in a positive manner what is expected of him/her.
4. Extreme behavior such as kicking, biting, scratching, spitting, throwing objects and temper tantrums can usually be controlled by providing alternative choices or being separated from the group to allow a calm down period (within the teacher's sight) before returning to the group activities.
5. In some cases it may be necessary to discontinue a privilege from certain activities.
6. If misbehavior persists, the parent may be called for a conference to create an intervention plan. It is important that we establish realistic limits pertaining to the behavior of a child, considering his/her development stage and needs.
7. The parent may be required to withdraw their child from the center.

I, _____ (print parent of guardian's name) have received, read, and understood the *Code of Student Conduct* and *Know Your Child's Children's Center*. I also support the methods of discipline outlined above.

_____ Parent/Guardian

Signature Date





Expulsion Policy

IPLA believes in positive redirection. The Academy teachers and staff will use respectful, positive guidance techniques, determined by your child's age and development level, to encourage and promote each student's positive

self-direction, self-control, self-esteem, social development, and emotional expression. When confronted with challenging behaviors, the teachers and staff will focus on redirecting said behavior and offering acceptable choices to help students safely emotionally regulate.

The positive practice teachers and staff will use include:

- Demonstrating appropriate behavior through my daily actions and words
- Establishing daily routines such as meals, nap times, etc.
- Setting fair and consistent limits, using clear and simple instructions that are appropriate to your child's age and developmental level.
- Redirecting challenging behavior, offering acceptable choices.
- Providing reasonable consequences, being consistent.

Teachers will encourage children to empathize with one another's feelings and see the results of their actions. We discourage inappropriate behavior. We will make every effort to work with parents of children having difficulties in child care.

Physical punishment will not be used in any form at IPLA. Your child will not be subject to discipline that is severe, humiliating, or frightening. Neither will the Academy associate discipline with food, rest, or toileting.

Children displaying chronic disruptive behavior which is upsetting to the physical or emotional wellbeing of another may require the actions: Parents of the child will be called in for a conference. I will discuss the issues and identify some possible solutions. A plan of action will be developed and agreed upon by the parent and myself. If the plan of action is not working, the parents will be called in for another meeting. We will discuss what is not working and develop another action plan. If no progress has been made towards solving the problematic behavior, the child may be suspended from care. This suspension may range in length from the rest of the day to indefinitely.

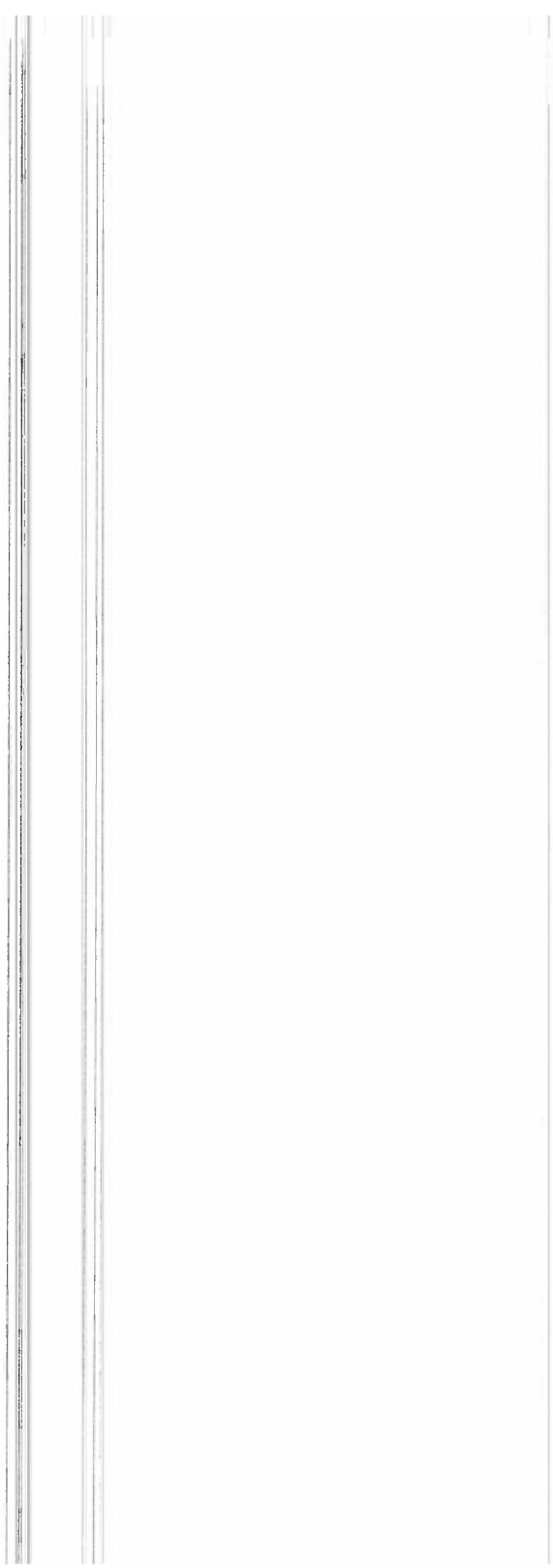
IPLA reserves the right to cancel the enrollment of your child for the following:

- **Nonpayment or excessive late payments of fees**
- **Physical and/or verbal abuse of staff or children by parent or child**

_____ have receive, read and understand the
Print Parent/Guardian Name

Expulsion Policy, in its entirety.

Parent/Guardian Signature _____ Date _____





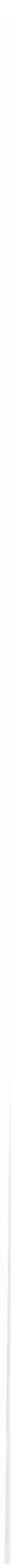
Infinite Potential Learning Academy
Field Trip / Activities Permission Form

I (We) hereby grant permission for _____ to participate
Student Name

In all off-campus activities for the school year of 2024-2025

Parent/Guardian Phone (Home) Phone (Work) Phone (Cell) Signature of

Alt. Contact (Home) Phone (Work) Phone (Cell) Signature of



Reunification / Disaster Plan



Dear Parents,

We have developed an emergency plan that will be implemented in case of an emergency. Plans for emergency care are reviewed annually. The specific type of emergency will guide where and what special care will be provided.

SHELTER AT THE CHILD CARE FACILITY: This plan would be put into place in case of a weather emergency or unsafe outside condition or threats. In this plan, the children will be cared for indoors at the facility, and all the doors may be locked to restrict entry. Parents will be notified if they need to pick up their child before their regular time.

EVACUATION TO ANOTHER SITE: In the event of a disaster including, but not limited to, a hurricane, tornado, water main break, an electrical problem, a gas leak, or other natural disaster problems located in the area or on the property that warrants evacuation to another site, we will do the following: Each teacher will be paged, the alarm will sound, and the evacuation procedure will be implemented immediately. Students will be counted and safety straps will be used to connect each child. Individual class attendance sheets will be taken as well as the sign in sign out sheets and the School Student Contact Book. Students will be transported to **The Enoch Davis Recreation Center located at 1111 18th Ave South, Saint Petersburg, FL 33705.**

METHOD TO CONTACT PARENTS: Once all students have been safely transported to Enoch Davis Recreation Center, all parents will be notified using our ALL CALL FEATURE which will tell them where they can pick up their child(ren). A sign will be placed on the door of the facility to let parents know where we will be during this evacuation.

REUNITING WITH PARENTS: Parents will be called and reunited with their children as soon as possible after the emergency. Upon enrollment you completed a list of emergency contacts and persons who may pick up. It is very important to keep that list up-to-date in case an emergency occurs. The purpose for sharing this information is to reassure you that we are prepared to handle all types of emergencies in a way that will ensure the safety of all children.

Child Name: _____

Parent Signature: _____ Print: _____

Date: _____

1

2

3



Photograph/Press Release for a Minor

In consideration of benefits derived by me of the use by IPLA of the likeness or photograph of my child(ren), _____

the receipt of which is hereby acknowledged, I hereby grant or do not grant (check one) IPLA the absolute right and permission to use in perpetuity my child's likeness and photograph (s) in whole or part, or distorted in character or form, in conjunction with my child's name, together with or without written copy, for any lawful purpose whatsoever, in any media whatsoever now known or hereafter developed. I hereby waive any right that I may have to inspect and approve the finished product or such written copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless IPLA and all other persons using my child's likeness and photograph(s) in accordance with the terms thereof, including but not limited to any liability for what might be deemed to be misrepresentation or defamation of me, my child, our respective characters or persons due to distortion, alteration, optical illusion or faulty reproduction which may occur in the development or use of my child's likeness and/or photograph(s) or any written material which is part of or connected with the likeness and/or photographs(s).

I am 18 years of age or older. I am the parent or legal guardian of my child and have the right to contract in my child's name. This release shall be binding upon me, my child and our respective heirs, legal representatives, and assigns. I further release IPLA from any responsibility for injury incurred during a filming/photography session. I have read the forgoing and fully understand the contents thereof.

I understand that the Photo/Press Release Permission will remain in effect during my child(ren) enrollment at Infinite Potential Learning Academy (IPLA).

Parent Signature

Parent Name (Printed)

Student Name (please print)

Student Social Security Number

()

Telephone

Street Address

City, State

Zip Code

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
		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): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> 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 Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 5: 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): _____ 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: _____

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Salary, wages, cash bonuses • Net income from self-employment (farm or business)	• Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules. **This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**