Bloom Academy Re-Enrollment Form

Are you interested in information regarding Government Subsidized Funding? **Yes No O**

| oday's Date: | Date of Enrollment: _ | | or Ch | eck Here if | Re-Enrolling |
|------------------------------------|----------------------------------|-------------------|--------------|-------------|--------------|
| | Child(ren) I | nformation | | | |
| Child's Full Name: | | D.O.B | / | / | Sex: |
| Allergies, Medical or Dieta | ry Needs, or Other Areas of Co | ncern: | | | |
| Days of Week in Care: M | T W TH F Typical Hours of | Care Needed: Fron | n | to |) |
| 2 nd Child's Full Name: | | D.O.B | / | / | Sex: |
| Allergies, Medical or Dieta | ry Needs, or Other Areas of Co | | | | |
| Days of Week in Care: M | T W TH F Typical Hours of | | | | |
| 3 rd Child's Full Name: | | D.O.B | / | / | Sex: |
| Allergies, Medical or Dieta | ry Needs, or Other Areas of Co | ncern: | | | |
| Days of Week in Care: M | T W TH F Typical Hours of | Care Needed: Fron | m | to |) |
| Child(ren) Live With: | | | | | |
| | Family Info | ormation | | | |
| Primary Contact: | _ | | | | |

| Primary Contact: | | | |
|---------------------------|-----|----|--|
| Relationship to Child(ren | ງ: | | |
| Address: | | | |
| | | | |
| Cell Phone: | | | |
| Cell Phone Provider: | | | |
| Employer: | | | |
| Work Phone: | | | |
| Email Address: | | | |
| Authorized to Pick Up? | Yes | No | |

| Secondary Contact: | | |
|----------------------------|-----|----|
| Relationship to Child(ren) |): | |
| Address (If Different): | | |
| h | | |
| Cell Phone: | | |
| Cell Phone Provider: | | |
| Employer: | | |
| Work Phone: | | |
| Email Address: | | |
| Authorized to Pick Up? | Yes | No |



Additional Emergency Contacts (not you!)

Child(ren) 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 the case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

| Name: | Relationship to Child(ren): | |
|---|---|--|
| Cell Phone: | Work Phone: | |
| Emergency Contact | | |
| Name: | Relationship to Child(ren): | |
| Cell Phone: | Work Phone: | |
| Emergency Contact | | |
| Name | Relationship to Child(ren): | |
| Cell Phone: | Work Phone: | |
| | | |
| Doctor: | staff of this facility to contact the following medical personnel to obtain eme medical care if warranted. Phone: | |
| Doctor:Address: | medical care if warranted. Phone: | |
| Doctor: Address: Doctor: | medical care if warranted. | |
| Doctor: Address: Doctor: Address: | Phone: | |
| Doctor: Address: Doctor: Address: Dentist: | medical care if warranted. Phone: | |
| Doctor: Address: Doctor: Address: Dentist: Address: | Phone: | |



DCF Required Disclosures

DCF Required Information

- Sections 7.1 and 7.2, of the DCF Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the DCF Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24),
- Section 7.3, C.3 of the DCF Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the DCF Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility,

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.

| Parent/Guardian Signature | Date |
|---------------------------|------|
| Parent/Guardian Signature | Date |

Permissions Page

Topical Ointment: Your child's skin is so precious and sensitive. We pride ourselves on protecting our little Bloom's skin by using all natural diapers, wipes, cream, ointment and sunscreen. Please apply sunscreen in the morning before arriving at school and we will re-apply sunscreen in the afternoon. By initialing in the space provided you give Bloom permission to apply ointment, creams, lotion, sunscreen, insect repellant, etc.

| Initia | l: |
|--------|----|
| | |

Permission for Food Related Activities & Special Occasions: I give permission for my child to participate in food related activities and special occasions wherein food is consumed.



Existing Forms on File

Please note that the following contracts, waivers and agreements remain in effect throughout the duration of your child's enrollment, unless otherwise updated and communicated in writing.

- Permissions Page
- Enrollment Contract
- Drop Off Time Acknowledgement
- Video Surveillance Acknowledgement
- Parent Code of Conduct
- Liability Release/Medical-Emergency Treatment and Transportation
- Risk and Waiver of Liability related to COVID-19
- ACH/Credit Card Account Information and Authorization

By signing the final enrollment acceptance and agreement below, you are in agreement with these documents on file. If you would like to update any of these documents or information, you may do so by contacting your site director and completing new forms.

Babysitting Policy

In the event that I arrange with a Bloom Academy employee to babysit or transport my child outside of the employee's work hours, the sitter enters such an agreement as a private citizen and not as a Bloom employee. Bloom is not responsible for its employees outside of their working hours and will not be liable for their acts or omissions outside of their Bloom employment. In addition, I understand that should I remove my child from the care of Bloom and employ the services of a Bloom employee, I will be responsible to Bloom for a training/education reimbursement fee of \$2000 per staff member.

By signing the final enrollment acceptance and agreement below you accept the babysitting policy.

Final Enrollment Acceptance and Agreement

Your signature below indicates that you have read, understand and agree to the terms, conditions and permissions granted or declined throughout this enrollment agreement and that the information on these forms are complete and accurate.

| Parent/Guardian Signature | Date |
|---------------------------|------|
| Parent/Guardian Signature | Date |



Write the name of the eldest child at Bloom next to Child's Name

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

| Child's Name: | | Center Name | e & Address: Bloo | m Academy F | Punta Gorda, 24368 Aip | ort Road, Pu | unta Gord | da, FL 33950 | |
|--|-------------------|---|---|----------------------------------|---|---------------------------------------|--------------------------|--|------------------------------------|
| Please read the instructions and accompanying | ig Parei | nt Letter before con | npleting this form. If | you need assi | stance completing this for | m, call: (941 | 655-8 | 3150 | |
| STEP 1: Complete the following table for a | IINFA | NTS and CHILDRE | N through age 18 | that reside in | the household, even if n | ot related. (in | clude chil | ld listed at top o | of form) |
| Child's Name (Last Name, First Nam | | Date of Birth | | | Foster Child? (circle) | | | | |
| | 2.4 | | Yes | No | Yes No | Yes N | io | Yes | No |
| | | | Yes | No | Yes No | Yes N | lo | Yes | No |
| | | | Yes | No | Yes No | Yes N | lo | Yes | No |
| | | | | No | Yes No | Yes N | | Yes | No |
| STEP 2: Do any household members (child If NO, go to STEP 3. If YES, enter one of the f | ren or ollowin | adults) receive Fo g case numbers, th | od Assistance Pro en go to STEP 5. | ogram (FAP/SI | VAP) or Temporary Assi | stance for Ne | edy Fami | ilies (TANF) b | enefits? |
| FAP/SNAP Case Number: | e rever | se side for what ty | | F Case Numbe report) (skip th | | # in STEP 2) | | | |
| Children's Income - sometimes children earn | n or rec | eive income. Enter | the total income re- | ceived by all ch | ildren listed in STEP 1, th | en check how | often the | income is rece | eived. |
| Children's income - Total: \$ | | How often rece | eived? (check only | vone): □ We | ekly 🗆 Bi-Weekly 🗆 T | wice a Month | ☐ Month | hlv □ Annual | llv |
| STEP 4: Household income and adult house | ehold | | | | | | | | |
| taxes & deductions) from each source in we that does not receive income from any source Adult Household Member's Name (Last Name, First Name) | , write " | none" or "0." If you Earnings fro (\$ Amount / Ho | enter "none" or "0" om Work | or leave any in Public Assi | come fields blank, you are stance/Child Support/Al Amount / How often?) | e certifying tha | at there is nsions/Re | no income to r etirement/All (nount / How o | report. Other Income |
| | \$ | | eekly Biweekly Monthly vice a Month Annually | \$ | / Weekly Biweekly Mont Twice a Month Annually | | | | Siweekiy Monthly Jonth Annuelly |
| | \$ | /w | eekly Biweekly Monthly vice a Month Annually | \$ | / Weekly Biweekly Mont Twice a Month Annually | nty \$ | | / Weekly E | Siweekly Monthly |
| Total Household Members (Add STEP 1 & 4 |): | 17 VARIE 10 | | Number (SSI | N) of adult household me | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 11 1 | | N, write "none." |
| STEP 5: Contact information and adult sign | | | | | | | | 1 | |
| By signing below, I am certifying (promising) that of federal funds and that institution officials may | | | | | | | | | |
| Home address (if available): | | | | | | Daytime phor | ne #: (|) | :: |
| | | Street Add | fress, City, State, Zip | Code | | | 000000 | | ***** |
| Signature of adult household member: | | | | Printed name | | | Da | ate signed: | |
| OPTIONAL: Child's ethnic and racial identities We Responding to this section is optional and does not affer | | | | | This information is important a ty (check one): | | | | ne community. |
| Race (check one or more): American Indian o | r Alaskar | n Native Asian | Black or Afri | can American | Native Hawaiian or Other | Pacific Islander | w | /hite | |
| Categorical Eligibility: ☐ FAP/SNAP or TANF Hot | usehold | ☐ Foster Child | Total Household | Size: | Total Household Income: | \$ | | | |
| Eligibility Determination: ☐ Free ☐ Reduced-F NOTE: If different income frequencies a | | | | | requency): □ Weekly □ me Conversion: Weekly x 5 | | | | |
| Reason for Non-needy Status: Income too High | n 🗆 Ir | ncomplete Application | ☐ Other Reason: | | | | | | in mi |
| Determining Official's Signature: | | | Date: | Second | Party Check Signature: | | | D | ate: |

This form is only REQUIRED for children under the age of 1

Child Care Food Program

Infant Feeding Form

| Child care facility: Plea | ase fill in facility name and formulas offered before distributing to parents. |
|--|--|
| Child Care Facility Name: | Bloom Academy |
| *Formulas offered at this facility: Milk-based: | Earth's Best |
| Soy-based: | Earth's Best |

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potatoes, bananas, and peas.
- A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

| Parents please complete the following: | |
|--|---|
| Baby's full name: | Date of Birth: |
| Please check ✓ this box ☐ if your baby is breastfed. | Please check if you plan to do one or both: |
| Provide pumped breastmilk | Visit facility to nurse □ |
| | e above iron-fortified formulas for formula-fed infants up for infants 6 months and older, according to the CCFP |
| I prefer to supply my own formula (write in name of | *formula): |
| This facility has not requested or requ | iired me to provide infant formula or food. |
| Parent Signature: | Date: |
| Printed Name of Parent: | 10 M |

^{*}Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food



Office Use Only

| Transition Date: Schedule: FT / MWF / TTH / VPK 0n | |
|---|--|
| Notes: | |
| Immunization Expiration Date: Physical Due Date: | Date Added to Tracker: Date Added to Tracker: |
| T Try Steal Doe Date. | Duce Naded to Tracker. |
| Aller | gies |
| Allergy List Updated Printed P | Provided to Kitchen and Classroom |
| ProC | Care |
| Checked for Updated | |
| | |
| Billi | ng |
| Billing Verified: Registration Fee | |
| VPK St | 1 . |
| | udent |
| VPK Voucher Complete: Add V | oucher to VPK Portal: |
| VPK Voucher Complete: Add V Add to FAST: Short F | oucher to VPK Portal: |
| - | oucher to VPK Portal: |
| Add to FAST: Short F SR Stu Verify SR in Portal: Add to S | oucher to VPK Portal: Form in Binder Ident R Fee Spreadsheet: |
| Add to FAST: Short F | oucher to VPK Portal: Form in Binder Ident R Fee Spreadsheet: |

