

# Enrollment Checklist

## What you need to start attending Golden Triangle!

- Non-Refundable Enrollment Fee \$\_\_\_\_\_
- First Week Tuition \$\_\_\_\_\_
- Updated Shots/Physical
- Copy of Parent ID's
- 3 Sets of Spare Clothes/ A pair of Shoes and Socks
- Crib Sheet & Blanket
- Extra underwear for potty training children!
- Diapers (if applicable), Wipes (if applicable)
- Full Paper Packet (at least 1 day prior to start date)
- Online Enrollment (Please visit [goldentriangleacademy.com](http://goldentriangleacademy.com) and fill out online enrollment prior to start!)
- Any Dietary or Allergy Needs (some require doctor's note on file. Ask your office staff!)

Thank You!  
Welcome to the Family!

If you have any questions you spoke with \_\_\_\_\_



## Golden Triangle Learning Center Application for Enrollment

### **Student Information:**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Child's 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

Meals Typically Served while in care: Br AM Snack Lunch PM Snack

### **Family Information:**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Last 4 of Social: \_\_\_\_\_

Last 4 of Social: \_\_\_\_\_

Custody: Mother Father Both Other \_\_\_\_\_

### **Medical Information:**

*I hereby grant permission to center staff of this facility to contact the following personnel to obtain emergency care if warranted.*

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

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

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

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:**

*Children 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 my child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached. Please do not list parents here only Emergency contacts. We reserve the right to not release a child to anyone who appears intoxicated/impaired. The center will contact an alternative authorized pickup person.*

*Thank You*

Name	Address	Number	Number
Name	Address	Number	Number
Name	Address	Number	Number

Helpful information about child:

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Four Digit Code for Phone Permission Pickups: \_\_\_\_\_

This code will need to be given when you are authorizing another person to pick up your child over the phone. This code should only be known by you. This allows us to verify who we are speaking with on the phone so your child stays safe.

**THIS IS NOT YOUR CLOCK IN CODE**

Your signature below indicates that the information on this enrollment form is complete and accurate. I hereby grant permission for all personal and agents of Golden Triangle Academy LLC to have access to my child's records, including but not limited to previous, current, and future immunization record, school entry physicals, and any health records that meet the purpose of supporting the child's educational needs.

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

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

**\*A copy of parents ID will be taken when your child's enrollment packet is dropped off.**

# What Makes My Child Special?

How does your child react when you leave them? \_\_\_\_\_

What is your child's normal disposition? \_\_\_\_\_

Does your child have any bad habits? \_\_\_\_\_

Are there any restrictions to play or activities? \_\_\_\_\_

Any speech / hearing /vision problems? \_\_\_\_\_

Has you child had any communicable diseases? If so, when? \_\_\_\_\_

Is your child prone to any illness (such as headaches, tummy aches, etc.)? \_\_\_\_\_

How is your child most easily settled? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

## **EATING**

What are your child's favorite foods? \_\_\_\_\_

What are your child's least favorite foods? \_\_\_\_\_

Does your child eat with utensils? Which one(s)? \_\_\_\_\_

## **SLEEPING**

What time does your child wake up? \_\_\_\_\_

What is their mood when they wake up? \_\_\_\_\_

What time does your child go to sleep at night? \_\_\_\_\_

What is their mood when they are put to bed? \_\_\_\_\_

Does your child sleep through the night? \_\_\_\_\_

Where (on what) does your child sleep? \_\_\_\_\_

Does your child take a nap? If yes, when? \_\_\_\_\_

How do you put your child to sleep? \_\_\_\_\_

**PERSONALITY TRAITS**

Has your child had experience playing with other children? \_\_\_\_\_

How does your child show when he/she is:

Afraid? \_\_\_\_\_

Happy? \_\_\_\_\_

Angry? \_\_\_\_\_

Tired? \_\_\_\_\_

Sick? \_\_\_\_\_

What forms of discipline are most often used in your home? \_\_\_\_\_

\_\_\_\_\_

How does your child feel about daycare? \_\_\_\_\_

Are there any recent traumatic events that have occurred within your life that could affect your child? If yes, what?

\_\_\_\_\_

Does your child have any special toys, blankets, etc.? \_\_\_\_\_

**POTTY TRAINING**

If your child is potty trained, can he/she be relied upon to indicate bathroom needs? \_\_\_\_\_

Does your child have any fears relating to potty training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any accidents? When? \_\_\_\_\_

\_\_\_\_\_

What word does your child use for:

Bowel movements? \_\_\_\_\_

Urination? \_\_\_\_\_

Soiled Diaper? \_\_\_\_\_

# Permission for Food Related and Special Occasion Food Consumption

*\*\* Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care must obtain written permission from parents/guardian regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations and birthdays.\*\**

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
(Parent or Guardian) (circle one) (child's name)

to participate in food related activities and special occasions where food is consumed.

## Please provide the following information:

My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities

My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below): \_\_\_\_\_

My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

*I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.*

*I understand that Golden Triangle Academy LLC operates under the USDA Food program guidelines and all meals (Breakfast, Lunch, and Snacks) are prepared and served on premise. I understand unless other documentation is on file at the facility my child will receive normal whole or 1% milk determined by their age / ccfp guidelines. Any milks with no nutritional value will require a DR. Note to substitute for example Almond, Oat, etc. Golden Triangle Academy provides Breakfast, Lunch, and 2 Snacks throughout the day, we **DO NOT** accept outside food / drink as we consider ourselves an allergy free center and limit allergens coming into our facility.*

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

## Audio/Visual/Photo Release Form

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, give my permission to Golden Triangle Learning Center to tape record, video record, or photograph my child for educational, security, and/or publicity purposes while participating in the regular activities of this program.

I understand that these recordings and images will not be sold or used for solicitation purposes. They may be featured in our welcome slideshow and on our Facebook page.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

# Behavior Management / Discipline Policy

At Golden Triangle Academy, we believe that praise and positive reinforcement are essential for effective behavior management. When children experience positive, nonviolent, and understanding interactions, they develop strong self-concepts, problem-solving abilities, and self-discipline. Based on this belief, we implement a positive approach to discipline and adhere to the following guidelines:

## **WE DO NOT**

- Inflict corporal punishment in any form, including spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.
- Use strategies that hurt, shame, or belittle a child.
- Use threats, intimidation, or force against a child.
- Use food as a reward or punishment.
- Withhold physical activity as a form of punishment.
- Shame or punish a child for bathroom accidents.
- Embarrass any child in front of others.
- Compare children to each other.
- Place children in locked or dark rooms.
- Leave any child alone, unattended, or without supervision.
- Allow discipline to be administered by other children.
- Criticize or belittle a child's parents, families, or ethnic groups.

## **WE DO**

- Communicate with children using positive statements.
- Engage with children at their level.
- Speak calmly and quietly to children.
- Explain unacceptable behavior clearly.
- Provide attention for positive behavior.
- Praise and encourage children regularly.
- Set limits and reason with children.
- Apply rules consistently.
- Model appropriate behavior for children.
- Create a classroom environment that prevents problems.
- Offer alternatives and redirect children to acceptable activities.
- Give children opportunities to make choices and solve problems.
- Help children express their feelings and work through conflicts.
- Listen to children and respect their needs and desires.
- Provide appropriate language to help resolve conflicts.
- Use storybooks and discussions to address common issues.
- Implement "Time Out" for extreme behaviors (e.g., kicking, scratching, spitting, pinching, throwing objects). The child will be given a choice to discontinue the behavior or be separated from the group while remaining in the teacher's sight. The guideline for "Time Out" is 1 minute for each year of the child's age (e.g., a 2-year-old = 2 minutes).

## **Additional Considerations**

Conferences will be scheduled with parents if specific disciplinary issues arise. If a child's behavior consistently endangers the safety of others, the Director reserves the right to terminate childcare services for that child after meeting with the parents and documenting behavioral concerns and interventions.

Thank you for your support in fostering a positive environment for all children.

## **Hurricane Policy**

During hurricane season, Golden Triangle Learning Center will close in alignment with the Lake County School System when a storm approaches and throughout its duration.

**Once the storm has passed, we will reopen as long as:**

- We have electrical power
- The building is structurally sound

Please note that our reopening may occur independently of the Lake County Schools' schedule.

The safety of the children is our top priority.

All fees will remain in effect during this period. This policy applies to all before and after school programs as well.

For timely updates, please check HiMama and our Facebook page, as this will be our primary communication channel during storms.

## **Surveillance Policy**

Surveillance cameras are installed throughout Golden Triangle Learning Center, including every classroom. We believe these cameras will support the growth and development of your child by ensuring a safe and monitored environment. To enroll your child at our center, we require your signed consent acknowledging your awareness of the surveillance cameras in place.

## **Unlimited Parental Access Policy**

In compliance with state and federal mandates, Golden Triangle Learning Center provides custodial parents/guardians with unlimited access to their children during attendance. Custodial parents/guardians may pick up their children during normal facility hours without restriction.

However, to ensure the security of all children, this Unlimited Parental Access Policy does not grant custodial parents/guardians unrestricted entry into their child's classroom. Parents/guardians must obtain authorization from facility staff before entering a classroom.

## **Make Sure You Are Reachable at All Times**

In many child care programs, including Golden Triangle Learning Center, parents are contacted promptly if their child exhibits signs of illness, even mild ones such as a cold. In some cases, children may continue participating in regular activities as long as they can engage in most programs and do not have conditions requiring exclusion.

It is essential that the school or caregiver can reach you at all times. Please ensure that your current home and work phone numbers, as well as your cell phone number, are on file with us.

Thank you for your cooperation in maintaining a healthy environment for all children.

## **School Readiness Program Attendance Policy (ELC)**

Our program operates Monday through Friday from 6:30 a.m. to 6:00 p.m. The state provides funding for your child when they are in attendance.

Each student may miss up to 3 days per month without a note, and an additional 7 days with a valid absence note.

A child's absence will be considered excused if it falls on an operational day and is documented for one of the following reasons:

1. Hospitalization of the child or parent (appropriate documentation required).
2. Illness requiring the child to stay home, documented by a medical professional.
3. Death in the immediate family (appropriate documentation required, e.g., obituary or death certificate).
4. Court-ordered visitation (appropriate documentation required, e.g., court order).
5. Unforeseen military deployment or exercise of the parent (documentation required).

Thank you for your understanding and cooperation.



# Sick Policy

Conditions that require exclusion from the program include:

## **Severe Illness:**

- Child appears severely ill, unresponsive, irritable, persistently crying, having difficulty breathing, or exhibiting a quickly spreading rash.

## **Fever:**

- A temperature above 100.0°F, accompanied by behavior changes or other symptoms (e.g., sore throat, rash, vomiting, diarrhea).
- For infants under 2 months, any unexplained fever should be evaluated by a health professional. Urgent medical advice is needed for temperatures above 100.4°F, regardless of other symptoms.
- The child may not return until they have been symptom-free for 24 hours and will be excluded the following day. Teething will be considered before dismissal.

## **Diarrhea:**

- Exclusion is required for diapered children if stool is not contained or for toilet-trained children if diarrhea causes "accidents."
- For children whose stool frequency exceeds 2 stools above normal in 24 hours or whose stool contains blood or mucus.
- The child may not return until they have been symptom-free for 24 hours and will be excluded the following day.

## **Vomiting:**

- Any vomiting in the previous 24 hours, unless determined to be caused by a non-communicable condition and the child is not at risk of dehydration.

## **Abdominal Pain:**

- Persistent abdominal pain for more than 2 hours or intermittent pain with fever or other symptoms.

## **Mouth Sores:**

- Sores with uncontrolled drooling, unless deemed non-infectious by the child's primary healthcare provider or local health authority.

## **Rash:**

- Rashes accompanied by fever or behavioral changes, until a primary care provider confirms the illness is not communicable.

## **Skin Sores:**

- Weeping sores on exposed body surfaces that cannot be covered with a waterproof dressing.

## **Inability to Participate:**

- The child is unable to participate comfortably in activities or requires care that exceeds staff capacity without compromising health and safety.

## **Risk of Disease Spread:**

- Conditions that pose a risk of spreading harmful diseases to others.

## **Additional Notes**

- Any child with respiratory symptoms (cough, runny nose, sore throat) and fever will be excluded. The child may return after the fever resolves, with a minimum of 24 hours without fever-reducing medication.
- It is common for children in their first year of group childcare to experience numerous infections. Infants may have 8 to 12 colds more than those cared for at home. The frequency of respiratory illnesses typically decreases during the second year of attendance as the immune system develops.
- Diarrhea may occur once or twice a year in the typical child.

# Exclusion Policy for Communicable Diseases at Golden Triangle Academy

Children must be excluded from the program for the following conditions:

Streptococcal Pharyngitis (Strep Throat):

- Exclusion until the child has had two doses of an appropriate antibiotic, taken 12 hours apart.

Head Lice, Scabies, Ringworm:

- Exclusion until after the first treatment, which must be completed before the next day.

Chickenpox (Varicella):

- Exclusion until all lesions have dried or crusted (usually 6 days after the onset of the rash) and no new lesions have appeared for at least 24 hours.

Rubella:

- Exclusion until 7 days after the rash appears.

Pertussis (Whooping Cough):

- Exclusion until 5 days of appropriate antibiotic treatment (21 days if untreated).

Mumps:

- Exclusion until 5 days after the onset of parotid gland swelling.

Measles:

- Exclusion until 4 days after the onset of the rash.

Hepatitis A Virus Infection:

- Exclusion until 1 week after the onset of illness or jaundice, or as directed by the health department.

Coxsackievirus (Hand, Foot, and Mouth Disease):

- Must be fever-free with crusted blisters, unless otherwise stated by your child's physician.

Conjunctivitis (Pink Eye):

- Exclusion at least 24 hours after the start of medication or three doses, unless otherwise stated in a note from your child's physician.

Important Notes

- Please remember that Golden Triangle Academy staff are NOT licensed healthcare professionals. If your child is dismissed from the program due to symptoms resembling communicable diseases, a doctor's note may be required for your child's return.
- Children dismissed due to illness may seek medical advice from their pediatrician and may return with a doctor's note stating they are not sick or contagious, avoiding the 24-hour symptom-free window.

Thank you for your cooperation in maintaining a healthy environment for all children.

## Smoke Free Zone

Golden Triangle Learning Center is a smoke-free zone **INCLUDING OUR PARKING LOT**. Smoking on the premises is prohibited.

We kindly ask all parents and staff to adhere to this policy to ensure a healthy environment for our children.

## Safety Policy

To ensure the safety of all children, any person not recognized by staff will be required to provide a photo ID before the child is released. No child will be released without written permission from a parent or guardian.

## Parking

We kindly ask all parents to park only in designated parking spots. Absolutely NO parking is allowed in front of the bridged area (Fire Line). Your cooperation helps ensure the safety of all children and staff.

# Expulsion Policy

At Golden Triangle Learning Center, we strive to maintain a positive and supportive environment for all children. However, there may be circumstances that require us to ask for a child's removal from our program, either temporarily or permanently. We are committed to working with families to prevent this policy from being enforced.

## Addressing Behavioral Issues

When a child exhibits problems in the classroom, our staff will take the following steps:

- **Redirection:** Staff will redirect negative behavior and reassess the classroom environment, supervision, and appropriate behaviors.
- **Positive Discipline:** Staff will use positive methods and language while addressing behaviors and will consistently apply consequences for rule violations.
- **Documentation:** Disruptive behavior will be documented and kept confidential.
- **Communication:**
  - Parents/guardians will be notified verbally of disruptive behaviors.
  - Written copies of these behaviors will be provided.
- **Conference:** A conference will be scheduled with the director, classroom staff, and parent/guardian to discuss strategies for promoting positive behavior.

## Schedule of Expulsion

If remedial actions do not lead to improvement, parents/guardians will be informed verbally and in writing about the behaviors warranting expulsion. The expulsion action will serve as a time for the parent/guardian to work on the child's behavior or to come to an agreement with the school.

### During this period:

- Parents/guardians will be informed about the length of the expulsion.
- Expected behavioral changes will be clearly communicated.
- Guidelines for the child's or parent's return to school will be outlined.

## Grounds for Expulsion

### Parental Actions Leading to Expulsion:

- Failure to pay tuition or habitual lateness in payments.
- Incomplete required forms, including immunization and physical forms.
- Failure to pick up children by closing time or habitual tardiness.
- Verbal abuse directed at staff.
- Threats of physical or intimidating actions toward staff members.

### Child Actions Leading to Expulsion:

- Failure to adjust after a reasonable amount of time.
- Uncontrollable tantrums or angry outbursts.
- Ongoing physical aggression toward staff or other children.

Thank you for your understanding and cooperation as we work together to create a safe and nurturing environment for all children.

# Payment Policy

Payments are due on Fridays for the upcoming week. If payment is not received by Monday morning, a late fee of \$25 will be added to your account by Monday night. If payment is not received by Tuesday morning, you will be denied drop-off until payment is made. Please note that even if your child is not in the building, you will still be charged for the week as that spot is reserved for them.

## Accepted Payment Methods:

- Cash
- Check
- Money Order
- Procare
- Cash App
- Venmo

## Past Due Accounts:

Accounts that remain past due for 30 days will be sent to collections.

## Additional Fees:

- \$25.00 late fee for past due accounts
- \$5.00 for the first minute, \$1.00 per minute per child after 6:01 PM
- \$30.00 fee for returned checks or direct deposits
- \$5.00 service fee per transaction for Cash App & Venmo

Thank you for your understanding and prompt attention to payments!

# Tuition and Enrollment Policy

Tuition at Golden Triangle Learning Center is calculated over the entire calendar year, with adjustments made to account for scheduled closure days. Please note that tuition fees are not based on child attendance; therefore, tuition is due regardless of whether your child is present. This includes tuition fees for unforeseen closures, such as hurricanes (see hurricane policy), COVID-19, or facility issues (e.g., water or electricity outages), which will be billed as full tuition days.

## Withdrawal Policy

To withdraw your child for any reason, a written two-week notice must be delivered to the office. You will be responsible for the tuition for these two weeks, whether or not your child attends.

## Past Due Accounts

Accounts that remain past due for 30 days will be sent to collections.

## Enrollment Requirements

To enroll your child, please complete the online registration at [goldentriangleacademy.com](http://goldentriangleacademy.com). Additionally, you must complete and return the paper packet, which should include:

- Your child's shot record
- A physical examination report
- A non-refundable registration fee
- First week's tuition

Your child will not be able to start until we receive all required information.

# At-Home Injury Reporting Policy

If your child sustains a significant injury at home, such as a black eye, broken bones, sprains, or similar, parents must provide an At-Home Incident Report or a doctor's note upon return to the center.

In accordance with Florida state regulations, we are required to report any suspicious injuries that are not documented.

Our goal is to ensure the safety and well-being of all children in our care.

# Drop Off/Pick Up Policy

## Drop-Off

- Arrival Time: Due to DCF licensing and insurance regulations, children cannot be in the building before 6:30 AM.
- Late Drop-Off: Children cannot be dropped off after 9:00 AM due to the start of circle time and a new DCF rule requiring contact with an adult from the child's contact list if the child is absent. If you know your child will be absent, please contact us before the 9:00 AM cut-off to avoid unnecessary calls to your contacts.
- Breakfast: Breakfast is served until 9:00 AM. If you would like your child to have breakfast, please arrive by 8:45 AM.
- Tuition Payments: If your weekly tuition is not paid by Tuesday morning, you will not be allowed to drop off your child until payment is received, unless prior arrangements have been made with the office.
- Sign-In: You MUST sign your child in every day on the computer and in the ELC book (including times, if applicable).
- Classroom Entry: All children must be escorted to their classroom and released to their teacher after receiving teacher acknowledgment.

## Pick-Up

- Departure Time: Due to DCF licensing and insurance regulations, children must be picked up by 6:00 PM.
- Late Fees: After 6:00 PM, a late fee of \$5 will be charged for the first minute and \$1 per minute per child thereafter.
- Classroom Stay: Please encourage your child to remain in the classroom until you receive acknowledgment from their teacher that you are taking them.
- Cubbies: Check cubbies every Friday for replenishment.
- Bedding: Blankets and sheets should be taken home every Friday for washing and returned on Monday mornings.
- Soiled Clothes: Please check for soiled clothes when picking up every day.
- Artwork: Check your child's folder daily for artwork. On Fridays, teachers will empty the folders.
- Parking: Please park in designated spaces only. For the safety of all children, do not park by the sidewalk or in front of the doors. Watch your speed when entering and exiting the parking lot, as children will be present.
- Communication: If you have lengthy concerns or questions for your child's teacher at pick-up and drop-off, please speak with someone in the office to assist you. This ensures the teachers can focus on the children's safety.

## Custody Situations

In custody situations, the custodial parent must provide a court order if the non-custodial parent is not allowed to have contact with the child. If you remove a guardian from your child's pick-up list, they will NOT be able to be re-added without supporting court documents.

Thank you for your cooperation in keeping our environment safe and supportive for all children!

## Mandatory Reporting Policy

All staff members at Golden Triangle Learning Center are mandatory reporters of child abuse. If any staff member suspects child abuse, they are required to follow the procedures outlined in their Identifying Child Abuse and Neglect training. This includes:

1. **Reporting:** Staff must report any suspected abuse immediately to the appropriate authorities.
2. **Documentation:** Staff will document their observations and concerns accurately and promptly.
3. **Confidentiality:** Reports will be handled with the utmost confidentiality to protect the child and all parties involved.

Our primary concern is the safety and well-being of the children in our care. We are committed to ensuring that any suspicions of abuse are addressed swiftly and appropriately.

## Potty Training / Children Hygiene

Golden Triangle staff will assist in potty training in the 2-year-old classrooms. Please note that your child will not graduate to the 3-year-old class until they are fully potty trained, as this helps minimize distractions and interruptions in the learning environment.

### Diapering and Clothing Requirements

- If your child does not have wipes, we will provide a pack, and the applicable charge will be added to your account.
- It is essential for parents to change their child's diaper before dropping them off at the center, so they are no in a soiled diaper from the night before.
- Children must arrive clean, bathed, and dressed in appropriate clothing for the season.
- Closed-toe shoes are required at all times.

We are mandated by the state of Florida to report any signs of neglect. Please ensure you are attentive to your child's needs.

## Important Information for Parents

On our website, [goldentriangleacademy.com](http://goldentriangleacademy.com), you can find essential resources, including:

- Parent Handbook
- Know Your Child Care Facility Flyer
- Rilya Wilson Act Flyer
- Hot Car Flyer
- Flu Flyer
- Links to the VPK Application
- ELC School Readiness Application

We encourage you to check our Facebook page regularly for important updates. During emergencies, Facebook will be the most efficient way to communicate.

## Emergency Evacuation Information

In the event of an evacuation, our off-site locations are as follows:

For our Eustis Center:

- Opis Ruleme Center  
2810 Ruleme St, Eustis, FL 32726
- Mount Dora BJJ  
2750 Dillard Rd #1, Eustis, FL  
32726
- Golden Triangle Learning Center of Leesburg  
32506 CR 473, Leesburg, FL 34788

For our Leesburg Center:

- Walgreens  
11101 US-441, Tavares, FL 32778
- Golden Triangle Learning Center of Eustis  
351 Plaza Dr, Eustis, FL 32726

Thank you for your attention to these important matters, and for your continued support of Golden Triangle Academy!

# Shaken Baby Syndrome (Abusive Head Trauma) Prevention Policy

This policy aims to prevent abusive head trauma, commonly known as Shaken Baby Syndrome, during care. Infants and young children are particularly vulnerable to head trauma due to their underdeveloped neck muscles and larger head size relative to their bodies. Injuries can occur in as little as five seconds.

## At-Risk Age Group

Abusive head trauma can affect children up to five years of age, with infants under one year at the highest risk.

## Consequences may include:

- Brain damage leading to memory and attention issues or cerebral palsy
- Blindness or hearing loss
- Intellectual, speech, or learning disabilities
- Developmental delays

## Signs and Symptoms

Recognize the following signs and symptoms of shaken baby syndrome or head trauma:

- Seizures
- Bruises
- Lack of appetite, vomiting, or difficulty sucking/swallowing
- Lack of smiling or vocalization
- Rigidity or inability to lift the head
- Difficulty staying awake or altered consciousness
- Difficulty breathing or cyanosis (blue color due to lack of oxygen)
- Unequal pupil size or inability to focus or track movement
- Irritability

## Injury Prevention

Crying is a normal behavior in infants, often improving with age. Caregivers should develop proactive strategies to manage stress and respond appropriately to a crying child. Key strategies include:

- Self-awareness to recognize when frustration may arise
- Open discussions among parents, caregivers, and coworkers about effective calming techniques for specific children

## Emergency Response

If a child exhibits any symptoms or if you suspect abusive head trauma:

1. Call 911 and notify the parent/guardian, the director, and the regional manager.
2. Report to the appropriate child protective services agency or law enforcement within 24 hours as required by law.

## Strategies for Caregivers and Parents

Crying often leads to frustration for caregivers, especially when a child is persistently irritable. If a child is inconsolable:

- Seek support from coworkers or management.
- Notify the director and regional manager to assess whether adequate support is in place for the child and staff.

# Shaken Baby Syndrome (Abusive Head Trauma) Prevention Policy

## Guidelines for Managing Distressed Infants

### Do:

- Hand the child to another caregiver for support.
- Place the child in a safe area of the classroom (or home) and call the office (or a neighbor) for assistance; take deep breaths and count to ten.
- Check if the baby's diaper needs changing.
- Offer a bottle; if the baby takes it, feed slowly and pause frequently to burp. Do not force the baby to eat.
- Monitor for signs of illness and contact the parent if you suspect the child is unwell.
- Provide a pacifier to soothe the baby.
- Hold the baby close to your body, breathing calmly and slowly.
- Gently rock the baby with slow, rhythmic movements.
- Sing softly to the baby or play soothing music.
- Use "white noise" or rhythmic sounds that mimic the comforting sounds of the womb.
- Hold the baby on their side or stomach to aid digestion, ensuring they are always placed on their backs to sleep.
- Take the baby for a walk, either indoors or outdoors in a stroller.
- Be patient; allow the baby to cry it out if needed.

### Never:

- Shake, drop, or throw a child.
- Push a child into any object, including walls, doors, or furniture.
- Strike a child's head, directly or indirectly.

## Resources

For additional information and support, please refer to the following resources:

**Abusive Head Trauma - How to Protect Your Baby:** [HealthyChildren.org](https://www.healthychildren.org)

**National Center on Shaken Baby Syndrome:** [DontShake.org](https://www.dontshake.org)



# Acknowledgement Of Receipt

POLICY	INITIAL
Discipline Policy	
Hurricane Policy / Smoke Free Policy / Parking Policy	
Surveillance Policy / Potty Training & Child Hygiene	
Unlimited Parental Access Policy / Safety Policy	
Sick Policy	
Expulsion Policy	
School Readiness Program Attendance Policy	
Drop Off/Pick Up Policy	
Shaken Baby Syndrome Prevention Policy / At-Home Injury Reporting	

By signing below, I acknowledge receipt of the above listed forms, and agree to abide by the terms and policies as outlined in them.

---

(Parent or Guardian Name)

(Parent or Guardian signature)

(Date)

---

(Childs Name)

## Acknowledgement of Receipt Cont.

<b>Policy</b>	<b>Initial</b>
<p style="text-align: center;"><b>Payment Policy</b></p> <ul style="list-style-type: none"> <li>Payments are due on Fridays.</li> <li>A \$25 late fee will be added on Monday at 6 PM if payment is not received.</li> <li>Drop-off will be denied on Tuesday without payment.</li> <li>Payment is required whether your child attends or not.</li> </ul>	
<p style="text-align: center;"><b>Enrollment/Withdrawal Policy</b></p> <ul style="list-style-type: none"> <li>A non-refundable registration fee, first week's tuition, enrollment packet, and child's shot/physical records are required before enrollment.</li> <li>A two-week notice is required for withdrawal. Payment for these two weeks is necessary, regardless of attendance.</li> <li>Accounts with non-payment after 30 days will be sent to collections.</li> <li>Tuition is based on enrollment, not attendance; all tuition fees are due regardless of your child's presence.</li> </ul>	
<b>Parent Handbook</b>	
<b>Know Your Child Care Facility Flyer</b>	
<b>Rilya Wilson Act Flyer</b>	
<b>Hot Car Flyer</b>	
<b>Flu Flyer</b>	
<b>Off Site Location</b>	

By signing below, I acknowledge receipt of the above listed forms, and agree to abide by the terms and policies as outlined in them.

\_\_\_\_\_

(Parent or Guardian Name)

\_\_\_\_\_

(Parent or Guardian Name)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Childs Name)

# Diaper Cream/Ointment Authorization Form

<b>Child's Name:</b>	<b>Date of Birth/Age:</b>
<b>Name of Medication:</b>	
<b>Start Date:</b>	<b>Stop Date: (if any)</b>
<b>Apply topically:</b> <input type="checkbox"/> when rash is present <input type="checkbox"/> with every diaper change <input type="checkbox"/> other:	<b>Amount to be applied:</b>
<b>Possible side effects:</b>	<input type="checkbox"/> Above information is consistent with cream/ointment label?
<b>Special Instructions:</b>	

In the event your child needs cream and does not have any you authorize Golden Triangle Learning Center to use our class cream.

**Destin or A & D**  
(Store Brand Equivalent)

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

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

\_\_\_\_\_  
Date

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

# Golden Triangle Learning Center 2024 - 2025 Closure Dates

Thurs. July 4th, 2024 - Independence Day

Fri. July 5th, 2024 - Independence Day

Mon. September 2nd, 2024 - Labor Day

Tues. November 5th, 2024 - Election Day

Early Closure at 2:30PM

(NO AFTER SCHOOL PICK UP)

Thurs. November 28th, 2024 - Thanksgiving Day

Fri. November 29th, 2024 - Observation of Thanksgiving Day

Wed. December 25th, 2024 - Christmas Closure

Thurs. December 26th, 2024 - Christmas Closure

Fri. December 27th, 2024 - Christmas Closure

Mon. January 1st, 2025 - New Years Day Closure

Mon. January 20th, 2025 - Martin Luther King Jr. Day

Mon. February 17th, 2025 - Presidents Day

Fri. April 18th, 2025 - Good Friday

Fri. May 26th, 2025 - Memorial Day

# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: \_\_\_\_\_ Center Name & Address: Golden Triangle Learning Center / 351 Plaza Dr. Eustis FL, 32736

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: M T W T H F S S Meals Typically Served While in Care: BR MS LU AS SU ES None  
 Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (\_\_\_\_\_) 3523088310

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?**  
 If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.  
 FAP/SNAP Case Number: | \_\_\_\_\_ | or TANF Case Number: | \_\_\_\_\_ |

**STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.  
 Children's Income – Total: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

**STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly	\$ _____ / Weekly Biweekly Monthly	\$ _____ / Weekly Biweekly Monthly
	\$ _____ / Twice a Month Annually	\$ _____ / Twice a Month Annually	\$ _____ / Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly	\$ _____ / Weekly Biweekly Monthly	\$ _____ / Weekly Biweekly Monthly

**STEP 5: Contact information and adult signature**

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Street Address, City, State, Zip Code  
 Daytime phone #: (\_\_\_\_\_) \_\_\_\_\_

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**OPTIONAL: Child's ethnic and racial identities** We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one):  American Indian or Alaskan Native  Asian  Black or African American  Hispanic or Latino  Not Hispanic or Latino

**FOR CONTRACTOR USE ONLY:** Race (check one or more):  FAP/SNAP or TANF Household  Foster Child  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Eligibility Determination:  Free  Reduced-Price  Non-needy  Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_  
 How Often Income is Received (Frequency):  Weekly  Biweekly  Twice a Month  Monthly  Annually  
 Reason for Non-needy Status:  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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