



EMERGENCY CONTACT FORM 2025-2026

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE
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ADDRESS	CITY, STATE, ZIP	HOME PHONE #
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PARENT 1 NAME _____ PARENT 1 EMAIL _____

PARENT 1 CELL # _____ PARENT 1 WORK # _____

PARENT 2 NAME _____ PARENT 2 EMAIL _____

PARENT 2 CELL # _____ PARENT 2 WORK # _____

PEDIATRICIAN NAME _____ PEDIATRICIAN # _____

ALTERNATIVE CONTACTS IN CASE OF EMERGENCY

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Parent 1 Initials _____ Date _____

Parent 2 Initials _____ Date _____



EMERGENCY MEDICAL AUTHORIZATION FORM 2025-2026

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE
ADDRESS		CITY, STATE, ZIP	HOME PHONE #	

HEALTH INSURANCE INFORMATION

Insurance Company Name _____

Phone # _____ Policy Number _____

SPECIAL MEDICAL PROBLEMS, CHRONIC CONDITIONS, ETC.

ALLERGIES (DRUGS, FOOD, INSECT BITES, ETC.)

MEDICATIONS TAKEN REGULARLY

Name of Medication	Reason Taken	Dose & Frequency
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HOSPITALIZATIONS, SURGERIES, MAJOR INJURIES

Nature	Date	Doctor/Surgeon
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- **Therapy/Shadow Services** - Any child receiving therapy or shadowing services at school must have a signed Authorized Therapist/Shadow form completed and on file prior to the therapist/shadow coming to school. Please contact Samantha Barhai at sbarhai@tbeboca.org for more information.
- **Medication** - Any child requiring the administration of medication (prescription and non-prescription) during the school day must have a completed and signed Medication Permission Form on file. The form is available on the "Parent Portal" section of our website at <https://bethellearlylearningcenter.tbeboca.org/parent-portal/>. All medications must be brought in with a prescription signed by a doctor, with the exception of diaper cream & insect repellent.

TREATMENT RELEASE

In the event of a medical emergency involving my child, _____, when neither parent can be contacted, I hereby give permission for the School Director, Assistant Director or the child's teacher to authorize emergency treatment, release the information given above and contact their designated emergency contact(s).

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____



CHILD PICK UP AUTHORIZATION FORM 2025-2026

CHILD'S NAME: _____

I, _____

give permission to the following people to pick up my child from school:

NAMES

CELL PHONES

Please include spouse's name (if applicable)

Signed

Date



PARENT HANDBOOK ACKNOWLEDGEMENT FORM 2025-2026

Dear Parents,

Please familiarize yourselves with the school policies detailed in the 2025-2026 Parent Handbook, including the Beth El Early Learning Center's Illness Policy. The handbook is located on the Parent Portal on our website:

<https://betheearlylearningcenter.tbeboca.org>.

Should you have any questions, concerns or remarks regarding the document please feel free to contact us at (561) 391-9091. Otherwise, please sign and return this form to the office prior to the start of school.

Sincerely,

Ronni Graf
Director of the Beth El Early Learning Center

ACKNOWLEDGEMENT FORM

I, _____, hereby acknowledge that I have read the Beth El Early Center 2025-2026 Parent Handbook.

I agree to adhere to the policies and procedures set forth in this document.

SIGNATURE - PARENT 1: _____ DATE _____

SIGNATURE - PARENT 2: _____ DATE _____

BETH EL EARLY LEARNING CENTER COMMUNITY COVENANT & CODE OF CONDUCT SCHOOL YEAR 2025-2026

The Early Learning Center ("ELC") at Temple Beth El represents the best of our congregation: the celebration of life, learning, and community. We believe that the ELC not only helps our students develop a strong foundation for academic learning, but also builds into that foundation the fundamental morals and values our tradition has taught for centuries. We believe that the ELC and our community must model those values in every facet of congregational life. Further, we are committed to the idea that educating children is a process that involves a partnership between parents, teachers and the school community.

When we enroll our children at Temple Beth El, we are joining a very special spiritual community. This document represents a *Brit-Kehilah* – a community covenant which governs interaction between and among parents and between parents and school personnel. Civility, consideration, and mutual respect are the minimum requirements for every interaction and for all forms of communication.

The intent of the ELC Community Covenant is to maintain, to the greatest extent reasonably possible, a safe, orderly and purposeful, constructive learning center for students, teachers, administrators, other staff, and parents/legal guardians of the students of the ELC. We expect this Community Covenant will provide guidance to parents and staff as to what is acceptable and expected conduct and potential ramifications for non-compliance.

Following the guidance set forth in this Community Covenant, we expect everyone to:

- Respect the property of others;
 - Treat others with dignity and respect at all times;
 - Follow the parking rules and have the child in school on time with the necessary supplies and appropriate dress;
 - Follow the school's rules, calendars, deadlines and expect your child to do the same. This includes all of the policies and procedures set forth in the Parent Handbook and all associated health and safety policies; and
 - Speak respectfully to the teachers, staff and other parents at all times, especially in front of children, and when there is a disagreement.

Unacceptable/Disruptive behavior includes, but is not limited to, the following:

- Behavior which interferes with or threatens to interfere with the safe, orderly, and purposeful operation of a classroom, an employee's office or office area, any area of the school facility, Temple Beth El's campuses, or any other venue in which the ELC

conducts any aspect of its business, including the non-sanctioned use of alcohol or any other intoxicant or the use or possession of illegal substances;

- Shouting at, and/or threatening to harm members of the school staff, Temple volunteers, a visitor or fellow parent/child either in person or over telephone and regardless of whether such behavior constitutes a criminal act;
- Posting or publishing defamatory, offensive or derogatory comments regarding the school or any of the pupils/parents/staff/Board members/volunteers, at the school, on social media sites, or in printed publications;
- Abusive or threatening emails, social media posts (including in “closed” or “restricted” groups), text messages, voicemails, phone messages or other written communication;
- Breaching the school’s security procedures including the ELC’s policies regarding weapons on campus;
- Breaching any of the school’s health and safety policies;
- Physically intimidating behavior, i.e. invasion of personal space, etc.;
- Emotionally intimidating behavior including verbally threatening, demonstrated continual mistrust of staff members, bullying, or badgering via email, phone, or in-person;
- Verbally aggressive, belligerent, or disruptive behavior;
- Damaging/destroying or threatening to damage/destroy ELC or synagogue property of any kind.

Authority of ELC Personnel

ELC and Temple Beth El persons shall have authority to request parents who breach this Community Covenant & Code of Conduct to be removed from ELC and Temple Beth El property, either temporarily or permanently and may, as circumstances dictate, ask such parent to withdraw his or her child from the ELC. Withdrawal of enrollment privileges, for any reason, does not relieve parents of the responsibility for full payment of their current financial obligations.

I am the parent/legal guardian of _____ and I hereby acknowledge and affirm that I have read the ELC Community Covenant and agree to abide by its terms and conditions.

Parent 1: _____

Date: _____

Parent 2: _____

Date: _____

2025-2026 BETH EL EARLY LEARNING CENTER MEDICAL POLICY PACKET: Illness, Medication & Allergy

ILLNESS POLICY

- **If your child is ill at home:**
 - If your child is ill, we ask that you please keep them home until they are fever and symptom free for at least 24 hours. This includes, but is not limited to coughing, sneezing, sore throat, runny nose, abdominal pain, diarrhea, vomiting, and/or lethargy.
 - **If your child is diagnosed by a doctor with a contagious disease, you must notify the school office immediately.** Contagious diseases include, but are not limited to strep throat, conjunctivitis (pink eye), hand, foot and mouth disease, influenza (flu), COVID-19, RSV, pinworms, croup, or lice.
 - It is the responsibility of the school to alert parents in the case of a contagious disease diagnosis in the classroom. A health notice will be distributed via email to all classroom parents, regarding detailed information on the disease (incubation period, treatment, re-admittance to school, etc.).
 - If your child should contract a contagious disease or rash, we must have a note from your child's doctor stating that they are in good health before being readmitted. **No child will be allowed to return to school with an unspecified rash or symptoms of illness without a doctor's note.**
 - A good rule of thumb to apply when making the decision as to whether or not to send your child to school is: "When in doubt, please keep them out."
- **If your child should become ill at school:**
 - If your child is in school and begins to develop a low-grade fever or symptoms of illness including, but not limited to coughing, sneezing, sore throat, runny nose, abdominal pain, diarrhea, vomiting, and/or lethargy, you will be notified by your child's teacher.
 - Based on the symptoms, the teacher will let you know if you must pick your child up from school. Some of these symptoms include, but are not limited to:
 - They are running a fever of 100.4 or higher
 - They have had 3 cases of diarrhea in one day
 - They have vomited
 - They have an unspecified rash
 - They appear to be having an allergic reaction
 - Office administration feels it is not in the child's or the class's best interest for the student to remain at school with their current symptoms.
 - A child who becomes ill at school will be made comfortable in the school office or classroom until his or her parent can be notified and the child is picked up.
 - Parents or a person on the child's authorized pick-up list are expected to arrive **within 30 minutes** after being called. The school is not equipped to accommodate the needs of a sick child.
 - The child must be fever and symptom free for **at least 24 hours** before they can return to

school and may require a doctor's note depending on their symptoms.

- **Please keep the following items in mind when deciding whether to send your child into school:**
 - Often behavior that is different (i.e., fatigue, paleness, loss of appetite, irritability or restlessness) is a precursor to illness. If your child is experiencing these symptoms, they should be kept home.
 - Illness can affect a happy, energetic child in a negative manner, predisposing him/her to accidents in the classroom and on the playground.
 - At these ages, children are still mastering skills like sneezing into a tissue or covering their mouth when they cough. In the school setting, germs are easily spread by touching one's nose and mouth, placing toys in one's mouth and by touching others near you.
 - It is not only in the best interest of your child, it is in the best interest of the other children in the classroom, to keep your child home when they are not feeling at their best.
 - If your child wakes up in the morning exhibiting symptoms of illness and requires fever-reducing medication to feel well enough for school, we kindly ask that you keep them at home. Bringing your child to school under these circumstances may not only result in them feeling unwell during the day but also potentially expose other students and staff to illness. We need your cooperation in keeping our school community healthy.

MEDICATION ADMINISTRATION POLICY

- For any medication administered at school, including both prescription and non-prescription (over-the-counter) medications, with the exception of diaper cream, sunscreen, and insect repellent, a **doctor's prescription** and a signed **Medication Permission Form** are required. The form is available on the Parent Portal section of the ELC website.
- DO NOT bring in non-prescription/over-the-counter medicines without a doctor's prescription (this includes cough syrups and aspirin/Tylenol/Motrin). **We will not administer any medication without a doctor's prescription.**
- All prescription & non-prescription/over-the-counter medications must be in their original containers with the appropriate label (student's name, medication name, dosage, and prescribing physician's information).
- Physical barriers such as diaper creams, sunscreen and insect repellent do not require a doctor's prescription.
- We cannot administer nebulizer treatments.
- Under no circumstances are medications to be mixed by a parent or staff member in a child's bottle, sippy cup or food.
- **Medication Drop Off and Pick-Up Procedures**
 - Parents may drop off their child's medications in the **Administration Office ONLY**. An administrator will verify that your form is signed and that the medication is properly labeled and in its original packaging.
 - Do not give any prescription or non-prescription medications and/or medication forms directly to your child's teacher.
 - Do not send your child to school with medication inside their belongings (backpack, lunch box, etc.)

- The school office will be open for medication pick-up from 9:00 AM to 4:00 PM.
- A parent/guardian must pick up their child's medication from the Administrative Office within the last 3 days of the school year or if the medication is discontinued or changed during the school year.
- Any medications not picked up by the end of last day of school will be discarded.
- All medical forms must be renewed at the beginning of each school year. This includes updated prescriptions and parental consents.

STUDENT ALLERGY POLICY

- Parents are responsible for communicating known allergies and/or suspected allergies to the staff at the Beth El Early Learning Center on the necessary registration forms.
- If your child requires over-the-counter or prescription medications or creams to treat their allergy symptoms, you will need to fill out the **Medication Permission Form** that is available on the Parent Portal section of the ELC website.
- **EpiPen Policy:**
 - Any child with a prescription for an EpiPen, **will need to provide the school with 2 EpiPens**. One to be stored in the classroom and one to be stored in the school office.
 - Children with EpiPen prescriptions must have them on site at all times they are present at school.
 - All EpiPens must be clearly labeled with your **child's name** and the **expiration date**.
 - Parents of children with EpiPens will need to **fill out both the Medication Permission Form and the Allergy Anaphylaxis Emergency Care Plan**. Both forms are available on the Parent Portal section of the ELC website.
 - A child that has an allergy requiring an EpiPen prescription will be sat away from children eating the known allergen with spacing as far as possible.
 - A classroom teacher will be assigned to supervise a child with severe allergies during mealtimes.
 - **Parents must provide all food served to any child with an EpiPen prescription on file for a food allergy.**

PARENTAL ACKNOWLEDGEMENT

I/We, _____, the parent(s)/guardian(s) of _____, hereby acknowledge that I/we have received, read, and understood the document titled "2025-2026 Beth El Early Learning Center Medical Policy Packet: Illness, Medication & Allergy Policy." I/We agree to comply with all policies and procedures set forth in this document.

SIGNATURE - PARENT 1: _____ DATE _____

SIGNATURE - PARENT 2: _____ DATE _____

Permission for *Food-related Activities & Special Occasion* food consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians 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 wherein food is consumed, subject to the conditions indicated below.

Permission Options: (Select and initial one of the options below):

____ 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 HAS a food allergy or dietary restriction. He or she may not participate in activities.

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

Type of Permission: (Select (✓)One):

☐ Specific Permission Only for: _____
Food Activity or Event Date

☐ General Permission

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.

Parent or Guardian

Date

DISTRACTED ADULT DRIVER FORM




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).

Developed by:
PREVENTION UNIT
Office of Family and
Community Services



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.

Developed by:
PREVENTION UNIT
Office of Family and
Community Services

HB 1079 amended s. 402.305(9), F.S. requires operators of childcare facilities and homes to provide parents/guardians with information pertaining to the dangers of leaving a child in a vehicle, including tips for prevention, during the months of April and September.

Please read the "Distracted Adult" flyer above, print, sign & return this form.

Child's Name

Print – Parent 1

Signature – Parent 1

09/01/2025

Date

Print – Parent 2

Signature – Parent 2

09/01/2025

Date

KNOW YOUR CHILDCARE FACILITY BROCHURE

Parent's Role

A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

Quality Child Care

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, you should consider the facility's quality indicators related to activities, caregivers, and environment.

Quality Activities

- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

Quality Environments

- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.

www.myflfamilies.com/childcare



For additional information, please visit www.myflfamilies.com/childcare or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



KNOW YOUR CHILD CARE FACILITY

Know Your Child Care Facility - General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

Health Related Requirements

Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

Ratios



Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 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.
- Provide sufficient outdoor play area.
- 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.



To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline 1.800.962.2873

KNOW YOUR CHILDCARE FACILITY ACKNOWLEDGEMENT & SUPPLEMENTAL HEALTH DEPT. FORM

CHILD'S NAME: _____

1. ARTICLE XV, B, 8, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**. I have received a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**.
2. ARTICLE IX, C, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. ARTICLE XV, B, PBC Rules requires the parents complete an **AUTHORIZATION FOR EMERGENCY MEDICAL CARE** in the event of serious illness or accident and if the parents cannot be reached. I authorize the child care center to obtain emergency medical care for my child.
4. I understand and agree to the above statements indicated in numbers 1 through 3:

Signature of Parent or Guardian

Date

5. ARTICLE XII, 2, PBC Rules require the parent and the center complete an **ALTERNATE NUTRITION PLAN AGREEMENT** if the meals or snacks are furnished by the child's parent. **ALTERNATE NUTRITION PLAN AGREEMENT:**

Indicate Special Dietary Requirements: _____

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

(Mark P for Parent Provides, or C for Center Provides)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	A.M. Snack	Noon Meal	P.M. Snack	Dinner	Evening Snack	Formula

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

Date



Signature of Owner/Operator

Signature of Parent or Guardian

Date

PBCHD 1/2011