



*Jesus Loves the
little children,
All the children
of the world!*

PRESCHOOL ENROLLMENT CHECKLIST 2022-23

Please return this checklist with your enrollment forms.

Child's Name _____ Date of Birth _____

PRESCHOOL ENROLLMENT FORMS:

- ☐ Preschool Enrollment Checklist – Form A
- ☐ Student Information Forms B
- ☐ Signed Parent Christian Partnership Agreement – Form C
- ☐ Preschool Fee Remittance Agreement – Form D
- ☐ Meal Form – Form E
- ☐ Emergency Evacuation Plan Letter & Release Forms – Forms F & G
- ☐ Parent Handbook Statement & Worship Information Forms – Form H & I
- ☐ Field Trip & Photograph Permission Form – Form J
- ☐ Late Arrival Acknowledgement – Form K
- ☐ COVID Waiver of Liability & Illness Policies & Procedures – Form L & M
- ☐ Completed Influenza Virus Form, DCF/Dept. of Health Form #CF/PR 175-70
- ☐ Completed Distracted Parent Getting In/Getting Out Form

PARENT DOCUMENTATION REQUIRED:

- ☐ Copy of child's birth certificate
- ☐ Completed Physical/Health Form, FL-Dept. of Health Form #DH3040
Due 1 week prior to the first day of attendance
- ☐ Completed Immunization Form, FL-Dept. of Health Form #DH680
Due 1 week prior to the first day of attendance
- ☐ Florida VPK eligibility certificate (*when applicable*)

Administrative Comments:

- ☐ Non-refundable Registration Fee: \$100 _____ ☐Cash _____ ☐Check # _____
- ☐ Non-refundable Curriculum Fee: \$75 _____ ☐Cash _____ ☐Check # _____

EPIPHANY LUTHERAN CHURCH & SCHOOL 2022-23 PRESCHOOL REGISTRATION CHILD IDENTIFICATION AND EMERGENCY INFORMATION FORM

To be completed by Parent or Guardian

Child's Name LAST MIDDLE FIRST			SEX	BIRTHDATE										
Address Street Address City/State/Zip														
Father's Name LAST MIDDLE FIRST														
Father's Address Street Address City/State/Zip			Father's Cell Phone ()											
Mother's Name LAST MIDDLE FIRST														
Mother's Address Street Address City/State/Zip			Mother's Cell Phone ()											
Mom's Work Phone ()	Dad's Work Phone ()	Email Address												
Persons permitted to remove child: <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"></td> <td style="width: 10%;">Mother</td> <td style="width: 10%;">Yes _____ No _____</td> <td style="width: 10%;">Yes _____ No _____</td> <td style="width: 10%; text-align: center;"><u>Legal Custody</u></td> </tr> <tr> <td></td> <td>Father</td> <td>Yes _____ No _____</td> <td>Yes _____ No _____</td> <td></td> </tr> </table>						Mother	Yes _____ No _____	Yes _____ No _____	<u>Legal Custody</u>		Father	Yes _____ No _____	Yes _____ No _____	
	Mother	Yes _____ No _____	Yes _____ No _____	<u>Legal Custody</u>										
	Father	Yes _____ No _____	Yes _____ No _____											
STATEMENT OF CONSENT														
<i>I hereby authorize Epiphany Lutheran Church & School to retain emergency medical care and treatment necessary in the event of an accident.</i> Parent/Guardian Signature X _____														
FAMILY PHYSICIAN/PEDIATRICIAN TO BE CALLED IN EMERGENCY														
Physician's Name	Address	Medical Plan & Number	TELEPHONE ()											
Hospital of choice to be called or transported to in case of emergency:														
CHILD'S ALLERGIES OR HEALTH CONCERNS:														
NAMES OF PERSONS AUTHORIZED TO PICK UP CHILD FROM THE FACILITY AND PERSONS TO BE CALLED IN EMERGENCY WHEN PARENT(S) CAN NOT BE REACHED <i>Child will NOT be allowed to leave with any other person without written authorization from parent or guardian.</i> <i>All authorized persons must present picture ID.</i>														
NAME		TELEPHONE	RELATIONSHIP											
1.														
2.														
3.														
4.														
5.														
SIGNATURE OF PARENT OR LEGAL GUARDIAN			DATE											
<i>TO BE COMPLETED BY SCHOOL DIRECTOR/ADMINISTRATOR:</i>														
Date of Admission/Start Date:	<input type="checkbox"/> VPK/AM ONLY (5) <input type="checkbox"/> Full time (5) <input type="checkbox"/> Mon/Wed/Fri (3) <input type="checkbox"/> Tue/Thur (2)													
Administration Notes: <input type="checkbox"/> Registration Fee \$100 <input type="checkbox"/> Curriculum Fee \$75 <input type="checkbox"/> Rest Mat \$15 <input type="checkbox"/> Mat Cover \$10 <input type="checkbox"/> 1 st Wk. Tuition _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amount _____ Comment: _____														

2022B

EPIPHANY LUTHERAN CHURCH & SCHOOL

STUDENT PROFILE

CHILD'S FULL NAME: _____

What do you call him/her (nick names)? _____

Date of Birth: _____

Child's Ethnic Origin: (choose one)

☐ Native American ☐ Asian ☐ African American ☐ Hispanic ☐ Caucasian ☐ Other

Father's Name: _____

Father's Home Address: _____

Father's Telephone: (home) _____ (business) _____

(cell) _____ (email) _____

Father's Occupation: _____

Mother's Name: _____

Mother's Home Address: _____

Mother's Telephone: (home) _____ (business) _____

(cell) _____ (email) _____

Mother's Occupation: _____

FAMILY/HOME ENVIRONMENT

Child presently resides with:

☐ Both parents ☐ Mother ☐ Stepmother ☐ Father ☐ Stepfather ☐ Guardian

Child's parents:

☐ Married ☐ Divorced ☐ Deceased ☐ Other _____

Brothers' and sisters' names and birth dates: _____

Other adults or family members in the home:

Additional family/living information/comments that Epiphany administration and/or your child's teacher should know or be aware of: _____

SOCIAL DEVELOPMENT

Does your child can play with children his/her own age? _____

Has your child attended preschool or daycare previously? ☐ yes ☐ no

If so, where was he enrolled? _____

Reason for change in school/center _____

Your child is, in general:

☐ Friendly

☐ Shy

☐ Sympathetic

☐ Cautious

☐ Moody

☐ Aggressive

☐ Leader

☐ Cheerful

☐ Curious

☐ Independent

☐ Sensitive

☐ Rough

Are there any special sibling problems we should be aware of? _____

GROWTH & DEVELOPMENT

Toilet Training:

☐ NOT potty trained

☐ Goes to toilet by him/herself

☐ Needs to be reminded.

Additional comments: _____

Which hand does your child prefer to use? Right _____ Left _____

Speech & Language: Is your child easily understood by others when he speaks?

Has your child ever been evaluated/diagnosed with any special needs or learning disabilities?

GENERAL HEALTH

Health: Is your child in good health? _____

Does your child have any special health problems? _____

☐ Allergies? ☐ Food allergies ☐ Bug/insect allergies/reactions

Please describe _____

Frequent colds? _____

Skin problems? _____

Other? _____

Has your child ever been hospitalized? _____

When? _____

Surgery? _____ Illness? _____

CHRISTIAN GROWTH AT HOME

Does your child have an awareness of God? ☐ Yes ☐ No ☐ Other _____

Does your child attend Sunday school?

☐ weekly ☐ ___ times/month ☐ rarely ☐ No, does not attend ☐ Other _____

Do your family/children attend Church?

☐ weekly ☐ ___ times/month ☐ rarely/only on Holidays ☐ No, does not attend ☐ Other _____

Name of Church where membership is held _____

Clergyman's Name _____ Denomination _____

Has your child been baptized? _____ Date/Place of baptism _____

INTERESTS: LIKES & DISLIKES

Pets at home? _____ Names? _____

What is your child's favorite toy(s)? _____

Favorite stories or books?

Favorite songs?

What pleases you most about your child's development? _____

Does anything about your child's development concern you? _____

What do you hope your child will gain from this group experience and attending Epiphany Lutheran Church & Preschool? _____

Additional parent comments:



CHRISTIAN PARTNERSHIP AGREEMENT

Dear Preschool Parents,

Epiphany Lutheran Church and School is committed to the spiritual welfare and Christian education of the children enrolled in its school.

We view our relationship with you and your child(ren) as a partnership. Christian education includes the teaching a child receives at school, at church and most importantly, at home. Working together we strive to help each child develop his or her potential spiritually, emotionally, socially, physically, intellectually, and creatively.

As with any partnership, to be successful, it requires that we each fulfill our respective roles and responsibilities.

Therefore, our Congregation, School Board, Administration, and Staff pledge—with God's help to:

- ☐ Provide quality and caring Christian teachers and support staff.
- ☐ Provide and maintain facilities necessary for the instruction of your child(ren).
Provide a Christian environment, curriculum, and policies through which each student can grow spiritually, emotionally, socially, physically, intellectually, and creatively.
- ☐ Provide funds necessary to operate the school.
- ☐ Encourage you as parents to be faithful in following the guidelines listed below.

At home, we encourage you to fulfill the following responsibilities:

- ☐ Strive to establish and maintain a good Christian home life.
- ☐ Make regular devotions a part of your home life.
- ☐ Attend Christian worship and Bible study (Sunday School) with your child(ren) on a regular basis and be an active member of church life.
- ☐ Support school programs and scheduled events through your family's attendance (scheduled preschool worship singing, Christmas pageant)
- ☐ Pray regularly for God's guidance to aid our school and us in His Kingdom's work.
- ☐ Attend meetings and conferences to discuss your child's progress.

Together, we can love, nurture, and teach your child through God's Word and through Christian words and actions. Please sign below to indicate your willingness to do everything within your power and with God's help to make this partnership work. May the Lord bless you and keep you and your family in His grace throughout the school year.

Alan Summersgill
Chairman, Christian Board of Education

Carolyn Einsteder
Preschool Director

Parent's Signature

Date

Parent's Signature

Date

Print Student's Name

2022C



2022-23 FEE REMITTANCE AGREEMENT

FAMILY NAME:	
ENROLLED STUDENT(S) NAME	DATE OF BIRTH & AGE

We agree to the following:

1. A student is enrolled with the understanding that he/she will remain for the full school year or at the discretion of the school. There will be no remission of charges for absences. **Initial** _____
2. The following non-refundable Registration & Supply Fees must accompany the registration form.
 - Registration Fee \$100.00 **Initial** _____
 - Curriculum Supply Fee \$75.00 **Initial** _____
 - _____
3. In signing the Preschool Fee Remittance form, the undersigned parents/guardians agree to pay all fees when due. When designated tuition fees are not received by the designated due dates, late fees will automatically be assessed. **Initial** _____
4. A student whose account is in arrears will not be allowed to attend school until suitable arrangements have been made with the school administration. **Initial** _____
5. Parents/guardians assume the responsibility to pay the cost of repairing/replacing school property maliciously damaged by the student. **Initial** _____
6. We agree to pay the following tuition fees when due: **Initial** _____

Starfish Tuition

- ___ Full Time/5 Days \$230/per week
- ___ Part Time/3 Days \$195/per week
- ___ Part Time/2 Days \$175/per week

Busy Bee/Learning Lion/Leap Frog Tuition

- ___ Full Time/5 Days \$215/per week
- ___ Part Time/3 Days \$180/per week
- ___ Part Time/2 Days \$160/per week
- ___ VPK/Full Time \$155.00/per week (*estimation*)

Date: _____

Signature: _____

1st Parent/Guardian

Date: _____

Signature: _____

2nd Parent/Guardian

2022D



CHILD'S NAME: _____

1. ARTICLE X111, A, 8a, Palm Beach County Regulations requires that parents must receive a copy of the Child Care Facility Brochure, "Know Your Child's Day Care Center". I have received a copy of "Know Your Child's Day Care Center."
2. ARTICLE XIII, A, 8a, Palm Beach County Regulations requires that parents be notified in writing of the disciplinary practices used by the childcare facility. I have received in writing the disciplinary practices used by this childcare facility.
3. AUTHORIZATION FOR EMERGENCY MEDICAL CARE in event of serious illness or accident and if parents cannot be reached.
4. ALTERNATE NUTRITION PLAN AGREEMENT:

Indicate Special Dietary Requirements: _____

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide and/or purchase the following meals and/or snacks to meet my child's nutritional and dietary needs:

PARENT PROVIDES PRIOR TO SCHOOL	CENTER PROVIDES	PARENT PROVIDES	PARENT PROVIDES
BREAKFAST	AM SNACK	NOON MEAL/LUNCH	PM SNACK

Signature of Parent or Guardian

Date

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of Alternate Nutrition Plan.

Carolyn Einsteder

March 3, 2022

Signature of Owner/Operator

Date

2022E



EMERGENCY EVACUATION PLAN

Dear Preschool Parents,

Thank you for enrolling your child at Epiphany.

The Palm Beach County Department of Health requests childcare facilities to provide a written Emergency Evacuation Plan. Because safety of our children is first at Epiphany, we agree that this is a necessary plan to have in place.

We routinely practice "fire drills" with the children to be prepared for any situation that would force us to evacuate in a timely fashion. The emergency may not be of an extreme nature such as fire or hurricane. An emergency evacuation may be necessary for situations such as loss of electrical power or building flood.

Our first choice of action in our emergency evacuation plan is to move all children and staff to one of our alternate buildings on the property site: The Church Sanctuary or Emmaus/Seed Hall. Both Epiphany buildings are utilized daily and would provide the necessary means of safety for our children and staff.

In any situation, once we have all children evacuated to a safe location, we then will notify all parents of the emergency and evacuation location.

We trust the Lord will always keep our children safe. We have included an Emergency Evacuation Release Form in your enrollment packet. Your completion and signature will allow us to keep your child safe should an emergency evacuation become necessary. Thank you for keeping Epiphany Lutheran Church & School in your family's prayers.

In His Service,

Carolyn Einsteder
Carolyn Einsteder
Preschool Director

2022F



EMERGENCY EVACUATION PLAN - PARENTAL RELEASE FORM

The following information and release are necessary for the care and safety of your child should an emergency arise, and an emergency evacuation is called for the safety of your child.

To be filled out and signed by child's parents or legal guardians(s).

Child's name _____

Address _____

Date of Birth _____

Parent/Legal Guardian _____

Address _____

Telephone _____ Additional Telephone _____

.....

1) AUTHORIZATION OF CHURCH & SCHOOL

A. Medical matters

I/We hereby authorize Epiphany Lutheran Church to retain such medical care and treatment as it deems necessary and at the sole discretion of the Epiphany administrator and/or staff member(s) accompanying my child during an emergency evacuation situation.

_____ **Parent initial**

B. Travel

I/We hereby authorized Epiphany Lutheran Church to remove my child and have him/her be transported from Epiphany Lutheran Church to an alternate location for safety during an emergency evacuation situation. I understand arranged transportation would be by safe vehicle transportation as provided by Epiphany Lutheran Church.

_____ **Parent initial**

2) PARENTS ASSUMPTION OF RISK

A. Agreement Not to Sue

I/We will never institute or assist in any action against Epiphany Lutheran Church or members of the staff and administration on account of any emergency evacuation situations that call for my child's emergency removal and/or transportation off Epiphany property to a safe location.

_____ **Parent initial**

B. Insurance Coverage

I/We hereby confirm that we have checked with our insurance company regarding the coverage for my child in case of emergency medical care. I/We know the Epiphany administrator/staff member supervising will not take financial responsibility for accident, sickness, or medical care obtained while in Epiphany's care.

_____ **Parent initial**

Medical Insurance Carrier/Phone

Medical Insurance Policy Number

I/We have read this emergency release form and understand all its terms to my/our complete satisfaction and have executed this document freely and with full knowledge of its legal significance.

Date _____

(1) _____

(2) _____

Signature of both parents and legal guardians



PARENT HANDBOOK STATEMENT

Upon full review of the Epiphany Lutheran Church & School Parent Handbook, please complete and sign this Parent Handbook Statement and return to the school office along with your child's Registration & Enrollment Packet.

Child's Name: _____

Parents' Names: _____

This statement is to verify that on _____,
(date)

as parent or legal guardian to my child, _____,
(child's name)

- ☐ I have read in completion the Epiphany Lutheran Church & School Parent Handbook for the 2022-23 school year.
- ☐ I acknowledge **ALL** information and will adhere to the policies and procedures as stated in the handbook.

Parent Signature:



WORSHIP/PRAYERS INFORMATION

Thank you for enrolling your child at Epiphany Lutheran Preschool. We are excited to welcome you into our family in Christ and to have the opportunity to share the Gospel of our Lord and Savior with you and your family.

Each week, one preschool family is designated as our '**Preschool Family of the Week.**' Your family will be included in our weekly Sunday prayers for congregational families and members to pray for that week. Please fill out the information below so your family may be included as our 'Preschool Family of the Week.'

We invite you to visit and worship at Epiphany on Sunday mornings. We offer two family worship services each Sunday, as well as Sunday School and fellowship:

<p><u>Sunday Morning Worship</u> 9:00 am Contemporary Worship Service 11:00 am Traditional Worship Service</p> <p><u>Sunday School</u> Sunday 10:20 am – 11:00 am</p>	<p><u>Weekly Ministries</u></p> <p>Wednesdays 6:00–7:00pm - <i>Bible Study</i></p> <p>Thursdays 6:30–7:30pm - <i>Bible 101</i></p> <p>Thursday 7:00-8:00 -Celebrate Recovery</p>
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We invite you to join us in Worship and Giving Thanks as we grow in the Saving Grace and Knowledge of our Lord Jesus Christ.

Sincerely Yours in Christ,
Epiphany Lutheran Church & Preschool

Preschool Family's Last Name _____

Parents name: Father _____ Mother _____

Child's name: _____ Birthdate: _____

Child's name: _____ Birthdate: _____

Child's name: _____ Birthdate: _____

Request for special prayers on special occasions:

Occasion: _____ Date: _____

2022I



FIELD TRIP PERMISSION SLIP

During my child(ren)'s enrollment with Epiphany Lutheran Church and School, my child _____ has permission to go on routine field trips within the vicinity of the school grounds. Such field trips outside of the gated areas and include nature walks, bike days, walking to and from the chapel, soccer activities, the petting zoo, and any other event held outside of the gated playground. *All "field trips" will be on site and children will not leave the school property.*

PERMISSION TO PHOTOGRAPH YOUR CHILD

Occasionally, the Epiphany staff takes candid pictures of the children to be used within the preschool for bulletin boards, classroom projects, Epiphany's Facebook Page and on our website. These photos may also be used to promote the preschool program at events such as the Epiphany Fall Festival, pumpkin patch, etc.

Child's Name _____

_____ Yes, you have my permission to use pictures of my child.

_____ No, you do not have my permission to use my child's picture in any way.



LATE ARRIVAL ACKNOWLEDGEMENT

Dear Preschool Parents,

Epiphany Lutheran Church and School is committed to the spiritual welfare and Christian education of the children enrolled in its school.

As per our Parent Handbook, please acknowledge the following by signing in the space provided bellow.

- ❖ **If arrival time is 9:00 or later, administrative staff will bring your child to their classroom.**
- ❖ **Children will not be permitted to come to school after 10:00am without a doctor's note.**

I hereby acknowledge the information stated within this Late Drop Off Agreement:

Print Student's Name

Parent's Signature

Date

Parent's Signature

Date

2022K



Assumption of the Risk and COVID Waiver of Liability

According to our State and Federal health officials, COVID-19 (a/k/a Coronavirus) is highly contagious and is believed to spread by prolonged human contact. To reduce the spread of the Coronavirus, the CDC has recommended social distancing, hand washing/sanitizing, and the use of personal protective equipment. Epiphany Lutheran Church and School has adopted reasonable measures to do our part in preventing the spread of this disease. However, we cannot guaranty that your child/children will not become infected with COVID-19. As the country returns to pre-COVID activity, you and your child/children are at a higher risk of encountering someone infected by the Coronavirus. Moreover, by that renewed social interaction such contact could result in you and your child/children contracting COVID-19.

I acknowledge the contagious nature of the Coronavirus/COVID-19. I further acknowledge that Epiphany Lutheran Church and School has taken reasonable steps to reduce the spread of the Coronavirus/COVID-19. I acknowledge that Epiphany Lutheran Church and School cannot guarantee that my child/children, or myself or other family member authorized to pick up or drop off my child/children, will not become exposed to the Coronavirus/Covid-19.

Furthermore, I acknowledge and attest to the following:

- I voluntarily seek to enroll, or to continue the enrollment, of my child/children in Epiphany Lutheran Church and School and acknowledge that my child/children, and by my familial association are at risk of exposure to the Coronavirus/COVID-19.
- I acknowledge that I understand the safety measure put in place by Epiphany Lutheran Church and School and that I will comply with all set procedures to reduce the spread while my child/children are on campus.
- I attest that:
 - No one bringing my child/children to Epiphany Lutheran Church and School is/are experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
 - I nor my child/children have traveled internationally within the last 14 days or, I have traveled internationally within the last 14 days but have self-quarantined for at least 14 days.
 - I nor my child/children have traveled to a highly impacted area within the United States of America in the last 14 days or, I have traveled to a highly within the last 14 days but have self-quarantined for at least 14 days.

- I do not believe I nor my child/children have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I nor my child/children have been diagnosed with Coronavirus/Covid-19 and we have been cleared as per CDC requirements.
- I am following all CDC recommended guidelines as much as possible and limiting me and my child's/children's exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Epiphany Lutheran Church and School harmless from, and waive on behalf of myself, my child/children, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss that may be caused by any act, or failure to act of Epiphany Lutheran Church and School or that may otherwise arise in any way in connection with any interaction with Epiphany Lutheran Church and School.

I understand that this release discharges Epiphany Lutheran Church and School from any liability or claim that I, my child/children, my heirs, or any personal representatives may have against Epiphany Lutheran Church and School with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Epiphany Lutheran Church and School.

This liability waiver and release extends to Epiphany Lutheran Church and School together with all officers, directors, employees, volunteers, and others associated with the day-to-day ministry of Epiphany Lutheran Church and School.

Signature of Parent

Date



COVID Illness Policy/Procedures

Students and staff are required to stay home when they are sick; this is for the health and safety of everyone. It is more imperative than ever that everyone adhere to this practice.

PREVENTION:

- Please stay home/keep your child home and notify the school office if you/your child are experiencing fever (subjective or measured), cough, congestion or runny nose, shortness of breath, or difficulty breathing; chills, muscle aches, headache, sore throat, lack of smell or taste; nausea or vomiting; diarrhea; excessive fussiness in infants.

MONITORING:

- Staff and students will have their temperature checked each day upon arrival to school and again midday. Anyone with a temperature of 100.0 or higher will be required to go home immediately.
- All staff and students will be evaluated upon arrival each day for signs of illness, which could include fever (subjective or measured) or two or more of the following: cough, congestion or runny nose, shortness of breath, or difficulty breathing; chills, muscle aches, headache, sore throat, lack of smell or taste; nausea, vomiting or diarrhea.
- Staff and students that show sign(s) of illness during the day will be isolated to a designated location away from others until such time that they can be picked up. Parents will be contacted for immediate pick up. We are asking that a facemask be sent to school for your child. It will be kept with their extra clothing. It will be used when your child is experiencing any of the above noted symptoms.

MANAGING ILLNESS:

As per CDC guidelines dated Dec. 29, 2021:

Staff and students with any of the above symptoms may return to school per the following guidelines

If tested Positive for COVID-19 (Isolate):

- Isolate for 5 days after test date
- If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
- Continue to wear a mask around others for five additional days.

- If you have a fever, continue to stay home until your fever resolves without fever reducing medication.

If you were exposed to someone with COVID-19 (Quarantine):

- Stay home for 5 days after test date
- Continue to wear a mask around others for 5 additional days.

All other illnesses not including the above symptoms will refer to the existing Epiphany Lutheran Church and School illness policy.

CONTROLLING ILLNESS SPREAD:

- All staff and families will be notified should anyone in the student's classroom show signs of illness, especially fever or respiratory illness. Specific names will not be mentioned to protect everyone's privacy. The classroom may be shut down for one day for disinfecting, and open again the next day.
- If a second case of illness or respiratory illness is reported in that same classroom within five days, the classroom may again be shut down for further disinfection. At that time, staff and children may be required to stay home for 2-5 days to monitor for signs of respiratory illness. Once the ill individuals' COVID status is known, above guidelines will take precedence.
- Staff and families that have been in contact with a COVID-positive individual will be notified immediately. Names will not be mentioned to maintain privacy.
- In case of a confirmed COVID-positive individual, Epiphany Lutheran Church and School will notify the local Health Department.

My signature acknowledges understanding of an agreement to follow the above guidelines.

Signature: _____ Date: _____

Name: _____

Child(rens) Name(s): _____

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.

Epiphany Lutheran Church & School

School Year 2022-23



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

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/>



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.



Epiphany Early
Learning Center
School Year
2022-2023

⚠ 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

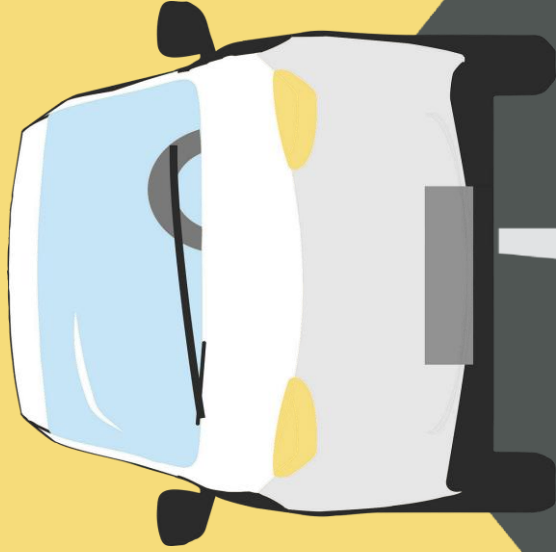
Parent/Guardian:

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.

DISTRACTED ADULT



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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