

KIRM Afterschool

Summer Program

BOTH PROGRAMS

Date of Enrollment _____

Child's Name _____ Date of Birth ____ / ____ / ____

School _____ Grade ____ Sex ____ Age ____

Home Address _____

City _____ State ____ Zip ____ Home Phone _____

Mother's Name _____ Father's Name _____

Mother's Workplace _____ Father's Workplace _____

Mother's work phone _____ Father's work phone _____

Mother's cell # _____ Father's cell # _____

Child lives with _____ Family Email Address _____

_____ I have received a copy of the handout regarding "**Know Your Facility and Distracted Adult handout**".
 Initial I hereby grant permission for the staff of this facility to have access to my child's records.

_____ I accept and am responsible for abiding by the guidelines as outlined in the KIRM
 Initial handout, which includes the discipline and expulsion policy and fee agreement.

_____ I give permission for my child to attend scheduled KIRM activities, including those
 Initial held away from the regular site with the understanding that KIRM will inform me of
 scheduled activities and their location.

_____ I will be responsible for transportation to/from activities/program. Transportation is
 Initial provided for selective schools; please inquire. Transportation by bus will be by properly licensed
 drivers.

_____ I understand my child must be picked by closing time by parent/guardian or adult
 Initial listed on my pick up authorization form. Pick up after official close may result in a late fee
 per child. Late fees must be paid no later than Friday of the week that the late fee incurred.

_____ I am responsible for abiding by the Fee Agreement as outlined in the handout. Fees are
 Initial due by Friday **prior** to services provided but no later than Monday of the next week.
 Non-payment may result in a disruption of services and or additional fees. No partial
 rates are available.

_____ KIRM staff is authorized to obtain emergency medical treatment for the above name
 Initial participant, as deemed necessary. However. **KIRM holds no liability of incurred costs.**
KIRM does not administer any medication at any time to students.

_____ KIRM has permission to post pictures of events on FaceBook or flyers which includes
 Initial my child.

_____ Date _____ Signature of Parent/Guardian _____

LICENSE C10PO0296

KIRM AUTHORIZATION PICK UP

NAME
ADDRESS
TELEPHONE
CELL/OTHER

NAME
ADDRESS
TELEPHONE
CELL/OTHER

NAME
ADDRESS
TELEPHONE
CELL/OTHER

NAME
ADDRESS
TELEPHONE
CELL/OTHER

Please circle all that apply as it relates to your child: Has

been traveling in or out of the state

Complaining of a sore throat

Coughing

Sneezing

Complaining of Headache

Loss sense of Taste

Loss sense of smell

Breathing difficulty

Diarrhea

Regurgitation

Explain any health issues (allergies, asthma, other). If none, state none.

Parent Signature

Date

KIRM Program Guidelines

Operation Schedule

Keeping It Real Ministry operates Monday-Friday 3:30 pm to 6:00 pm. The program will begin on the first day of school and will follow the Polk County School Board Schedule. Students will be provided devotion, homework support, and an afternoon snack. Summer camp 7:30-5:30 –ask about beginning date.

Attendance

- Participants are expected to attend each day of the program. If a participant is absent Without prior parental notification, parents will be contacted as soon as possible.
- **If a child is absent, please notify KIRM staff as soon as possible.** (doctor's appointment, quarantined etc.)

Behavior

- Students are expected to follow the rules of the program at all times.
 - a. No fighting
 - b. No name calling
 - c. No profanity
 - d. No stealing
 - e. No electronic devices
- Discipline Steps
 - a. Warning
 - b. Parent Conference
 - c. If behavior continues, possible suspension. Please review expulsion hand-out.

Parent Expectations

- If your child is a car rider, you must sign them out.
- A student will only be released to those people designated on your emergency contacts list. Anyone picking up a student for KIRM will be expected to show his or her identification. Please do not call and ask us to deviate from DCF policy.
- If there are changes in the way your child is to return home, the parent must come to the site and change information on the application. **Phone calls with changes will not be accepted, this is a DCF mandate.**
- Parent Involvement - volunteers

Medications

- KIRM is **not** responsible for administering medication; but if your child is taking medication, please notify KIRM staff. Provide Documentation (background, on-set, etc.) that your child is capable of handling and self-administering his or her medication(s).

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents:*

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

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

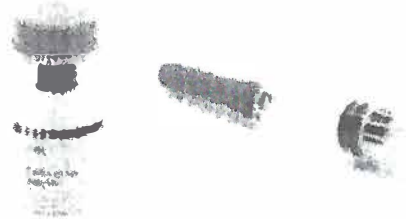


What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



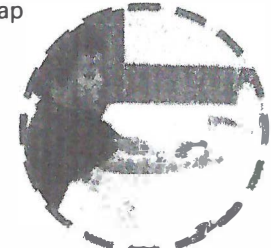
How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

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

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: **C10PO0296**

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 REGULATION
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.

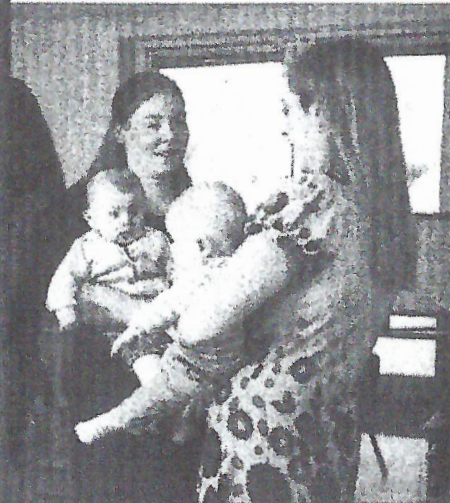
CF/PI 175-24, 03/2014

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



September & April

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...



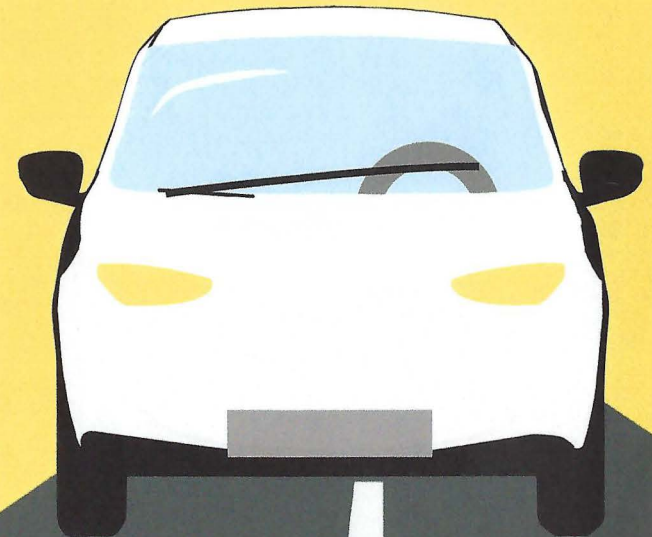
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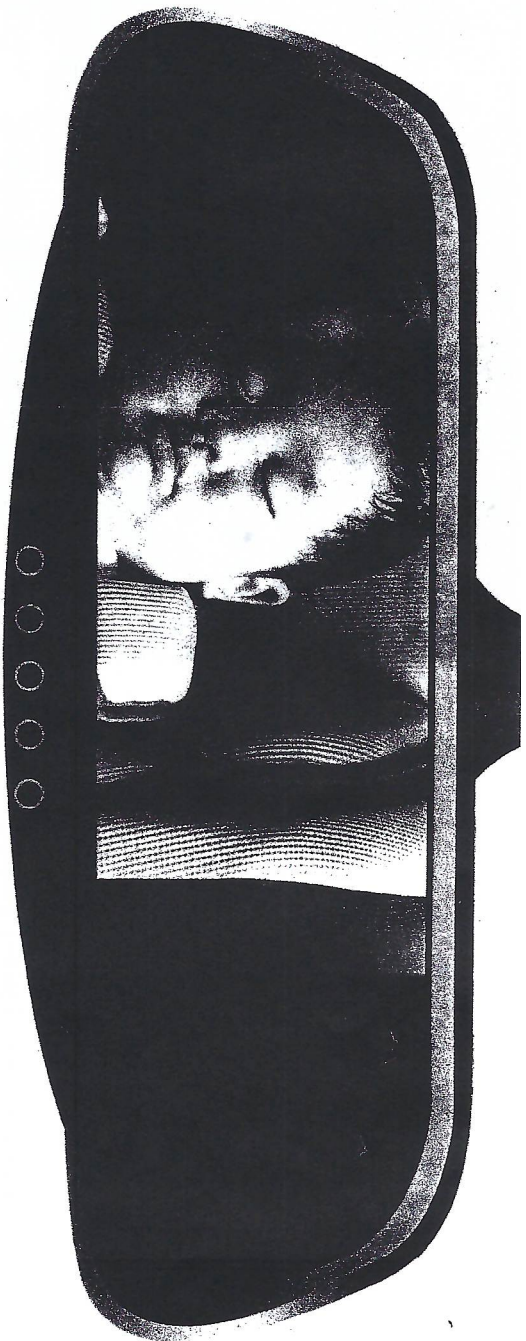
The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

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.

NEWSFLASH



URGENT!!

1. Parents please work with us. It is imperative that kampers wear the KIRM shirts daily. Effective immediately, students without a tee-shirt will not be permitted off site to attend ANY activity. This is a security measure, so we need your support.

MEDICAL VERIFICATION

2. We need to be aware of any medical issues/concerns as it relates to your child. If your child has none, you will simply sign and indicate this on this form. If your child does have medical concerns, please complete the attached form and return it to immediately.
3. Name of doctor/clinic/medical provider and phone number. Please include a copy of insurance card.

.....
I _____, certify that I have read and understand this notification.

This is to certify that my child _____, does does not have any medical issue/allergies.

Parent signature: _____

Date: _____

Received and reviewed by KIRM. _____