



New Hope Development Center, Inc.

Empowering  
Families



Strengthening  
Communities

### AUTHORIZATION FOR TRANSPORTATION

I, (print name of parent or guardian)

\_\_\_\_\_

hereby give permission for my child (print name of child(ren))

\_\_\_\_\_

to be transported daily from his/her school to:

New Hope Missionary Baptist Church  
1881 NW 103<sup>rd</sup> Street  
Miami, FL 33147  
305.696.7745

I also hereby agree that as long as New Hope Development Center, Inc. and New Hope Missionary Baptist Church and its employees and its volunteers act in a reasonable and responsible manner, my child and I will not hold them responsible for any consequences that may arise related to that transportation.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Name Printed

\_\_\_\_\_

Emergency Phone Number



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

Family Information: Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

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 (if applicable):

Emergency Contacts:

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

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

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Name	Address	Work#	Home#
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**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 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.

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Signature of Parent/Guardian

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Date



**CHILD INFORMATION FORM**

**Required as of 8/1/2018**

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_

Child's Date of Birth (MM/DD/YYYY) [ ][ ] [ ][ ] [ ][ ][ ][ ] Child's Gender  Male  Female

Miami-Dade County Public Schools ID # [ ][ ][ ][ ][ ][ ][ ][ ]  No M-DCPS ID #

Child's current school \_\_\_\_\_

Is your child proficient in English?  Yes  No

Other language(s) spoken in your home  Spanish  Haitian Creole  Other: \_\_\_\_\_  None

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's ethnicity  Hispanic  Haitian  Other, please specify: \_\_\_\_\_

Child's race (select only one)  American Indian or Alaskan  Asian  Black or African-American  
 Pacific Islander  White  Other  Multiracial

Child's current grade [ ][ ]

Does child have health insurance? (ex., private insurance, KidCare, Medicaid)  Yes  No  
(If not, we may be able to help you find affordable coverage – call 211 or visit [www.thechildrenstrust.org/parents/health-connect/insurance](http://www.thechildrenstrust.org/parents/health-connect/insurance).)

Child's primary caregiver (full name) \_\_\_\_\_

Primary caregiver email address \_\_\_\_\_

Primary Phone Number [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] Is this a cell/mobile phone?  Yes  No

*(Please note that The Children's Trust may contact you via postal mail, email and/or text to ask about your satisfaction with these services, and to make you aware of other Trust-funded programs, initiatives and events you may be interested in.)*

**We want to get to know your child better so that we can provide the best possible experience in our programs. Please tell us more about your child...**

**What are the main ways in which your child communicates? (Mark all that apply)**

- Speaks and is easily understood
- Speaks but is difficult to understand
- Uses communication devices like pictures or a board
- Uses gestures or expressions like pointing, pulling, smiling, frowning or blinking
- Uses sign language
- Uses sounds that are not words like laughing, crying or grunting

**What, if any, help does your child receive at this time? (Mark all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral therapy or services            | <input type="checkbox"/> Physical therapy (PT)                |
| <input type="checkbox"/> Counseling for emotional concerns         | <input type="checkbox"/> Special education services in school |
| <input type="checkbox"/> Daily medication (not including vitamins) | <input type="checkbox"/> Speech/language therapy              |
| <input type="checkbox"/> Occupational therapy (OT)                 | <input type="checkbox"/> None of the above                    |

**What conditions does your child have that are expected to last for a year or more? (Mark all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Autism spectrum disorder                           | <input type="checkbox"/> Physical disability or impairment                |
| <input type="checkbox"/> Developmental delay (only if under age 5)          | <input type="checkbox"/> Problems with aggression or temper               |
| <input type="checkbox"/> Intellectual/developmental disability (over age 5) | <input type="checkbox"/> Problems with attention and hyperactivity (ADHD) |
| <input type="checkbox"/> Hearing impairment or deaf                         | <input type="checkbox"/> Problems with depression or anxiety              |
| <input type="checkbox"/> Learning disability (school age)                   | <input type="checkbox"/> Speech or language condition                     |
| <input type="checkbox"/> Medical condition or illness                       | <input type="checkbox"/> Visual impairment or blind                       |
|   | <input type="checkbox"/> None of the above                                |

If you marked "None of the above" on the previous question, please skip the next two questions and sign below. If you marked any other answer on the question above, please answer the remaining questions and sign below.

**Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do?**       Yes       No

**To support your child's successful participation in this program, in what areas might s/he need extra assistance?**     No specific help needed

- Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- Sports or physical activities like running or other gross motor tasks
- Managing feelings and behavior
- Academic, learning or reading activities
- Adapting activities to take into account a visual or hearing impairment
- Using assistive device(s) like a wheelchair, crutches, brace or walker
- Personal services like help with feeding, toileting or changing clothes
- Other \_\_\_\_\_

**Please tell us anything else you think it is important for us to know about your child:**

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*If you are interested in other services funded by The Children's Trust, please call 211 or visit [www.thechildrenstrust.org](http://www.thechildrenstrust.org). For special needs resources for your child, visit [www.advocacynetwork.org](http://www.advocacynetwork.org) or [www.thechildrenstrust.org/cwd](http://www.thechildrenstrust.org/cwd)*

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

<b>PARENT/GUARDIAN SIGNATURE</b> _____	<b>DATE</b> _____
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**FOR STAFF USE ONLY (MUST BE COMPLETED)**

ORGANIZATION \_\_\_\_\_ SITE \_\_\_\_\_

POPULATION MEMBERSHIP (check all that apply):       Dep Syst       Delin Syst



New Hope Development Center, Inc.

Empowering  
Families



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Communities

## AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, hereby authorize and give consent to the staff of The Children's Trust of Miami-Dade County and/or its funded service providers as follows:

I hereby:

**consent and authorize**

**OR**

**do not consent and authorize**

the staff of The Children's Trust of Miami-Dade County and/or its funded service providers to take/use still photographs, digital photographs, motion pictures, television transmissions and/or videotaped recordings (hereinafter "Recordings") of me, my children or my wards for educational, research, documentary and public relations purposes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust or its funded service providers.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County and its staff, funded service providers, employees, agents, affiliates and board members.

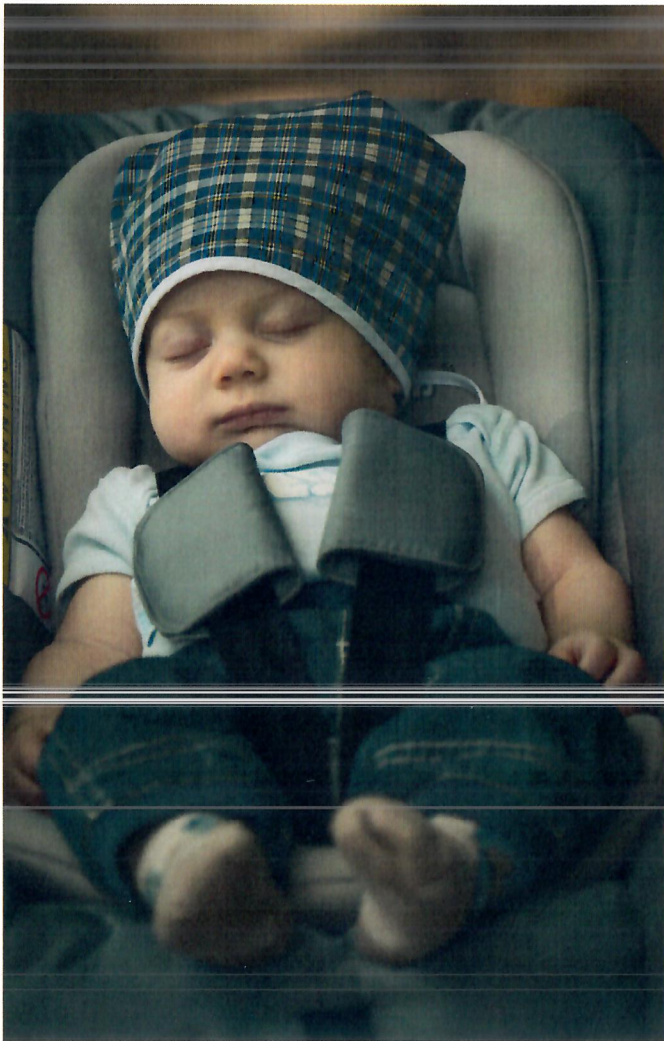
3150 SW 3<sup>rd</sup> Avenue, 8<sup>th</sup> Floor • Miami, FL 33129

305.571.5700 • Fax: 305.860.2328

[www.thechildrenstrust.org](http://www.thechildrenstrust.org)



**A change in daily routine,** lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...

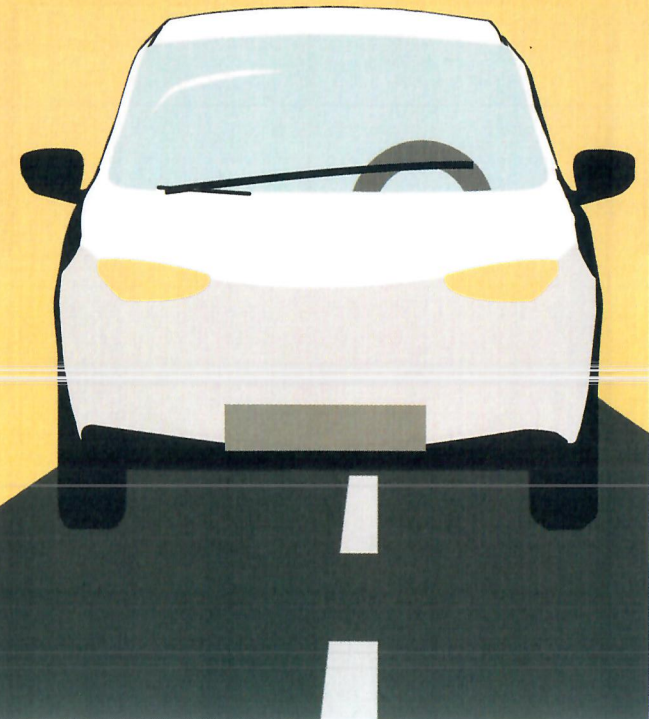


Developed by:

The Office of Child Care Regulation

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)  
CF/PI 175-12, May 2018

When life happens...Don't be a  
**DISTRACTED  
ADULT**







## FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



## PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

### During the 2018 legislative session,

a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



### My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

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Child's Name:

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Date:

---

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.



## What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



## How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

CF/PI 175-70, June 2009

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



**“The Flu”  
A Guide  
for Parents**

**INFLUENZA VIRUS**

**During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.**

**My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:**

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

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

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

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

**Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.**



## What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



## How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

## What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



## When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

**For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>**



## Registration Form

Child Information::

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

Date of Birth: \_\_\_\_\_

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

School: \_\_\_\_\_  
\_\_\_\_\_

Grade: \_\_\_\_\_

### Parental / Guardian Authorization

We / I hereby grant permission for my child to be a part of the Youth After School Program sponsored by New Hope Development Center, Inc. We / I further agree to release New Hope Development Center and New Hope Missionary Baptist Church from any and all liability and responsibility for my said child.

Parent / Guardian Information:

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

New Hope Development Center, Inc.

Empowering Families



Strengthening Communities



### New Hope Development Center, Inc

1881 NW 103rd Street  
Miami, Florida 33147  
Phone: 305.696.7745  
Fax: 305.696.1075  
Email: nhdci@aol.com

Shontel Rich, Office Manager

# New Hope Development Center, Inc.

## After School program

# FREE FREE FREE

Monday – Friday

2pm – 6pm





## Mission Statement

Fostering self-sufficiency of families through human services, economic and personal development to improve the quality of life.

## Objectives

- Counseling
- Educational
- Partnerships
- Training
- Employment
- Family Life Services
- Health/Mental Health
- Financial Literacy
- Literacy

## Transportation Available



*Driving  
Service  
for Kids  
on the Go*

# After School Activities

The After School Program will be providing the youth of our community with special activities ranging from:

- Group/Differentiated Literacy
- Homework Assistance
- Social-Emotional Learning
- Physical Activity
- Nutrition Education
- Family Engagement Activities

The activities of the After School Program are designed to educate, empower and enrich our students to develop a winning attitude.



## Snacks Provided

A Safe Haven For Children!  
Join us in the  
After School Program  
2:00pm to 6:00pm



## New Hope Development Center, Inc.

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Shontel Rich—Office Manager

Funding provided by: The Children's Trust

