

PARTICIPATION REGISTRATION AND CONSENT FORM

Childs Name: _____ Age _____ Sex _____ DOB: ____/____/____ Grade _____

Childs Name: _____ Age _____ Sex _____ DOB: ____/____/____ Grade _____

Childs Name: _____ Age _____ Sex _____ DOB: ____/____/____ Grade _____

Address: _____ City _____ Zip _____

School Attending: _____ Date Enrolled _____

Days of the week in Care: Mon Tues Wed Thurs Fri (Mark **P** for parent provides or **C** for Center Provides)

Breakfast AM Snack Noon Meal PM Snack Dinner

ALTERNATE NUTRITION PLAN

I understand and approve the use of the alternate nutrition plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs. Indicate special dietary requirements: _____

Family Information:

Custodial Parent (Circle One): Mother Joint Father

Mothers Name: _____

Fathers Name _____

Home Phone: _____

Home Phone: _____

Employment: _____

Employment: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Cell Provider: _____

Cell Provider: _____

Email: _____

Email: _____

PERSONS AUTHORIZED TO REMOVE CHILD (IDENTIFICATION REQUIRED)

Check box for emergency contact

- | | | | | |
|----|------------|--------------------|-------------|--------------------------|
| 1. | NAME _____ | RELATIONSHIP _____ | PHONE _____ | <input type="checkbox"/> |
| 2. | NAME _____ | RELATIONSHIP _____ | PHONE _____ | <input type="checkbox"/> |
| 3. | NAME _____ | RELATIONSHIP _____ | PHONE _____ | <input type="checkbox"/> |

HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the "KNOW YOUR CHILD'S DAY CARE FACILITY BROCHURE/FDCH BROCHURE" and the parents are notified in writing of the "DISCIPLINARY PRACTICES" and "The Flu" A Guide for Parents used by the childcare facility. The parent's/legal guardian's signature certifies receipt of the childcare facility brochure/fdch brochure discipline policies, agreement of the alternate nutrition plan, and all of the information on this form is complete and accurate.

Signature of parent or legal guardian

TAMPA ELITE SPORTS ACADEMY

PERMISSION AUTHORIZATION FOR FIELD TRIP, FROM SCHOOL TRANSPORT AND EMERGENCY EVACUATION

Staff may plan special field trips for children away from the center. These trips are carefully arranged in advance and shall be supervised by an adequate number of staff members. You will always receive advance notice of all field trips. Please indicate that we have permission to take your child, _____ on field trips by signing below.

Parent Signature: _____ Date: _____

For emergency purposes, we have permission to evacuate the premises. Our emergency evacuation site is Wendy's on Sheldon. We also have permission to transport your child from their elementary school to our facility.

Parent Signature: _____ Date: _____

Witness: _____ Date: _____

STUDENT/ PARTICIPANT PLEDGE

I PROMISE:

1. To follow all safety rules and directions in the classroom, the fields, play area, on the van/bus and on field trips
2. To cooperate with staff and my teammates and respect their space and belongings. I understand this means no bullying, yelling or physical contact that may hurt another person.
3. To use appropriate language at all times, use a quiet voice in the classroom, in the van and/or bus and listen when someone else is speaking.
4. To be a team player and show good sportsmanship behavior.
5. To be respectful of facility equipment.

REGARDING FIELD TRIPS:

I understand that if I act in a way that may endanger my friends and/or myself or have to be continually reminded of the rules I may not be allowed to attend the next field trip.

I have read this pledge together with my parent/guardian and understand the rules and guidelines.

Parent/guardian Signature: _____ Date: _____

HOW DID YOU HEAR ABOUT US _____

STATEMENT OF CONSENT BY PARENT

Parents are responsible for the actions and behavior of their child while participating in Tampa Elite Sports Academy programs and activities. I understand that my child is subject to the Tampa Elite Sports Academy disciplinary policies while participating in programs and activities. In consideration of allowing my child to participate in Tampa Elite Sports Academy programs and facilities, I hereby hold and save Tampa Elite Sports Academy harmless from and against any and all liability, loss, claim, suit, damage, charge or expense which Tampa Elite Sports Academy, its employees or agents may suffer, sustain, incur or in any way subjected to an account of death of or injury to my child arising out of , resulting from, or in any way connected with my child participating in Tampa Elite Sports Academy recreation or sports programs or using Tampa Elite Sports Academy facilities.

I understand that if my child has a contagious condition, e.g. head lice, chicken pox, etc. I will not bring my child to the facility until he or she is no longer contagious anymore. I agree to abide by this for the protection of my child as well as other children and staff members at the facility.

I give my permission for my child to participate in any activities programmed by Tampa Elite Sports Academy. I understand some activities may involve supervised travel and that I will be notified prior to the trip for additional consent.

LATE FEES

NSF checks/ Declines	\$25.00/item
Late Payment	\$5.00/Per day
Late Pick up	\$2.00/Per Minute

Other Charges:

A \$50 registration fee is required to be paid upon enrollment

Signed:_____ **Date:**_____

Relationship to participant: _____

Medical Alert Information (i.e., Allergies medical and/or handicapping conditions): _____

List any additional information which would be beneficial for the childcare staff to know about your child:

Preferred Physician: _____

Address: _____ Phone: _____

Preferred Hospital: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my children, _____ & _____, Should become ill or injured at

Tampa Elite Sports Academy, I understand that the facility will: (1) Contact me immediately and (2) contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and arrange for immediate medical treatment.

The physician and /or medical facility are authorized to administer emergency medical treatment necessary to ensure the safety of my child.

I will accept responsibility for payment of medical services rendered.

SIGNATURE

RELATIONSHIP

DATE

Photography consent

Tampa Elite Sports Academy likes to celebrate your child's work and achievements. As a result, images of your child and his/her work may appear on our website and/or social media links.

I, _____ (PRINT NAME) Parent/Guardian of _____ & _____
hereby:

Grant Permission _____ **Do not grant permission.** _____

for my children to be photographed .

Signature _____



Enrollment Registration Information

Name of child: _____ Parent/Guardian Name: _____

Name of child: _____ Primary Phone Number: _____

Date of Birth: _____ Primary Email: _____

Please initial each section listed below, then sign and date the last page.

Section 1: Tuition and Fees

_____ **REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$ 50.00 shall be paid in advance to enroll my child at TESA. Registration is a \$25.00 fee if you were previously registered for a TESA program. The following school year registration will be \$25.00 if you remain enrolled for the calendar year of August through May.

_____ **PAYMENT OF TUITION:** I understand that I must always have an updated card on file. I also understand my card will be processed biweekly through Tuition Express. After the seventh day, if tuition is not brought up to date a Final Demand Letter will be given, and services will be terminated. All non-payments will then be reported to the Credit Bureau and actions taken by a Collection Agency.

_____ **TUITION EXPRESS CREDIT CARD FEES:** I understand that all credit card payments will incur a convenience fee of 4%.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a \$10 discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

_____ **LATE TUITION:** All late fees are subject to change with reasonable notice. I understand that if my account is not paid on the due date my late fee for the week is \$25.00 and must be paid in full, prior to my child returning on Monday.

_____ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees more than any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am responsible for payment of any tuition more than any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

_____ **RETURNED CHECKS & NSF:** I understand that a processing fee of \$25.00 will be charged to my account for all checks & declined cards which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks & fees will be automatically resubmitted electronically up to three times. I further understand that once a check or card has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period.

Section 2: Daily Procedure

DAILY SIGN-IN AND SIGN-OUT: We ask that each parent remain in their vehicle and allow a staff member to come to your car to pick up your child(ren) in the morning and escort them in the afternoon at pick up. We ask that the new sign in and out policy is followed daily. By initialing, I agree to stay in my car during pick up and drop off. I understand that I must always have my ID present and ready for a staff member.

Section 3: Holiday, Absences and Closings

ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. **I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness).** My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. When using a vacation week, accounts must be current. You are entitled to **2 weeks** of vacation in the summer and **2 weeks** during the school year calendar as a committed participant and must use those days consecutively. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

NON-STUDENT DAYS: I understand that during the school year when TESA is open on non-student days a \$20 additional charge will be added to your account if your child attends on that date.

EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company's intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or a major building issue may disrupt service from time to time. I will contact TESA to ensure that it is open during inclement weather/natural disaster. I agree that if the TESA is closed for an extended period, I will continue to be responsible for my tuition payments for up to five business days.

Section 4: Withdrawal Procedure

COMMITMENT AGREEMENT: I understand that if I lock in at a commitment rate, my rate is locked in. ***I also understand that if I breach the agreement made by myself and TESA that there will be a charge of two weeks tuition per child applied to my account to withdraw from TESA.*** All non-payments will then be reported to the Credit Bureau and actions taken by a Collection Agency. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

WITHDRAWAL FROM PROGRAM AGREEMENT: I understand that I must provide a two (2) week written notice of withdrawal from the program. ***If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether my child attends or not.*** All non-payments will then be reported to the Credit Bureau and actions taken by a Collection Agency. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement*. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Directors' Signature: _____

Parent/Guardian Name (Print): _____ Date: _____

Tampa Elite Sports Academy Rate Sheet

Please choose ONE commitment:

- **After School Year Commitment (Ages 5-12)** _____ (*initials*)
\$80 weekly fee (locked in rate for school year)
2-week Vacation (between school calendar dates)
To withdraw your child, a 2 weeks' notice, or a withdrawal fee of \$160.00 added to tuition if there is a breach in the school year agreement.
- **Summer Camp Commitment (Ages 5-12)** _____ (*initials*)
150.00 weekly fee (locked in rate for 9 weeks of summer camp)
2-week vacation (between non-school calendar dates)
A total savings of \$350.00 for the 11-week summer camp session.
A withdrawal fee of \$300.00 added to tuition if there is a breach in summer camp agreement.
- **Non-Summer Camp Commitment (ages 5-12)** _____ (*initials*)
\$175.00 weekly fee
Pick and choose weeks of summer camp that you want/need.
 - **VPK Wrap Around Commitment (Ages 4)** _____ (*initials*)
\$125.00 weekly fee (locked in rate for the school year)
- **VPK Only (9:00a.m. – 12:00p.m.) (Ages 4)**
Free
 - **Preschool Commitment (Ages 3-4)** _____ (*initials*)
\$170 weekly fee (locked in rate for school year)
2-week Vacation (between months of August - May)
To withdraw your child, a 2 weeks' written notice, or a withdrawal fee of \$300.00 added to tuition if there is a breach in the school year agreement.
- **Two-Year-Old Commitment** _____ (*initials*)
\$185 weekly fee (locked in rate for school year)
2-week Vacation (between months of August - May)
To withdraw your child, a 2 weeks' written notice, or a withdrawal fee of \$300.00 added to tuition if there is a breach in the school year agreement.
- **One Year Old Commitment** _____ (*initials*)
\$210 weekly fee (locked in rate for school year)
To withdraw your child, a 2 weeks' written notice, or a withdrawal fee of \$300.00 added to tuition if there is a breach in the school year agreement.

I agree with these terms and have chosen the agreement with my initials

Parent Signature _____ **Date** _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of



Tampa Elite Sports Academy

Discipline Code

The code of conduct program is set up to help TESA staff ensure a safe and productive environment for our participants.

The code of conduct encourages and rewards positive conduct. The rewards should reflect the level and consistency of appropriate behavior displayed by our students. Our focus is to create a positive atmosphere that emphasizes self-esteem, self-control, and self-actualization. Our daily lesson plans are structured so that each child is given choices to learn and to take control over certain areas.

We use positive directions and positive reinforcement focusing only on what the child does and not what the child did not do. Our last resource is to tell the child to "Take a break", which is a thinking time for the child and a moment to self-regulate. We want to provide a safe environment. Physical or verbal punishment shall never be disciplinary procedures. Discipline shall not include failure to eat, toilet accidents, or when the child does not want to participate in an activity.

We want to provide a safe environment. We have a strict "No Tolerance" policy. We do not allow physical violence of any kind. If a student intentionally harms a staff or another student, the parent will be called, and a report will be written. After the second time the parent is required to pick up the child immediately. If the child must go home repeatedly in a reasonable period of time, dis-enrollment may occur. Note, the tuition will not be refunded for any reason, including behavior.

TESA believes that open communication between the center and the parents is the best tool for conquering behavioral problems. We provide many resources to assist and aid parents in need, and feedback from the parents is the key to resolving behavioral situations.

Name of child: _____

Name of parent: _____

Signature _____

EXPULSION POLICY

Tampa Elite Sports Academy

Unfortunately, sometimes there are reasons we have to expel a child from our program, either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION:

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children

PARENTAL ACTIONS FOR CHILD'S EXPULSION:

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness after 10:00 am or when picking up your child after 6:30p.m.
- Verbal abuse to a staff member, a child or another parent .

CHILD'S ACTIONS FOR EXPULSION:

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.

SCHEDULE OF EXPULSION:

The child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/ guardian may work on the child's behavior or to come to an agreement with the center. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks' notice depending on risk to other children's welfare or safety). **Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.**

As the parent of _____ I understand the above policy and agree to comply.

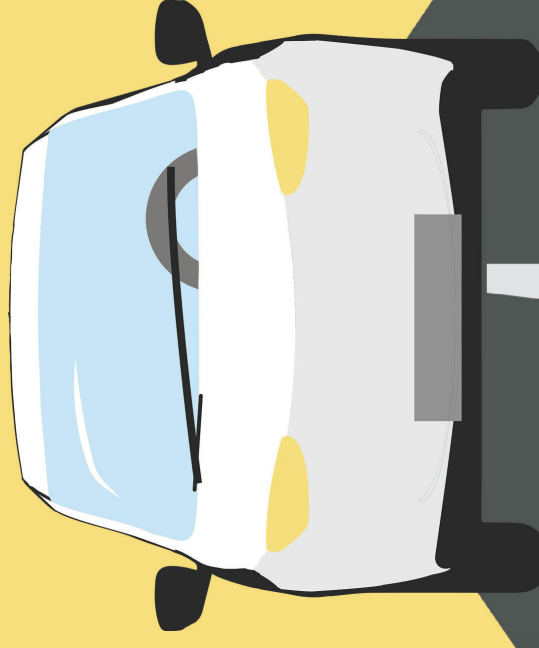
PARENT SIGNATURE _____

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
CF/PI 175-12, May 2019

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





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.

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.

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/>

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.



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.



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

CF/PI 175-70, June 2009

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

INFLUENZA VIRUS



"The Flu"
A Guide
for Parents

Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.



More information and free resources:

MyFLFamilies.com/ChildCare



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).
License Number: _____
License Issued on ____/____/____
License Expires on ____/____/____
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATORY
AND BACKGROUND SCREENING
MYFLFAMILIES.COM

To report suspected or actual cases of
child abuse or neglect, please call the
Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014

This brochure was created by the
Florida Department of Children and Families,
Office of Child Care Regulation and Background Screening
pursuant to s. 402.3125(5), F.S.,



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- ☐ Valid license posted for parents to see.
- ☐ All staff appropriately screened.
- ☐ Maintain appropriate transportation vehicles (if transportation is provided).
- ☐ Provide parents with written disciplinary practices used by the facility.
- ☐ Provide access to the facility during normal hours of operation.
- ☐ Maintain minimum staff-to-child ratios:

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- ☐ Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and Infant/Child CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and documented monthly fire drills with children and staff.
- ☐ Medication and hazardous materials are inaccessible and out of children's reach.

Training Requirements

- ☐ 40-hour introductory child care training.
- ☐ 10-hour in-service training annually.
- ☐ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ☐ Director Credential for all facility directors.

Food and Nutrition

- ☐ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

- ☐ Maintain accurate records that include:
 - Children's health exam/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and administration of medications.

Physical Environment

- ☐ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ☐ Provide space that is clean and free of litter and other hazards.
- ☐ Maintain sufficient lighting and inside temperatures.
- ☐ Equip with age and developmentally appropriate toys.
- ☐ Provide appropriate bathroom facilities and other furnishings.
- ☐ Provide isolation area for children who become ill.
- ☐ Practice proper hand washing, toileting, and diapering activities.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Activities

- ☐ Are children initiated and teacher facilitated.
- ☐ Include social interchanges with all children.
- ☐ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ☐ Include exercise and coordination development.
- ☐ Include free play and organized activities.
- ☐ Include opportunities for all children to read, be creative, explore, and problem-solve.

Quality Caregivers

- ☐ Are friendly and eager to care for children.
- ☐ Accept family cultural and ethnic differences.
- ☐ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ☐ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ☐ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ☐ Allow children to play alone or in small groups.
- ☐ Are attentive to and interact with the children.
- ☐ Provide stimulating, interesting, and educational activities.
- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.

Quality Environments

- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.



Tampa Elite Sports Academy

Signs of Illness in Children

Severe or persistent coughing /green mucus from nose

Pink or watery discharge from eyes

Breathing trouble / wheezing

Yellowish skin or eyes

Unusual rash or spots

Infected skin patches

Unusual behavior

Diarrhea

Gray or white stool

Usually dark, tea-colored urine

Vomiting

Headache

Loss of appetite

If a child has a fever or other symptoms listed above, a parent will be notified immediately.

Note: this list represents the most common signs of illness rather than a complete list of all signs and symptoms.

TESA is providing the following guidelines for parents:

Your child should be without fever for an entire day before returning to school.

A child who has been ill during the night should not come to school the next day.

Any child, who has been vomiting, has a fever, a skin rash, a heavy cough or whose eyes are reddened should stay home from school until a doctor is seen.

No medication will be given to your child unless we have a written order from the doctor; the medication is labeled with your child's name and the proper dosage. Medication ordered three times a day usually can be given before, right after school and at bedtime (if your doctor approves.)

Children who may need pain relieving medication (i.e. Tylenol) may bring in their own medication to be kept locked in the nurse's office. These "over the counter" medications must also be accompanied by the request from your doctor with times and dosage amounts.

All doctor-prescribed medication orders must be renewed each September.

If your child is sent home from school because of head lice, you must accompany the child upon his/her return to school. The director will check the child in your presence to be certain that he/she is able to return to class.

Always inform the school when your child is receiving medication at home. Also, let us know when your child receives any vaccine or immunizations so that we may properly update your child's health records kept at school

A current phone number and address of your home and employment, in addition to other dedicated adults who may be called in the event of illness or emergency, is most necessary. Please also remember to provide the school directly with any changes to telephone numbers, which may occur.

Illness/Injury During School Hours

When a child becomes seriously ill or is injured during school hours, the teacher will notify a parent/guardian. The parent/guardian will be required to pick-up the child or make arrangements for pick-up. In emergency situations, it is essential for all phone numbers and contact information to be current and accurate. Parents and guardians shall be required to provide an updated list of emergency contact numbers each quarter during the school year. It remains the parents' responsibility to provide the school with any change of home, work or cell phone numbers as they are changed. Please remember that updated information you provide is the only means by which we can contact you during any emergency. If you have a change in phone numbers or contact information, please notify the school immediately to update the records.

Illness & Attendance

Good school attendance is necessary for success in school. Academic progress and attitude toward school and schoolwork is directly related to attendance. Children who are ill, however, do not profit from coming to school and may infect others. Students exceeding 3 consecutive day's absence in during a monthly period will be considered excessively absent and may be subject to being released from the VPK program. The following shall be exceptions, not included the 3 day maximum number of absences per month:

Following an illness of five (5) consecutive days, the student will present a note from a doctor, clinic, Board of Health, or hospital explaining the reason for the absence.

Where a student suffers with a chronic illness, documentation of said illness must be included in student's medical file.

Students who are quarantined due to a sibling's illness may have absences excused when medical excuse is presented.

Please notify the school when your child is absent by calling the school teacher at the school by 9:00 a.m. each day your child is absent. When your child returns to school, submit a written note to the classroom teacher explaining the absence. Please also keep in mind the attendance policy of the Tampa Elite Sports Academy has been created in the best interest of all students.

Respectfully,

Tampa Elite Sports Academy

Tampa Elite SupplyList

Toddlers

- ☐ Lunch Box
- ☐ Crib size sheet
- ☐ Small Blanket
- ☐ Extra Clothes
- ☐ Sippy Cup
- ☐ Diapers
- ☐ Wipes
- ☐ Diaper Rash Cream

Preschool

- ☐ Lunch Box
- ☐ 8 Pack Crayola Washable Marker
- ☐ 2 chubby pencils
- ☐ Lunch Box
- ☐ Crib size sheet
- ☐ Small Blanket
- ☐ 1 labeled gallon bag stored in backpack with an extra outfit, plus socks and underpants.
- ☐ Pack of pencils
- ☐ 24 pack of crayons
- ☐ Glue sticks
- ☐ Elmer's Glue
- ☐ Wipes
- ☐ 1 pack of construction paper

After School

- ☐ Insulated water bottle (Label)
- ☐ Tennis shoes

VPK

- ☐ 1 White 2" 3 ring binder
- ☐ Pencil case
- ☐ Lunch Box (label w/name)
- ☐ 8 Pack Crayola Washable Marker
- ☐ 2 chubby pencils
- ☐ 1 Pack of Index Cards
- ☐ Crib size sheet
- ☐ Small Blanket
- ☐ Hand Soap
- ☐ 2 composition Notebooks
- ☐ 2 Two Pocket Folders
- ☐ Pack of sharpened pencils
- ☐ 24 pack of crayons
- ☐ 4 Pack of Elmers Glue sticks
- ☐ Elmer's Glue
- ☐ Clorox or Lysol Wipes
- ☐ Fiskars Safety blunt scissors
- ☐ 1 pack of multi color construction paper
- ☐ 1 Pack of printing paper
- ☐ Package of baby wipes
- ☐ Box of Kleenex
- ☐ 1 labeled gallon bag stored in backpack with an extra outfit, plus socks and underpants.
- ☐ 1 water bottle with a pop-up straw labeled with name. No glass. Bring filled with water to school daily.