

Horizons Unlimited

CHRISTIAN ACADEMY

ENROLLMENT PACKAGE



Horizons Unlimited

CHRISTIAN ACADEMY

2674 Dr. Martin Luther King Way
Sarasota, FL 34234



Clear

State of Florida
Department of Children and Families

Use "Tab" key to move to next field.

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____ Date of Enrollment: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Press spacebar once to check a box; press spacebar once to uncheck a checked box.

Family Information:

Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____
(including area code) (including area code)

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): _____

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

Doctor: _____ Address: _____

Phone Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:



Emergency Care Plan Instructions (if applicable):

Emergency Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

(including area code)

Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

Helpful Information About Child:

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- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- 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.

Signature of Parent/Guardian

Date

HEALTH HISTORY

Please list any medical conditions, injuries, illnesses, allergies, medications of which we need to be aware of:

Is your child under the care of a physician, psychologist for any conditions? Please explain.

Note: Students entering Horizons Christian Academy must have a Student Health Examination Form - DH Form 3040 and the Florida Certificate of Immunization - DH Form 680 (only available from doctor).

EDUCATIONAL/CHILD CARE HISTORY

Please list any schools or child care centers the student has attended.

PARENTS' AFFIRMATION OF AGREEMENT

By signing below, we the Parents/Guardians of this student affirm that we have given completely the truthful information herein; that we have received, read, understand, and will abide by the policies and agreements, namely: (1) Statement of Doctrinal Beliefs, (2) Parents/Guardians Statement of Support, and (3) Dress Code and Discipline Policies.

Parent's Signature _____

Date _____

Parent's Signature _____

Date _____

Horizons Unlimited Christian Academy admits qualified students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. Horizons Unlimited Christian Academy does not discriminate on the basis of race, color, sexual orientation, national and ethnic origin in the administration of its educational policies, admissions policies, and any other school administered programs.



Classroom Student Information Form

Student's Name _____ Date of Birth _____

Parent Name _____ Main Phone _____

Parent Email _____

Place of Employment _____ Phone Number _____

Parent Name _____ Phone Number _____

Place of Employment _____ Phone Number _____

In case of an **emergency** and neither parent can be reached, who shall we contact?

Name _____ Phone Number _____

Additional Information _____

Pediatrician's Name _____ Phone Number _____

List Individuals authorized to pick up your child:

Name	Relationship	Phone Number

Provide us with any additional information you deem necessary

Parent Signature

Date



Horizons Unlimited Christian Academy Media Release Form

Horizons Unlimited Christian Academy (HUCA) may develop, participate in, or be the subject of media-based presentations and events highlighting various activities and events throughout the school year. These presentations may involve HUCA staff, volunteers, and students, and may be shared with local or national media outlets. **Types of Media** (including but not limited to):

- Videotapes
- Computer-generated presentations (including scanned photographs and video clips)
- Computer-based productions transmitted via telecommunications
- Photographs
- Slide presentations

Media May Be Used For:

- Parent programs
- Staff-developed activities
- Media festivals
- Public relations (e.g., newspaper articles, television presentations)
- Commercial and non-commercial productions, feature story presentations, or articles
(*Note: professional media productions may require additional releases.*)

By signing below, you grant or deny HUCA permission to use your child's name, voice, likeness, and/or any audio or video footage captured during school activities.

*****PLEASE SIGN ONLY ONE AREA BELOW*****

I **grant** permission to use my child's name, voice, likeness, or any combination of these for the purposes listed above for the school year. I also affirm that I am the legal guardian of said child.

Parent/Guardian Signature: _____ **Date:** _____

I **do not** grant permission to use my child's name, voice, likeness, or any combination of these for the purposes listed above for the school year. I also affirm that I am the legal guardian of said child.

Parent/Guardian Signature: _____ **Date:** _____



Horizons Unlimited Christian Academy Attendance Policy

Prior to enrolling your child(ren) we ask that you please consider our Attendance Policy.

It is mandatory for all enrolled children to attend school each day. The only exception(s) are illness with a doctor's note, doctor's appointment with note, or pre-authorized absence arrangement made with a school administrator.

- Children receiving School Readiness funding may not be absent more than 3 days per month. Should absences exceed this amount, we will need a doctor's note excusing the absence.
- Parents keeping their children home for more than 3 days unexcused absence will be billed for additional days of absence.
- Unexcused absences beyond 3 days will result in your child's spot being taken by someone on the waiting list.
- All children must arrive and be signed in no later than 9:15 a.m.
- Parents are allowed to take their children on a one week vacation as long as pre-approved by ELC or private pay by parent.

Please sign below indicating you have read, understand, and agree to this Attendance Policy.

Print Name

Date

Parent's Signature

Date



PARENT/GUARDIAN ACKNOWLEDGEMENT

I/We, _____, the parent(s)/legal guardian(s) of _____, acknowledge that I/We have received a copy of **Horizons Unlimited Christian Academy's Parent Handbook** and have been given the opportunity to read the 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 have attended a **Parent Orientation**, which covered the policies contained in the Parent Handbook, on: _____.

I/We understand that the policies described in the Parent Handbook are **not** conditions of enrollment and do **not** constitute a contract between Horizons Unlimited Christian Academy and the parents/guardians. **Horizons Unlimited Christian Academy** reserves the right to alter, amend, or modify these guidelines at its sole discretion, without prior notice.

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Print Name: _____



IMPORTANT NOTICE

This child care facility is licensed in accordance with the minimum licensure standards outlined in **Section 402.305, Florida Statutes (F.S.)** and **Chapter 65C-22, Florida Administrative Code (F.A.C.)**.

Know Your Child Care Facility

This flyer is provided to all parent/guardians to provide information about their role within a quality child care center, the requirements of a quality child care center, and what a quality child care center has to offer to children and families.

By signing below, I verify that I have received and read the flyer titled **"Know Your Child Care Facility."** I understand this flyer will be kept on file as documentation certifying the flyer has been received, read, and in the child's file.

Parent/Guardian Information

Name: _____

Child's Name: _____

Sibling(s): _____

Date Received: _____

Signature: _____

**Please return this signed document with your enrollment packet. Thank you.*

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 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 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/



Horizons Unlimited Christian Academy

2674 Dr. Martin Luther King Way

Sarasota, FL 34234

Phone: (941) 957-409

Fax: (941) 957-0497

Email: info@horizonsunlimitedchristianacademy.org

Screening Agreement

As the parent/guardian of: _____, I hereby give consent for him/her to be **screened periodically** by their teacher for developmental purposes throughout the school year.

I understand that:

- These screenings are intended to support my child's growth and learning.
- I will receive a copy of all screening results for my review and records.

Parent/Guardian Signature: _____

Student Name: _____

Print Name: _____

Date: _____



Horizons Unlimited Christian Academy Parking Policy Agreement


To ensure safety and accessibility for all families:

- I agree to use **designated parking spaces** when dropping off or picking up my child.
- I will **not block the driveway** or entryway, ensuring clear access for all vehicles.
- I understand the entry area must remain unobstructed at all times for smooth traffic flow.
- When someone else brings my child to school, I will inform and encourage them to follow these procedures.

By signing below, I acknowledge that I have read, understand, and agree to comply with this parking policy for as long as my child is enrolled at **Horizons Unlimited Christian Academy**.

Parent/Guardian Signature: _____ **Date:** _____

UPDATED COVID-19 GUIDANCE



**STUDENT OR
EMPLOYEE TESTS
POSITIVE FOR
COVID-19**



RETURN TO SCHOOL AFTER



**5
DAYS IF THEY
ARE FEVER-FREE
FOR 24 HOURS.**

***NO ADDITIONAL
TESTING IS REQUIRED.***

**STUDENTS OR EMPLOYEES WHO *DO NOT TEST POSITIVE FOR COVID-19
OR DEVELOP SYMPTOMS* SHOULD NOT BE REQUIRED TO QUARANTINE.**

EMPLOYEES ARE NO LONGER REQUIRED TO WEAR FACIAL COVERINGS

CHILD CARE FACILITIES SHOULD *NEVER* FORCE CHILDREN TO WEAR MASKS



Additional Information for New Enrollees

To help us better support your child's transition and experience in our program, please provide the following information:

- **Your child's likes (favorite activities, toys, foods, etc.):**

- **Your child's dislikes (things that cause discomfort or distress):**

- **Additional information to help us understand and support your child's adjustment to our program:**

Your input helps us create a welcoming, supportive, and nurturing environment for your child. Thank you for partnering with us in their early learning journey.