



Student Registration
2023-2024

STUDENT INFORMATION

START DATE: _____

Last Name: _____ First Name: _____

Gender: _____ Birth Date: _____ Age: _____ Main Hours of Care: From _____ to _____

Allergies, Prescribed Medications, Medical Conditions, or Concerns

PRIMARY GUARDIAN / PARENT INFORMATION

CUSTODY: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

OTHER LEGAL GUARDIAN / PARENT INFORMATION

Last Name	First Name	M.I.	Sex	Marital Status
Relation to Student	Cell Phone	Home Phone		
Employer Name	Work Phone	Email		
Child's Physical Address		Emergency Contact <input type="checkbox"/> Allowed to Pick Up <input type="checkbox"/>		

Last Name	First Name	M.I.	Sex	Marital Status
Relation to Student	Cell Phone	Home Phone		
Employer Name	Work Phone	Email		
Home Address		Emergency Contact <input type="checkbox"/> Allowed to Pick Up <input type="checkbox"/>		

STUDENTS MEDICAL INFORMATION

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

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

Child's Health Insurance:

Insurance Provider: ID #:

Subscriber name on card:

Parent/Guardian Signature: Date: _____

As parent/legal guardian, I give consent to have my child receive first aid by Young Innovators Academies staff. I understand that I will be responsible for all charges not covered by insurance. If I cannot be reached, I agree to have emergency medical team called if necessary. I agree to have emergency medical team transport my child to the hospital if necessary. I agree to hold harmless and release Young Innovators Academies and its employees from all liability. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever changes occur.

OTHER ADULTS (OVER 18YRS OLD) WHO I AUTHORIZE TO PICK-UP AND OR EMERGENCY

Last Name	First Name	Relation to Student
Cell Phone	Work Phone	Other Phone
Emergency Contact <input type="checkbox"/> Allowed to Pick Up <input type="checkbox"/>		

Young Innovators Academies, its owners, directors, and employees or associated companies are NOT responsible for reimbursement of any medical expenses incurred as a result of accidental incidents to a child or incidents between children resulting in injuries that occur to a child or children during attendance at Young Innovators Academies, whether or not under the supervision of any Young Innovators Academies employee.

Sections 7.1 and 7.2 of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization records (Form 680 or 681) within 30 days of enrollment.

Sections 7.3, of the 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) or Section 8.3 of the Child Care Facility Handbook, requires that parents receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28). DCF also requires signature of distracted driver signed twice a year January and October and influenzas form signed once a year in August/September.

Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility or Section 2.3, of the Family Day Care Home/Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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: _____

TO BE FILLED OUT BY ADMINISTRATION

Amount Paid: _____ Check #: _____ Classroom: _____

Employee Initials: _____ Enrollment Date: _____ Tour Date: _____

PROCEDURE/ ANTI-IDLING

Idling vehicles contribute to air pollution and emit air toxins, which are pollutants known or suspected to cause cancer or other serious health effects. Monitoring at schools has shown elevated levels of benzene, formaldehyde, acetaldehyde and other air toxics during the afternoon hour coinciding with parents picking up their children. Children's lungs are still developing, and when they are exposed to elevated levels of these pollutants, children have an increased risk of developing asthma, respiratory problems and other adverse health effects. Limiting a vehicle's idling time can dramatically reduce these pollutants and children's exposure to them.

1. 'No Idle Zone' signs will be posted in the drop off/pick up areas at each site that has self-transport.
2. Information about idling and the No Idle Zone program will be distributed to families.
3. Information about idling and the No Idle Zone program will be distributed to all Head Start employees who operate program vehicles, including but not limited to bus drivers, maintenance personnel and foodservice delivery staff.

PARKING

4.YIA discourages idling vehicles in parking areas, except if vehicles need to idle in extreme heat or cold to maintain interior or engine temperatures.

Dear Parents and Guardians,

Young Innovators Academy has instituted a vehicle idling policy at the school. All persons operating vehicles at the school should adhere to the following guidelines:

- When waiting for students to be picked up, all engines should be shut off.
- All drivers should turn off engines when they arrive at school and when they expect to be parked for more than 10 seconds.
- If idling is necessary for temperature control, please restrict it to no more than 5 minutes.

We are implementing this policy to reduce the students' exposure to air toxics emitted in the exhaust of idling vehicles.

***Idling vehicles contribute to air pollution and emit air toxins,
which are pollutants known or suspected to cause
cancer or other serious health effects.***

Included with this letter is a flyer to tell you more about idling reduction and a pledge sheet. As part of our Idle Free Schools campaign, we are asking all parents, teachers, staff, bus drivers and delivery truck drivers to pledge to not idle unnecessarily. The pledge can be returned to school with your student.

We encourage you to eliminate unnecessary idling not only at our school but anywhere you are waiting for more than 10 seconds. This simple change will improve the air our children breathe, as well as the air quality in our neighborhoods.

Thank you for your support!

Parent Signature _____ Date_____

ENROLLMENT AGREEMENT

(Terms and Conditions)

- 1)** Parents will complete a Registration Form every year to update all contact information and register for the following school year. The registration fee is non-refundable.
- 2)** An Annual registration fee is due for each new school year. Tuition may be raised annually.
- 3)** Parents agree to pay each Friday, for the weekly tuition fee of the following week.
- 4)** Parents agree to pay the weekly tuition even if the child is absent for one or more days during the calendar week. Parents also agree to pay a late pick up fee.
- 5)** A late fee of \$30 is assessed if tuition is not paid by the end of business on Tuesday.
- 6)** The center will be open Monday through Friday, from 7:00 am to 6:00 pm. School will be closed on the following days, however tuition for the complete calendar week is still due. New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving day and the day following Thanksgiving, Christmas Eve and Christmas Day. The center will close early on New Year's Eve. If the holiday falls on the weekend, the holiday may be observed on the next school day.
- 7)** For your convenience, you can enroll in our electronic funds transfer authorization from a bank account. Our payment processing system allows secure, on-time tuition and fee payments to be made from either your bank account.

Check with the center for accepted credit card types. There is an additional fee in order to use credit cards.
- 8)** As a service to its parents, YI has installed a camera system which allows parents and other family members who have passwords to view their children in their classrooms. This service is offered free of charge to parents. Cameras are only able to be accessed in live video. There is no playback for families.
- 9)** Enrichment programs are offered at no additional cost to parents.
- 10)** In case of withdrawal of my child from the center, parents will give the center a written notice two weeks prior to withdrawal.
- 11)** YI, its owners, directors and employees or associated companies are NOT responsible for reimbursement of any medical expenses incurred as a result of accidental incidents to a child or incidents between children resulting in injuries that occur to a child or children.

I, _____ the parent of _____ have read the above enrollment agreement.

Parent's name printed _____

Parent's signature: _____

Child's name: _____

Date: _____

(Terms and Conditions)

I/We, _____, the parent (s)/legal guardian (s) of, _____
_____ acknowledge that I/We have access to the Young Innovators Academies parent handbook. I/We have been given the opportunity to read the Young Innovators Academies manual and ask questions about and understand the policies contained therein. Furthermore, I/We agree to abide by the policies set forth in the manual.

I/We understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between Young Innovators Academies and the parents. Young Innovators Academies reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

I/We acknowledge that this Parent Handbook is the property of Young Innovators Academies. I understand that this information is not to be shared with non-enrolled parents.

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. However, Young Innovators Academies requires above medical records within 7 days of enrollment.

Section 4020.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility." I acknowledge that I have received the "Know Your Child Care Facility Brochure."

Section 65C-22.006 (3) (C) 2., F.A.C, requires that parents are notified in writing of disciplinary practices used by the childcare facility. DCF also requires signature of distracted driver signed twice a year January and October and influenzas form signed once a year in August/September
(See paper for Young Innovators Academies Discipline Policy)

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Printed Name

Emergency Evacuation Permission Form

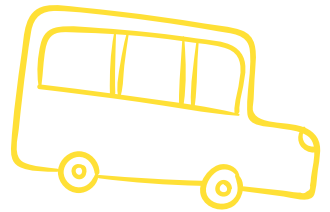
In the event of a severe emergency, evacuation away from the Young Innovators Academies building may necessitate the children being transported to safety. If this would happen, parents will be called to pick up their children at our designated evacuation Site within 45 minutes. If possible, older children will walk to the Evacuation Location with their teachers.

I give my permission for my child _____ to be transported by bus/car to Young Innovators Academies designated evacuation site in case of an extreme emergency.

Parent Signature _____

Print Name _____

Date _____



Assessment Permission Form

Dear Families,

Throughout the school year, children will be assessed to track their development. These assessments will be conducted by Young Innovators Academies staff or by outside professionals such as Early Learning Coalition of the county school resides in. These assessments will be discussed with you during teacher/parent conferences or as needed. In order to assess the children, Young Innovators Academies will need parent permission. If you agree for your child to be assessed and or observed, please fill in the form below.

I hereby give permission for my child to be assessed and or observed during the school year.

Parent Signature _____ Print Name _____ Date _____

Confirmation of policies

I have received, read, understand and have had the opportunity to ask questions if needed and received the YIA Handbook.

Parent Signature _____ Print Name _____ Date _____

Food / Nutrition Policy

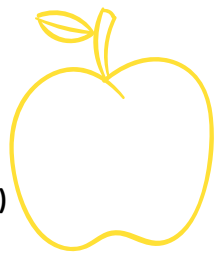
Young Innovators Academies takes great care in maintaining food safety and food allergens at our schools. Parents will provide information on any food allergies and this info be posted in the classroom for the teacher and the kitchen for the cook to ensure these safety measures are maintained.

Chapter 65C-22
Florida Administrative Code Child Care Standards Revised August, 2013
Page 46, 2(d)

Parent or legal guardians must be advised in advance of each food-related activity, such as special occasions and learning activities, which include food consumption. Written parental permission may be obtained in the form of a general or special permission slip. Documentation of parent permission for food activities must be maintained for a minimum of four months from the date of each activity.

I give my child, _____ to participate in food related activities that take place at Young Innovators Academies. See the following below to see the schedule of events that will take place throughout the school year.

- 💡 **August Birthday Celebrations**
- 💡 **September Birthday Celebrations Grandparent's Breakfast**
- 💡 **October Birthday Celebrations Halloween/Fall Party**
- 💡 **November Birthday Celebrations**
- 💡 **December Birthday Celebrations VPK Gingerbread House Decorating (candy, graham crackers, frosting) Holiday Celebration Party**
- 💡 **January Birthday Celebrations February Birthday Celebrations Valentine's Day Party**
- 💡 **March Birthday Celebrations Dr. Seuss, Green Eggs and Ham Breakfast**
- 💡 **April Birthday Celebrations**
- 💡 **May Birthday Celebrations**
- 💡 **VPK Tea with Mom (drinks, cookies, muffins, bagels) Muffins with Mom (drinks and muffins)**
- 💡 **June Birthday Celebrations Donuts with Dad (drinks, donuts and bagels)**
- 💡 **July Birthday Celebrations**
- 💡 **August Birthday Celebrations**



Parent Signature _____ Date _____

Birthday celebrations are fruit or vegetable snacks

Initial Visitation/Orientation

I have received the following information and have been given the opportunity to ask any questions with the following, during my initial visitation/orientation at Young Innovators Academies.



Tour of the facility virtually o physical Introduction to teaching staff.



Parent visit with the classroom teacher virtually or face to face Overview of parent handbook on our website.



Discussion of expectations of family and the needs of the child Overview of available family support resources and activities Interpreter available of needed (Spanish)



Opportunity of extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable in the new surroundings.

Parent Signature: _____

Print Name: _____

Date: _____



Tuition and Withdrawal

Tuition is due on Friday by 6:00 p.m. for the upcoming week. Failure to pay on time will result in your child's non admittance on Monday morning until payment is made in full including any late fees. Late payment fee is \$30.00.

Tuition is accepted through Tuition Express. Tuition Express is an automated payment processing system that allows you to pay tuition and fees. You will need to enroll in our electronic funds transfer authorization ACH. Our payment processing system allows secure, on time tuition and fee payments to be made via your bank account. ACH is a way to move money between banks without using paper check, wire transfers, credit card networks, or cash. Please see form to sign up. Credit card payment is available at a additional cost to the parent.

Additional fees may be applied for field trips and additional events but this will be clearly stated in timely manner. Tuition is late when paid after 6:00 p.m. on Fridays. The late fee is \$30.00 and is not negotiable.

After one year of attendance, full time children only, are eligible to one free week of vacation. Subsequent vacations will be earned annually on the child's anniversary date. Notification must be given to the front desk one week prior to using the vacation time.

School age year is from the first day of county school until the last day of county school. Tuition is paid weekly during this time with adjustments for school holidays. There are NO FREE weeks for vacation during this time. However, during the summer school break, tuition is based on services used. Please pick your designated weeks.

There is no credit given for vacations, scheduled school days, child illness, or for closing due to emergency situations, inclement weather or acts of God.

Non-payment of tuition is grounds for immediate dismissal from the program. Timely payments are essentials for continued enrollment at Young Innovators Academies , however, if you anticipate difficulty with paying on time, please discuss the matter with the Center Director immediately. If alternative arrangements for payment are approved, you will be notified by the center director.

- 1. I agree to pay the full weekly tuition fee even if my child is absent for one or more days during the calendar week**
- 2. I agree to pay a per child late pickup fee, for each period of time after the center's closing.**
- 3. I agree to pay a return check fee for returned checks or refused ACH transactions.**

Withdrawal

Two weeks written notice is required when withdrawing a child for any reason. If the proper notice is given, any unused tuition will be refunded within thirty days of the withdrawal. If the required notice is not given, parents will be charged tuition for two additional weeks.

The parents and child, following their last day of enrollment, are not permitted to re-enter agency property.

Parent Name: _____

Parent Signature: _____

Date: _____

Child sick policy

If your child receives a pink slip for the following reasons, he/she will need to be picked up within 45 minutes of you being called.

💡 100.1+ Fever (must be out for 1 full day)

💡 Diarrhea 3x

💡 Vomiting

💡 Conjunctivitis (Pink Eye)

💡 Other



In an effort to keep all children healthy, your child may not return to school until the day after tomorrow unless you have a doctor's note stating otherwise.

This is also a State Mandated Law (65C-22.004) and a DCF Health Requirement

Pink eye - your child must be on medication for 24hrs before returning to YIA, unless you have a doctor's note stating that the child is not contagious.

I have read, had the opportunity to ask questions, and understand the above policy.

Parent of Guardian Signature _____ Date. _____

Photography/Videography Release for Minor Child or Children

I hereby authorize Young Innovators Academies, hereafter referred to as "YI," to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in the YI print, online and video-based marketing materials, as well as other YI publications. I hereby release and hold harmless YI from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize YI to use their likenesses and names. I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in Organization marketing materials or other Organization publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release YI, its contractors, its employees and any third parties involved in the creation or publication of Organization publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name:

Signature:

Date:

Street Address:

City: State: Zip:

Relationship to Children:

Names and Ages of Minor Children:

Name: Age:

Name: Age:



We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. 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.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

☐ Checking ☐ Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

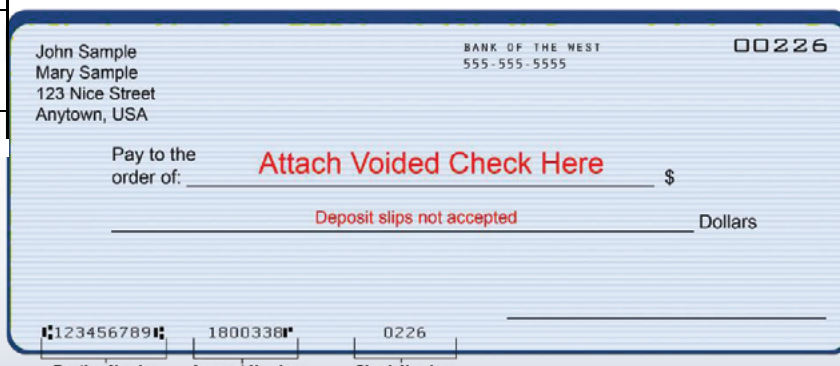
Signature _____ Date _____

☐ Check if you wish to make online payments

Date Received

Employee Signature

For Official Use Only



A service of



Procure
SOFTWARE®

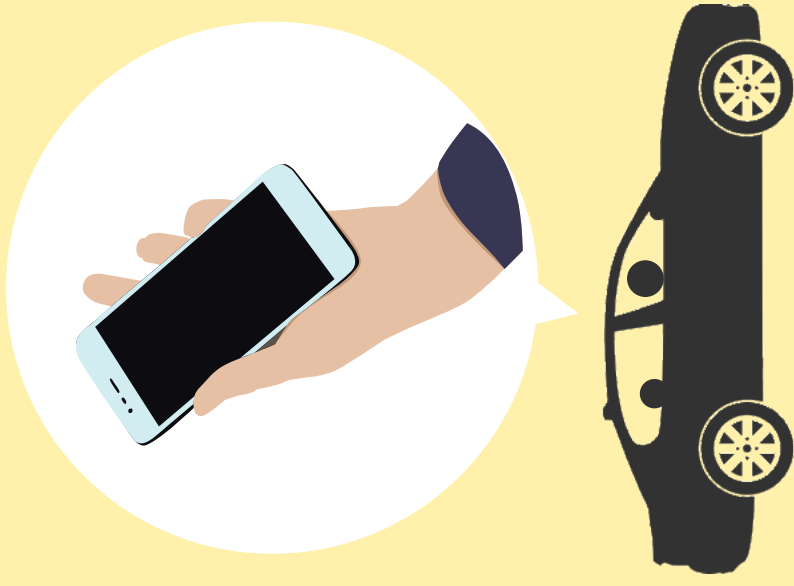
A change in daily routine,
lack of sleep, stress,
fatigue, cell phone use, and
simple distractions are some
things parents experience and
can be contributing factors as
to why children have been left
unknowingly in vehicles...



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

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

WHEN LIFE HAPPENS... DON'T BE A **DISTRACTED** **ADULT**





Distraction 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.



Facts About Heatstroke:



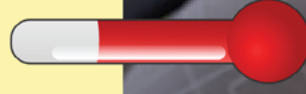
It only takes a car **10 minutes** to heat up 20 degrees and become deadly.



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.



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 Centers 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.myflfamilies.com/childcare or contact
your local licensing office.

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

THE FLU

A Guide for Parents



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 someone is coughed or sneezed on, or when someone is near someone who is coughed or sneezed on. 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.



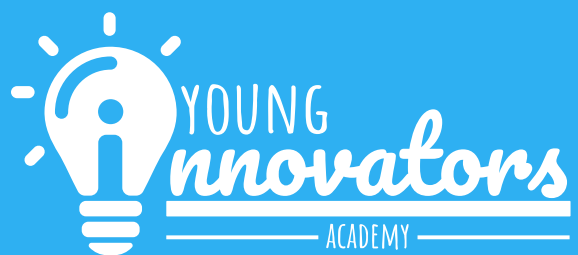
When should my child stay home from child care?

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 settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



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.

For additional helpful information about the dangers of the flu and how to protect your child, visit: www.cdc.gov/flu/ or www.immunizeflorida.org/



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www.younginnovatorsacademy.com