

# Preschool Enrollment Packet



## 2026-2027 School Year!

*Celebrating Christian Education for over 45 years!*

Website: [www.Faithlutheranhialeah.org](http://www.Faithlutheranhialeah.org)  
Instagram at faithlutheranschool293



# FAITH LUTHERAN SCHOOL

## STUDENT ENROLLMENT PROCEDURES

Pre-school 2 ½, 3, and 4-Year Olds

*We are excited that you have shown an interest in Faith Lutheran School. We are a Christian Private School operated solely by the Congregation of Faith Evangelical Lutheran Church-LCMS. Faith Lutheran School has been open to everyone in our community since 1975 and offers a Christian based curriculum for early childhood, elementary and middle school grades. We are accredited through the NLSA on the State and National levels. **Faith Lutheran School admits students of any race, color, ethnic origin or religion.***

### TO ENROLL YOUR CHILD AT FAITH LUTHERAN SCHOOL

**Step 1:** Fill out a Preschool Registration Packet. All forms must be complete to be accepted.

**Step 2:** Turn in the forms listed below to the School Office **with** the Registration packet.

- Original Health Forms (HRS 680 and HRS 3040) from a doctor's office. The student must be up to date on all required school entry immunizations and have a current physical. (Less than a year old as of August 10, 2026)

**NOTE: Preschool Health Forms are checked by DCF our licensing organization. You must keep them current or your child will not be allowed to attend school until the records are updated.**

- Original Birth Certificate / Social Security Card (Copy will be made and the original returned)
- VPK STUDENTS must be 4 years old by Sept 1, 2026, to participate in the VPK Program.
- "Certificate of Eligibility" (VPK 4-year-old students only)

**Step 3:** When your child's registration is complete you will receive:

- The Parent Handbook\*
- A Supply List for your child's grade\*
- School calendar\*
- Know Your Child's Daycare Center Brochure
- H1N1 Brochure – parent signature required by DCF for child's file
- Rilya Wilson Act – parent signature required by DCF for child's file
- Getting in/out informational sheet - parent signature required by DCF for child's file

\*The updated copy of each of the items can be found on our website at [www.faithlutheranhialeah.org](http://www.faithlutheranhialeah.org)

### Step 4: FIRST TUITION PAYMENT DUE ON AUGUST 10

See "Financial Responsibilities" page for Payment Options

Lunch (served at 11:45 am) is provided by the school when applicable. Lunch does not apply to VPK  
Only students (8:30 to 11:30)

### Step 5: DUE BY THE 1<sup>ST</sup> DAY OF SCHOOL

- Your child must be dressed in the complete school uniform. See packet "Uniform Requirements"
- Must have an extra change of clothes (not a uniform) for the cubby
- Must have a child size pillow and blanket for naptime (if staying after 11:30 am)
- Large book bag (no wheels)

**FAITH LUTHERAN SCHOOL**  
**2026-2027 Preschool and VPK**  
**"Financial Responsibilities"**

<b>VPK 4 Must be 4 by September 1<sup>st</sup></b> Weekly fees are calculated by dividing the annual tuition by 43 weeks; 180 days of school (see school calendar)	<b>Annual Tuition</b>	<b>Weekly Payment Due</b>	<b>Registration Fee (All FEES are non-refundable and due with enrollment.)</b>
<b>VPK 4 ONLY (8:30 am- 11:30 am) *</b>	Voucher	Voucher	Voucher
VPK 4 School Day (8:30 am- 3:30 pm)	\$4,214	\$98	\$100
VPK 4 Full Day (7 am -6 pm)	\$5,246	\$122	\$100
VPK 4 School Day <b>No Voucher</b> (8:30 am – 3:30 pm)	\$7,310	\$170	\$100
VPK 4 Full Day <b>No Voucher</b> (7 am -6 pm)	\$8,340	\$194	\$100
<b>Pre-K 3 Must be 3 September 1<sup>st</sup></b> Weekly fees are calculated by dividing the annual tuition by 50 weeks (see school calendar).			
Half Day (8:30 am-12:30 pm)	\$4,500	\$90	\$100
School Day (8:30 am – 3:30 pm)	\$7,500	\$150	\$100
Full Day (7 am -6 pm)	\$8,750	\$175	\$100
<b>Pre-K 2 ½ (30 months and potty trained)</b> Weekly fees are calculated by dividing the annual tuition by 50 weeks (see school calendar).			
Half Day (8:30 am-12:30 pm)	\$4,500	\$90	\$100
School Day (8:30 am – 3:30 pm)	\$7,500	\$150	\$100
Full Day (7 am -6 pm)	\$8,750	\$175	\$100

All tuition rates above include lunch with milk except VPK 4 ONLY\*

**Early Care/Late Pick Up**

Additional fees applied for early care drop off 7:00 to 8:15 am and late pick up after 3:45 pm if full day program not selected or student is picked up after 6 PM.

**Additional fees apply as follows:**

(Initial here)

**Late Pick-Up Fees:** After School Care concludes at 6:00 PM. A charge of \$5 will apply for every additional fifteen minutes or part thereof if a child is picked up after 6:00 PM.

**Emergency Care Rates:** Students arriving early or staying late beyond typical school hours for more than a couple of days per month must enroll in the appropriate program needed. **Charges for unscheduled use are \$10 per child for each 60-minute segment.** Any portion of a segment used incurs the full segment charge.

**Tuition for School Readiness Students: Contracted by the Early Learning Coalition of Miami Dade**

\_\_\_\_\_  
 (Initial here) School Readiness Students (7:00 am - 6:00 pm)  
 My current weekly rate is \$ \_\_\_\_\_ per week.

\_\_\_\_\_  
 (Initial here) School Readiness Payments and the School Readiness Weekly Fee paid by the parents will not cover the full amount of weekly tuition. The parent signing this form is responsible for ALL FEES not paid by School Readiness.

**Payment Schedules**

\_\_\_\_\_  
 (Initial here) **Weekly Payments** are due **MONDAYS** or in the case of a holiday, on Tuesday.

\_\_\_\_\_  
 (Initial here) **Bi-weekly Payments** are due **MONDAYS** at the beginning of the two-week period or Tuesdays in case of a holiday.

*Note: Partial Weeks are paid as full weeks.*

**PAYMENT TERMS:**

- Parents are required to fill out an ACH form for tuition payments and registration fee.
- All invoices and statements will be e-mailed to the person responsible for the school fees. Please ensure that you receive the e-mails. Contact the office if you wish to receive a hard copy of an invoice or statement. Thank you in advance.
- It is the responsibility of the parent to review the emailed account invoice or statement (tuition, fees, and before or after care program charges) and bring any dispute to the attention of the office within 30 days for review. After 30 days, all charges are considered valid.
- A **\$20 Late Fee** will be added to your bill starting the **third week of non-payment** until your bill is current. You may also be asked to appear before the Board of Christian Education to explain the past due amount at which time your child's enrollment here at Faith may be in jeopardy.
- A Fee of **\$40** will be charged for all returned ACH transactions. After two returned transactions, all future payments must be made in cash or money orders.

**Please Note:** All Fees and Payments are **non-refundable**. All Fees must be paid for weeks the preschool student is enrolled.

**This includes attendance or non-attendance for Thanksgiving, Christmas, and Spring Break.**

*I understand and agree with all the Financial Responsibilities and Payment Terms as stated above.*

**Please Note:** You will be billed according to the information selected on this Financial Responsibilities form. ANY changes to the tuition option **MUST** be presented to the office in writing.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Print Name \_\_\_\_\_

Student's Name \_\_\_\_\_



**State of Florida**  
**Department of Children and Families**  
**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Date of Enrollment: \_\_\_\_\_

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 \_\_\_\_\_

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack Supper

**Family Information:** Child Lives With: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Custody: Mother  Father  Both  Other

**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: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable): \_\_\_\_\_



**Emergency Contacts:**

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

**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, "Know Your Child Care Facility" (CF/PI 175-24), 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, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- 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

**FAITH LUTHERAN SCHOOL**  
**2026-2027 STUDENT REGISTRATION FORM (PRESCHOOL)**

**STUDENT'S INFORMATION**

FULL NAME: \_\_\_\_\_  
Last First Middle Nickname  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex  F  M

Child's Social Security number \_\_\_\_\_ required

Child's Ethnicity  Hispanic  White  Black or African American  Asian  Other

Child's Address \_\_\_\_\_  
Address Apt # City State Zip code

Child lives with (*check one*)  Mother and Father OR  Mother only OR  Father only OR  Guardian

**MOTHER'S INFORMATION / or GUARDIAN INFORMATION**

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(If different from the child's)

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ extension \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

**FATHER'S INFORMATION**

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(If different from the child's)

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ extension \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

**NEW STUDENTS ONLY**

Why did you choose to enroll your child at Faith Lutheran School?

Names of other children in your household:

- 1. \_\_\_\_\_ / Age \_\_\_\_\_ / Grade \_\_\_\_\_
- 2. \_\_\_\_\_ / Age \_\_\_\_\_ / Grade \_\_\_\_\_

Does your child wear glasses? ( ) yes ( ) no

Child's Previous School (if any) \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

*Faith Lutheran School admits students of any race, color, nationality, religious or ethnic origin to all the rights, privileges, programs and activities generally made available to all students of the school. The same above goes for administration of its educational policies, scholarship programs, athletic and other school administered programs.*

*With this application I attest that all the information on this enrollment form is complete and accurate. I submit the Registration Forms, Health Forms, and birth certificate. **Certificate of Eligibility (VPK students only).***

*I agree to also pay all other school fee payments according to schedule. I understand that if I fail to meet this obligation my account may be referred to a collection agency, or to an attorney, or both, of which I will be responsible for those fees as well.*

*ALL STUDENT RECORDS INCLUDING THE HEALTH FORMS ARE PROPERTY OF FAITH LUTHERAN SCHOOL. COPIES OF THE RECORDS WILL BE RELEASED TO THE PARENT/GUARDIAN OR SENT TO ANOTHER SCHOOL ONLY IF THE STUDENT'S ACCOUNT IS PAID IN FULL. ALL PAID FEES ARE NON-REFUNDABLE.*

**I am the person responsible for ALL payments of school fees.**

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

E-mail above is where all invoices and statements will be sent to

**OFFICE USE ONLY**

SCHOOL YEAR 2026-2027 DATE REG. PAPERS REC'D \_\_\_\_\_ ENTERING \_\_\_\_\_

HEALTH FORMS 680/3040 \_\_\_\_\_ BIRTH CERT. \_\_\_\_\_ Social Security Card \_\_\_\_\_

PAYMENT TERMS SIGNED \_\_\_\_\_ SR \_\_\_\_\_

\_\_\_\_\_ H1N1 brochure signed \_\_\_\_\_ Getting In/Out of car \_\_\_\_\_ Rilya Wilson Act \_\_\_\_\_

RECEIPT# \_\_\_\_\_ AMT PD \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT MEDICAL INFORMATION  
FAITH LUTHERAN SCHOOL  
SCHOOL YEAR 2026 - 2027

List one allergy per form please  
Please ask in the Office for more forms if needed

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

Is your child asthmatic? Yes \_\_\_\_\_ No \_\_\_\_\_

**ALLERGIC TO: \_\_\_\_\_ (If no allergies put "none")**

Your signature is required on the back of this form.

Is this allergy *ingested / airborne / per instance (stings / bites etc...)*  
(Circle one per allergy)

\_\_\_\_\_ **Mouth** - itching, swelling of lips and/or tongue

\_\_\_\_\_ **Throat** - itching / tightness in throat, hoarseness, or cough

\_\_\_\_\_ **Skin** - hives, itchy rash, swelling of arms, legs, or face

\_\_\_\_\_ **Abdomen** - nausea, cramps, vomiting, diarrhea

\_\_\_\_\_ **Lungs** - shortness of breath, repetitive coughing or wheezing

\_\_\_\_\_ **Heart** - "thread pulse" / passing out

**ACTION**

If exposed, give \_\_\_\_\_ Medication / Dose

*Must have a Medical Authorization Form from the Office on file signed by the parent.*

*Please have 2 EpiPens if needed.*

Call Mother at \_\_\_\_\_ Call Father at \_\_\_\_\_

Call Dr. \_\_\_\_\_ at Phone: \_\_\_\_\_

In case parent cannot be reached please call:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph# \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph# \_\_\_\_\_

# List all prescribed or other Medications and Medical Concerns

This is important. During an emergency this information will be provided to anyone who has to treat your child in case of an emergency.

## Medications:

	Medication name	Dose	Time Taken
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

## Medical Concerns:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Does your child wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child wear contacts? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child Diabetic? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any other concerns that you have that could affect your child's learning?

Please explain:

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

***All medication that needs to be administered during school hours must be given by a parent or guardian.***



**Miami-Dade County  
Community Action and Human Services Department  
Child Development Services Bureau  
Inclusion and Assessment Division**

**Consent Form**

To improve the quality of services provided to your child, Miami-Dade County, Department of Human Services, Child Development Services and The Early Learning Coalition of Miami-Dade/Monroe (the agency that oversees policy development and funding for early care and education) is coordinating a Screening and Assessment Program. This important project involves the efforts of everyone working together to help your child enter school ready to learn.

The screening and assessment process will be similar to the kind of activities your child is involved in on a daily basis. The results of the screenings and/or assessments will have no bearing on your child's receipt of services. All data gathered from this program will be kept confidential. Part of this process will involve, but is not limited to the collection of parent and teacher information. Researchers and your child's teachers will have access to the data in order to make informed decisions about how best to improve the quality of services provided to your child.

This consent includes the sharing of information with Citrus Health Network's (CHN) Inclusion Program to include: child's screening results, your contact information, authorization for a child observation and teacher interview, consultation services for your child's teacher for the development of an Independent Living Support Plan (ILSP) *only if needed and indicated by screening results*. The CHN Inclusion Program may also contact you directly to offer additional enhanced services should they be deemed beneficial.

We look forward to working with you and your child to provide the best possible education. If you have any questions about Screening and Assessment, you can call Ms. Evelyn Jordan at 786-469-4517.

\_\_\_\_\_  
(PRINT) Name of Parent or Guardian

\_\_\_\_\_  
(PRINT) Child's First and Last Name

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Center Name

- I consent to have my child included in this screening/assessment program.
- I **DO NOT** consent to have my child included in this screening/assessment program
- Child is not attending this center \_\_\_\_\_

\_\_\_\_\_  
Center Rep. Signature and date

\_\_\_\_\_  
Date (This form is valid for one year)

\_\_\_\_\_  
SIGNATURE of Parent or Guardian

**My child speaks:**

- English
- Spanish
- Creole
- Other \_\_\_\_\_

The language(s) spoken at home is:  
\_\_\_\_\_  
\_\_\_\_\_

**Faith Lutheran School - Emergency Contact Information**  
**2026-2027 SCHOOL YEAR**

We must be able to reach someone within 10 minutes

Tenemos que comunicarnos con alguien en menos de 10 minutos

**It is the responsibility of the parents to keep the contact information current.**  
**Es responsabilidad de los padres mantener la información de contacto actualizada.**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
 Nombre del estudiante \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_ Grado \_\_\_\_\_

Address \_\_\_\_\_ City, \_\_\_\_\_ FL, Zip \_\_\_\_\_  
 Dirección del estudiante (Where student lives)

Phone # to use first in case of an emergency: \_\_\_\_\_  
 #Teléfono para llamar primero en caso de emergencia:

EMAIL ADDRESS: \_\_\_\_\_

Mothers's Name \_\_\_\_\_ Work Ph# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Nombre de Padre \_\_\_\_\_ Trabajo # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Ph# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Nombre de Padre \_\_\_\_\_ Trabajo # \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Work Ph# \_\_\_\_\_ Cell# \_\_\_\_\_  
 (If CHILD DOES NOT LIVE WITH parent) Trabajo # \_\_\_\_\_

In an extreme emergency 911 will be contacted.

En caso de emergencia extrema se va a llamar al 911.

I authorize the following person(s) to sign out my child from school: Please notify the office in advance for any early release.

*Yo autorizo a la(s) siguiente(s) persona(s) a firmar a mi hijo(a) de la escuela: Por favor notifique a la oficina con anticipación de cualquier salida de la escuela antes de que se termine.*

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation to child \_\_\_\_\_  
 Nombre \_\_\_\_\_ teléfono \_\_\_\_\_ Relación \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation to child \_\_\_\_\_  
 Nombre \_\_\_\_\_ teléfono \_\_\_\_\_ Relación \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation to child \_\_\_\_\_  
 Nombre \_\_\_\_\_ teléfono \_\_\_\_\_ Relación \_\_\_\_\_

**I attest that all the information is true and correct and for the safety of my child I will notify the School Office if there are any changes in the above information.**

***Doy fe que toda esta información es cierta. En caso que haya algún cambio en estos datos avisaré a la oficina de la escuela.***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Firma del Padre/Guardián \_\_\_\_\_ Fecha \_\_\_\_\_

# FAITH LUTHERAN SCHOOL

293 Hialeah Drive  
Hialeah, FL 33010

## 2026 - 2027 Attendance Policy

### Signing In and Out:

All preschool students must be walked into their classroom and signed in. SR and VPK student's parents must sign in and write the time next to their name. All preschoolers being picked up from school must be signed out on the correct forms. Parents, please sign using a legible signature.

Parents **MUST NOTIFY** the school office of absences no later than 8:15 am. The school office phone number is (305) 885-2845. It is the parent/guardian's responsibility to contact the school office before 8:30 am indicating that their child will be absent. If the parent does not contact the office about the student being absent, the office will contact the parent to verify the reason why the student is not in school.

### Excused Absences:

All absences, two days or less, require that a written note prepared by the parent be submitted to the teacher prior to 8:30 a.m. in order to be considered an excused absence.

All absences, three or more days, require that a written note prepared by the child's physician be submitted to the teacher by 8:30 a.m. in order for the child to be admitted to class and to be considered an excused absence.

VPK students who are excessively absent may be removed from the VPK State Funded Program. (VPK students may not miss more than 20% of the 180 days) (SR students may only be absent 3 days a month).

Excused absences are acknowledged for sickness, death in the family, or other extreme emergency circumstances necessitating absence, but remain an absence. A written explanation for the absence must be turned into the front office for documentation purposes.

### TARDY POLICY

These Policies only apply to Pre-K 4-year-olds (VPK students)

The VPK program is a State of Florida program, and the three daily hours are funded strictly by the State of Florida. It is for that reason that it is very important that your child comes to school on time. We recommend that your child be at school no later than 8:20 a.m.

It is the responsibility of this school to prepare your child for kindergarten and for that reason your child needs to be in attendance on a consistent basis.

All tardy students must report to the school office to receive an admission pass.

### Excused Tardies:

The only excused tardy is an uncontrollable circumstance. Uncontrollable circumstances will be at the discretion of the school.

### Unexcused Tardies:

Every three (3) unexcused Tardies will result in an absence.

Nine (9) unexcused Tardies will result in a letter from the principal and will require that the authorized parent/guardian appear before the Board of Education. (Appendix A)

Note: A student with three (3) or more unexcused tardies in a school year will not be considered to have perfect attendance.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Print Parent Name

Parent Signature

Date

FAITH LUTHERAN SCHOOL  
School Uniform Policy  
2026-2027 School Year

**"New Media Specialty"** is the school's uniform supplier.

The address is: **301 Hialeah Dr**

**Phone (305) 710-5475 or 786-431-5375**

**Website: [www.newmediaspecialty.com](http://www.newmediaspecialty.com)**

THE SCHOOL POLICY IS AS FOLLOWS: For reference, please see page 23 of your Parent Handbook

- All white or light blue polo shirts must have the school's emblem embroidered on the shirt. "New Media Specialty" is the **ONLY** place to purchase your school shirt. No plain shirts.
- ALL GRADES: SHOES MUST BE BLACK OR WHITE WITH PLAIN BLACK OR WHITE SOCKS (BOOTS ARE NOT ALLOWED).
- Your child must have a navy-blue school uniform jacket or sweater. All other outer wear is **not** permitted. Please label jackets and clothing with your child's name. Please prepare for cold weather early and have the School Uniform sweater or jacket on hand.

My child will **ONLY** wear a school jacket or sweater to school \_\_\_\_\_.  
Parent signature

**BOYS:**

- White or light blue polo with logo.
- Boys must wear a belt with their navy-blue school uniform pants or shorts.
- Shirts must be tucked in at all times.
- No jewelry

**GIRLS:**

- White or light blue polo with logo.
- Preschool – 2<sup>nd</sup> grade navy blue skorts or pants worn with a belt.
- 3<sup>rd</sup> – 8<sup>th</sup> grade navy blue uniform skirt with shorts underneath, or navy blue uniform pants worn with a belt.
- No jewelry / no hoop earrings / no fingernail polish or makeup
- Shirts must be tucked in at all times.
- **ALL GIRLS:** Please purchase navy blue school uniform pants **in advance** for cold weather.

My child \_\_\_\_\_ in Grade \_\_\_\_\_ will be present each day in the appropriate uniform as outlined above. I understand that if my child is **not** dressed in the proper uniform, my child may be **fitted with the proper used uniform and I will be billed \$5 per item.** Repeated offenses may result in suspension.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your cooperation.**

## STATEMENT OF FAITH

Jesus said, "Suffer the little children to come unto me and forbid them not, for of such is the Kingdom of Heaven." Faith Lutheran School is a ministry of Faith Lutheran Church where we help our children grow in faith and love in Jesus. Our School is known for academic quality and for our ability to aid our student in sound Christian moral development serving the people of Hialeah. As a Christian school, our curriculum includes in-class daily teachings from God's Holy Word. We integrate our Christian beliefs into everything we teach. Many parents wonder, "What will they teach my child about religion at Faith Lutheran School?" Simply stated, Faith Lutheran School exists to help ground our students in the living Christian faith as taught by our Lord and Savior, Jesus Christ.

*We teach about the Bible, faith, and Salvation. We believe that:*

- The Bible is the source and basis for all our beliefs. (2 Tim. 3:15-17)
- Only through faith in Jesus Christ can people be saved. (John 3:16)

*We teach about God. We believe that:*

- God is the Almighty, loving creator of everything and everyone. (Genesis 1:1)
- God is one God, but three equal persons (Triune). He is God the Father, God the Son (Jesus), and God the Holy Spirit – not three Gods but one God. (Matthew 28:19)
- God is the Judge before whom all people will give an account for the lives they lead. (2 Cor. 5:10)
- God is a Savior (Jesus) who died for our sins and arose from the dead. (Acts 4:11-12)
- God is the Author of the Bible who, through the Holy Spirit, inspired men to write what He wanted to communicate to humankind – especially who He is, His truths, and how He has come to the rescue of humankind through the work of Jesus Christ. (2 Timothy 3:16)
- God is Love. He loves all people perfectly and completely. (1 John 4:9-10)

*We teach about people. We believe that:*

- People are created individually and specially by God. (Psalm 139:13-16)
  - People are loved always and completely by God. (John 3:16)
  - People are expected by God to live lives of holiness and perfection. (Matthew 5:48)
  - People are unable to obey God perfectly (everyone sins). (Ecclesiastes 7:20)
  - People are forgiven their sins and given the gift of everlasting life in heaven only through faith in the death and resurrection of Jesus Christ. (Romans 6:23)
  - People are unable to earn God's favor or forgiveness; rather we receive faith and forgiveness through the gift of God. (Ephesians 2:8-9)
- People, sadly, will be condemned to eternal suffering if they do not have faith in Christ. (Matthew 13:49-50 and John 14:6)

*We teach about relationships. We believe that:*

- People should submit to one another out of reverence for Christ. (Ephesians 5:21)
- People should tell their friends how much the Lord has done for them and how he has had mercy on them. (Mark 5:19)
- Marriage is a holy union, created by God, and is intended to be between one man and one woman. (Genesis 2:24, Mark 10:7, Ephesians 5:31, Corinthians 7:2)

*"For God so loved the world that He gave His only Son, that whoever believes in Him shall not perish but have eternal life." John 3:16*

By signing below, you are acknowledging that you have read a copy of our Statement of Faith and you understand that we will be teaching your child(ren) in accordance with our faith and practice as Faith Lutheran School is a mission of Faith Lutheran Church.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **CHRISTIAN DISCIPLINARY/EXPLUSION POLICY**

## **Faith Lutheran Preschool**

**The point of Christian discipline is not to punish the student, or judge the sin, but to lead the student to repentance and reconciliation with those around him, and more importantly, God. Discipline will be administered with love and fairness, according to the Fourth Commandment which states: “We should fear and love God so that we do not despise or anger our parents and other authorities but honor them, serve and obey them, love and cherish them”.**

We are committed to providing a safe, nurturing environment conducive for the learning and growth for all our children. We strive to ensure all of our children are set up for success regardless of their developmental level.

The teacher is responsible for the control of the classroom, and providing the appropriate environment for successful instruction. Students are to be taught proper classroom behavior, classroom attitudes, self-control, and respect for teachers, authorities, and the rights of others. The following positive guidance techniques may be used:

- Setting clear, consistent expectations for age appropriate classroom behavior
- Valuing mistakes as learning opportunities
- Redirecting children to a more acceptable behavior or activity
- Listening when children talk about their feelings and frustrations
- Guiding children to resolve conflicts
- Modeling skills that help children solve their own problems

The teacher may ask the child to sit apart from others if there are repeated disciplinary issues. This is time for the child to calm down and decide when he/she is ready to re-join the group. If all customary techniques are exhausted, a parent-teacher conference may prove to be effective. This is an opportunity of sharing between teacher and parent of possible causes and/or solutions. Repeated misbehavior will result in a conference between the Director and the parent(s) and may result in disenrollment.

Disenrollment may be a result of the following:

- Abuse of other children, staff, or property by child or parent/guardian
- Continued violation of policies by child or parent/guardian
- Disruptive or dangerous behavior by child or parent/guardian
- The school’s inability to meet the child’s needs or the parent/guardian’s expectations
- Biting habits that cannot be easily redirected

The Principal, in cooperation with the Board of Education, reserves the right to dismiss {expel} any child or parent/guardian who does not comply with the rules and regulations of the school. Such actions will not be taken until all stipulated procedures have been followed, and the parents have actively been a part of the procedures and have been given a time frame in which a change of behavior should have been observed.

Faith Lutheran PROHIBITS punishment that is severe, humiliating, frightening, or physically harmful to a child. Discipline shall not be associated with food, rest, or toileting. Spanking or any other form of physical punishment is PROHIBITED. Young children’s behavior is challenging at times, but many behaviors are typical at different age levels. We will use positive guidance techniques to work with these behaviors, but will not tolerate a child hurting another child, staff or self. We will also not tolerate disrespect or bullying of others. We will also help all children learn responses to inappropriate behaviors and bullying.

# FAITH LUTHERAN SCHOOL PRESCHOOL

293 Hialeah Drive  
Hialeah, Florida 33010

## Discipline / Expulsion Policy & Liability Acknowledgement

### THE DISCIPLINE / EXPULSION POLICY IS AS FOLLOWS:

1. Faith Lutheran Preschool / Early Childhood Center will administer discipline with love, fairness, and consistency and maintain active communication with parents in this regard.
2. Methods used in such discipline may include: time out from the rest of the class; talking to the child; calling of the parents and as a last resort suspension or expulsion of the child from the school.
3. Children will not be subjected to discipline which is severe, humiliating, or frightening. An atmosphere conducive to proper eating, proper rest for preschoolers and for proper toileting will be maintained.
4. For all grades (Preschool thru Grade 8): In the event of severe, disruptive or violent behavior, i.e. fighting, abusive language, or extreme disrespect will be cause for immediate suspension and may include expulsion.
5. Children may not be denied active play as a consequence of misbehavior.

-----  
By signing this form, I, the parent / guardian of a student enrolled in Faith Lutheran School Preschool / Early Childhood Center attest that I have received and read:

The Discipline / Expulsion Policy of Faith Lutheran School / Pre-School / Daycare as stated below which is in accordance with FL Statute, Section 1002.55 (5) / form OEL-SR-6202 (October 2016) Rule 6M-4.620, F.A.C

I have received and read "Know Your Child Care Facility" from Faith Lutheran Preschool / Early Childhood Center. **Section 402.3125(5) F.S.**

I have received and read THE BROCHURE "INFLUENZA VIRUS - The Flu" A GUIDE FOR PARENTS in compliance with **Section 402.3125(5) F.S. Visit [www.immunizeflorida.org](http://www.immunizeflorida.org) for more information.**

I have received and read the "Rilya Wilson Act" from Faith Lutheran Preschool / Early Childhood Center. **Section 39.604.**

I have received and read the "Getting In/Out" from Faith Lutheran Preschool / Early Childhood Center.

I attest that I will not hold Faith Lutheran Church and School and/or personnel administrative bodies, liable in the case of an accident prior to my child's entrance to the school property and classroom entrance or dismissal by a teacher or other school personnel to ride a bus/passenger van or any other form of transportation.

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

# FAITH LUTHERAN SCHOOL

## "PARENT PLEDGE"

### **Because I am convinced my child needs:**

- Christian training on the basis of God's Word.
- Christian training which leads to a Christian life of service to God in church and community.
- Daily Christian pupil fellowship in a Christian school environment and supervised by Christian teachers.
- Training of soul, mind and body.
- Fundamental training in understanding secular teaching within the light of God's teachings.

### **I hereby pledge myself:**

- To pray for my child, the teachers and staff, the school as a whole and the Board of Christian Education, realizing that with the cooperation of all, with God's blessings received through prayer, will give success to the training of my child.
- To be active in the church of my choice.
- To encourage my child to regularly attend Sunday School or Bible Classes and to attend church services with me.
- To encourage and admonish my child to cheerfully and promptly obey the teacher's rules and school's rules and regulations.
- To cooperate with and uphold the teachers in the exercise of Christian discipline in the training of my child.
- To assume the responsibility to see that my child's homework is completed daily.
- To fulfill my financial obligations to Faith Lutheran Church and School, realizing the importance of prompt payment to the efficient operation of the school.
- To encourage my child to continue in and to complete any extra-curricular programs they have chosen.
- To provide a Christian atmosphere in the home, realizing the strengthening effect this has on the instruction received at school.
- To be a positive witness concerning Faith Lutheran School; that is, (a) to be supportive of the school, faculty and staff in conversations with my child and with other school parents; and (b) in the event of a school-related problem, to speak directly, privately and only with the instructor or person involved, so as to resolve the matter quickly and quietly in a Christian manner. I understand that gossip, slander, blatant disrespect, threats and verbal abuse in general, whether directed at the school, school employees or school families, whether on my part or that of members of my own family, will be grounds for obligatory withdrawal of my child from Faith Lutheran School.

***By signing this application for enrollment, I confirm my agreement with the principles and regulations of this school as set forth in the Registration Forms and Parent Handbook. (Please note: Failure to sign this Parent Pledge will render your application null and void.)***

*With the grace and help of God,*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent Guardian \_\_\_\_\_

# CHURCH MEMBERSHIP

**Student Name** \_\_\_\_\_

Please print

**Grade** \_\_\_\_\_

Does your family regularly attend Church Services? ( ) yes ( ) no

If yes, what is the name of the Church that you attend?

\_\_\_\_\_

Address \_\_\_\_\_

What is the name of the Minister, Priest?

\_\_\_\_\_

Phone Number \_\_\_\_\_

Is your child Baptized? ( ) yes ( ) no

**If yes**, Baptism date \_\_\_\_\_

**IMPORTANT** We celebrate the baptism date just like the birthdate

Name of the Church \_\_\_\_\_

City and State (if not local) \_\_\_\_\_

**If no**, would you be interested in baptizing your child? \_\_\_\_\_

If you do not belong to a church would you like to know more about Faith Lutheran Church? ( ) yes ( ) no

# MEDIA RELEASE PARENTAL CONSENT FORM

Faith Lutheran School, Hialeah, FL

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Dear Parent/Guardian,

Please be advised that during the school year your child may be photographed, videotaped, or interviewed at various school sponsored events by the school photographer, teacher, school staff, and approved yearbook staff. With your consent, the photograph, video, or interview may be reproduced for use by the media. i.e., newspapers, brochures, school website, school social media platforms such as Facebook, Instagram, etc... I understand that the use of these will be strictly limited to marketing and promotional efforts. Parents are not allowed to photograph or videotape inside any classroom during school hours (8:30 am to 3:30 pm). Any photos or video of students taken by families, friends and/or community members at school activities must be for personal use only and not used in public places outside the school, including social networking sites or shared with anyone else unless Faith Lutheran School grants you written permission for these files to be shared.

Please indicate your choice below and sign and return:

\_\_\_\_\_ Yes. My child's photograph, video, or interview in which my child is present **MAY** be reproduced for distribution by the media forms stated above.

\_\_\_\_\_ No. My child may **NOT** be photographed or be featured in school video reproduced for distribution by the media as stated above.

**I understand that by signing this form**, I agree not to take any pictures or videos in a classroom or share any pictures or videos with anyone else or on any social media without first receiving written permission from Faith Lutheran School office. I also understand that I will be held accountable if any pictures or videos taken by families and/or friends that I invite to any school activities are shared with anyone outside the school, on any social media or are distributed for any promotional use. This consent form is in force until withdrawn.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian



## Faith Lutheran School - P.T.L.

Dear Faith Lutheran School Family,

On behalf of the PTL, we welcome you to the 2026-2027 school year! If you're a new family, welcome to our school! The PTL, or the Parent Teacher League, is where parents and staff come together to plan educational and spiritual programs and activities which enhance Christian education at Faith Lutheran School. This includes the PTL's annual commitment to fund many wonderful activities for our students, including the different student activities, as well as fundraising for physical school improvements.

As such, PTL needs your help in raising \$10,000.00 for this new school year to cover the annual activities and commitments as well as upcoming special projects. We are working to help update classrooms, bathrooms, phone system, playground equipment and technology and really need your help! When everyone participates, it is much easier for our school to raise the funds needed. When each family participates and commits to a contribution of \$144.00, we would reach our first goal for the year!

Together, the parents and PTL board, we work hard every year to ensure that we raise the funds needed through our chocolate sale (our biggest yearly fundraiser). We have a few options to help reach our goal. Your family can (1) sell 4 boxes of chocolate to raise the funds, (2) donate the chocolate profit of \$144.00, or (3) a combination of both. *If you decide to sell four (4) boxes of chocolate, you may sell some at the beginning of the school year and the rest in the second semester.* You can choose the option that best works for your family.

Once a box of chocolate is signed out, it is your responsibility to sell the box. **Payment (\$60.00) must be submitted within 30 days of when the box was taken.** The office and school cannot take back your box of chocolate, so please do not return the box back to the school.

Thank you in advance for your cooperation and in supporting not only your child's school but **OUR** school. Your help with our fundraising goals is needed and greatly appreciated. ***When we work together, we can all make a difference.*** God bless you!

Your family in Christ, *The PTL Officers*

### **Please select 1 option that works best for your family:**

- My family will sell 4 boxes of chocolate (value of \$240.00). #\_\_\_\_\_ **boxes at open house and #\_\_\_\_\_ in October**
- My family will sell 3 boxes of chocolate (value of \$180.00) **AND** pay \$36.00 (profit of 1 box). #\_\_\_\_\_ **boxes at open house and #\_\_\_\_\_ in October**
- My family will sell 2 boxes of chocolate (value of \$120.00) **AND** pay \$72.00 (profit of 2 boxes). #\_\_\_\_\_ **boxes at open house and #\_\_\_\_\_ in October**
- My family will sell 1 box of chocolate (value of \$60.00) **AND** pay \$108.00 (profit of 3 boxes).
- My family will **NOT** be selling any boxes of chocolate, but will pay the \$144.00 (profit of 4 boxes) starting in September and ending on February 5<sup>th</sup>, 2027.

Parent name: \_\_\_\_\_ Child name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Need to contact one of the PTL officers? Send an e-mail to [PTL@FaithLutheranHialeah.org](mailto:PTL@FaithLutheranHialeah.org) and join our Instagram @faithlutheranhialeah293 for quick reminders and up-to-date information regarding our school.



Does your child have any known allergies? ( ) yes ( ) no If yes, please list allergies \_\_\_\_\_

Special instructions in case of an allergic reaction: \_\_\_\_\_

Has your child had any of the following communicable diseases? Chicken pox, measles, mumps, other \_\_\_\_\_

Is your child prone to upset stomach, colds, seasonal allergies, ear aches, headaches, sore throats, nose bleeds, other \_\_\_\_\_

Are there any indicators of hearing or vision problems? \_\_\_\_\_

Has your child had any recent illnesses? ( ) yes ( ) no if yes describe: \_\_\_\_\_

Does your child have any physical or mental disabilities? ( ) yes ( ) no If yes, explain \_\_\_\_\_

Do you have a backup plan if your child is ill and cannot attend school or becomes ill and must be picked up? ( ) yes ( ) no

~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~

What is your child's eating habits? (Mind trying new things, times usually eat, etc.) \_\_\_\_\_

Child's usual dining habits: (circle all that apply) high chair, booster seat, feeds self, uses utensils, bottle, sipper cup, regular cup.

Does your child eat unaided? \_\_\_\_\_ Does he/she enjoys eating? \_\_\_\_\_

Does your child have a special diet? \_\_\_\_\_ Due to your child tastes, allergies, reactions and/or religious beliefs are there any foods that should not be served to your child? ( ) yes ( ) no

Please list these foods: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Strong dislikes: \_\_\_\_\_

Will your child eat breakfast at home? \_\_\_\_\_

~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~\*~~~~

What are your expectations of this program and me?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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.



# THE FLU

## A Guide for Parents



For additional information, please visit [www.myflfamilies.com/childcare](http://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.

## 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/](http://www.cdc.gov/flu/) or [www.immunizeflorida.org/](http://www.immunizeflorida.org/)

### Faith Lutheran School

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 importance of checking the back seat of your car.

My signature below verifies receipt of the brochure on Getting In; Getting Out...

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.

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: C11MD0724 License issued on 03/31/2021 License Expires on 03/30/2019 For more information regarding the compliance history of this child care provider, please visit: [MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)

**Getting In; Getting Out**

**Out: Check the Back Seat**

- In just 10 minutes, a car's temperature can increase by 19°
- Before getting out of your car, check the back seat...
- **DON'T FORGET YOUR CHILD!**
- **NEVER** leave your child alone in a car and **CALL 911 IF YOU SEE ANY CHILD LOCKED IN A CAR!**
- Place something in the back seat that you will need at work, school, or home (your laptop, your lunch).

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES  
FLORIDA

**Getting In; Getting Out**

**In: Check Behind The Car**

- **BEFORE GETTING IN THE CAR AND STARTING THE ENGINE,** walk around the car and **CHECK FOR KIDS, TOYS, AND PETS!**
- Make sure there is **NOTHING UNDER OR BEHIND YOUR CAR** that could attract a young child.
- **PICK UP TOYS, BIKES, CHALK OR ANY TYPE OF EQUIPMENT** around the driveway so that these items don't entice kids to play.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES  
FLORIDA

Developed by:  
**PREVENTION UNIT**  
Office of Family and  
Community Services

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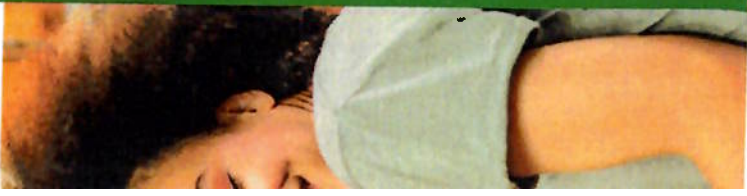
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# More information and free resources:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



This child care facility is licensed according to the minimum licensure standards included in

section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: \_\_\_\_\_

License Issued on \_\_\_/\_\_\_/\_\_\_

License Expires on \_\_\_/\_\_\_/\_\_\_

For more information regarding the compliance history of this child care provider, please visit:

[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)  
(850) 488-4900



Reports of suspected cases of physical abuse, sexual abuse, and neglect are received and referred for investigation by the Abuse Hotline. To report suspected 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.

# Knc Chi Fi



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- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

**Food and Nutrition**

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

**Record Keeping**

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

**Physical Environment**

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

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

**Quality Activities**

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

**Quality Environ**

- Are clean, sa
  - Provide easy
  - Display childi
  - Provide a saf
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# Fact Sheet on Lead



Today at least 4 million households have children living in them who are being exposed to lead. Approximately, half a million U.S. children ages 1-5 have blood lead levels above 5 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ), the reference level at which the Centers for Disease Control and Prevention (CDC) recommends public health actions be initiated. Lead exposure can affect nearly every system in the body. Because lead exposure often occurs with no obvious symptoms, it frequently goes unrecognized.

## What is LEAD?

- ⇒ Lead (Pb) is a heavy, toxic, poisonous chemical element.
- ⇒ Lead is commonly found in older houses, soil especially near roadways, old orchards, mining areas, industrial sites, near power plants, incinerators, landfills, and hazardous waste sites. People living near these hazardous sites may be exposed to lead and chemicals. Exposure to lead can happen from breathing workplace air or dust, eating contaminated foods, or drinking contaminated water. Children can be exposed from eating lead-based paint chips or playing in contaminated soil.
- ⇒ Lead is also found in some herbal remedies, cosmetics, jewelry, toys, water, lead glazed pottery and occupation/hobbies.



## What is LEAD POISONING?

- ⇒ Lead poisoning is a serious but preventable public health problem that can result in long-lasting neurological damage to young children whose growing bodies are highly susceptible.
- ⇒ When too much lead ( $\geq 5 \mu\text{g}/\text{dL}$ ) gets into your body, it is called lead poisoning. Children are at greater risk than adults.
- ⇒ Lead is also brought into the environment through human activities.
- ⇒ Lead circulates in the bloodstream; it is then reabsorbed in the kidneys and the brain.
- ⇒ Lead poisoning can cause reduction in IQ, attention span and reading; increase in learning disabilities, hyperactivity and behavioral problems; impair growth, visual, motor function and hearing.

## Why is Soil a Problem?

- ⇒ Contamination of soil has been linked to incinerators, hazardous waste sites, weathering of exterior leaded paint, fall-out from past use of leaded gasoline, and lead smelters.
- ⇒ There is a greater chance of contact with lead in the soil if there is not a good stand of grass or other ground cover.
- ⇒ Any time soil is bare and exposed there is a chance that lead dust can be generated.

### Who is at Risk?

- ⇒ All children under the age of 6 years old are at risk because they are growing so rapidly and because they tend to put their hands or other objects, which may be contaminated with lead dust, into their mouths.
- ⇒ Children living at or below poverty level who live in older housing are at greatest risk . Additionally, children of some racial and ethnic groups are disproportionately affected by lead.

### How Can I know if My Child Has Lead Poisoning?

- ⇒ Children with lead poisoning do not look sick.
- ⇒ Children who look and act healthy may have high lead levels.
- ⇒ The only way to know if your child has lead poisoning is to have them tested.

### What Does the Lead Test Consist of?

- ⇒ A health care worker will take only a small amount of your child's blood.
- ⇒ The test takes only a few minutes.
- ⇒ Children who are 1 to 6 years old are at a higher risk for lead poisoning should get tested.

### What Can I Do to Prevent My Child From Getting Lead Poisoning?

- ⇒ Keep the area where your child plays clean and dust free.
- ⇒ Make sure your child does not chew on anything covered with paint.
- ⇒ Wash your child's hands often, especially before meals.
- ⇒ Give your child a healthy diet that includes foods with iron, calcium and vitamin C. A healthy diet can protect children from lead poisoning.



Any questions, contact:  
Florida Department of Health in Miami-Dade County  
Childhood Lead Poisoning Prevention Program at  
(305) 470-6877

# Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. These children are also known as Protective Services children.

## Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:  
<https://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf>

**\*\* If you have concerns regarding any child that you may care for, please contact the Florida**

**Abuse Hotline at 1-800-96-ABUSE\*\***

## Faith Lutheran School

My Signature below verifies receipt of the flyer on the Rilya Wilson Act from the Department of Children and Families.

Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete and return this portion of the flyer to your childcare provider, for them to maintain it in their records.

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