

**Kid's Rainbow Learning Center**  
**4124 W. Waters Ave. Tampa, FL. 33614**  
**813-901-5368**

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## **PARENT HANDBOOK**

### **MISSION AND GOALS:**

**Mission:** Our staff of warm, caring, professional childcare providers maintains a positive and stimulating atmosphere where your child is cared for and respected by providing a variety of activities that are developmentally appropriate and recognizes the individual needs and differences of children. Your child is very special, and it is our mission to attend to all of his/her needs, personal and developmental.

**Goals:** Kids' Rainbow Learning Center strives to meet these goals for each child:

- Offer a curriculum which encourages and enhances social, emotional, physical and intellectual growth
- Teach the child to relate to others, to value friendship, and to respect all people
- Provide a safe, comfortable environment for these early learning and growth processes.
- Help each child learn to develop self-discipline and independence and to deal with his/her emotions in an appropriate manner
- Provide a well-balanced schedule of activity and quiet times
- Provide nutritious snacks and lunches that contribute to the growth and development of a happy, healthy individual.

### **Philosophy:**

We believe childhood is an age of exploration and discovery which is the foundation for a wholesome and fruitful future. Children need the opportunity to create, play, learn, make friends and have fun in a caring, safe and healthy environment. We strive to offer children an atmosphere of warmth, understanding, and education.

### **Non-discrimination Statement**

This institution does not discriminate on the basis of race, color, religion, political party, national origin, sex, age or disability.

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## **PROGRAM OPTIONS:**

### **Infant and Toddler Classroom- (6 weeks to 24 months)**

In our infant and toddler room our emphasis is on the individual needs of each child. We provide the utmost security, love, and nurture for the little one's in our care. Planned activities provide ample opportunities for exploration of a stimulating and safe environment. All of our materials are selected to provide a variety of natural learning experiences for you infant through manipulation and sensory awareness. Language development is emphasized with planned and spontaneous opportunities for communication between the staff and the children. The center will keep a written record of each child's activities during the day which will be available for pick up at the end of the day.

Parents will be responsible for the following items which you child will need:

- Diapers
- Wipes
- Pacifier (if needed)
- Blanket
- Change of clothes
- Bottles
- Sippy cups
- Any special requirements according to the class program

### **Two's, Three's and Four's (Pre-K) Classroom:**

We provide a relaxed and loving atmosphere for our two and three year old room. Our consistent daily routine will help these young children become familiar with their surroundings. Our day consists of group & individual activities, such, story time, calendar, where they discuss different topics every month. The children will have the opportunities to play in learning centers which provide them with many different activities to promote growth with their gross and fine motor and social skills. There are opportunities for your child to learn the abilities necessities for entering the school like the alphabet, the phonics, how to count, identify shapes, work with puzzles, play with blocks, string beads, play with play dough, paint and color, among others. For the younger children potty training is part of the class program for this group. Parents and teachers need to work as a team to achieve this goal.

Parents will be responsible for the following which your child will need:

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- Diapers/pull-ups (if needed)
  - Wipes (if needed)
  - Blanket
  - Change of clothes
  - And other special requirements according to the class program

## **Before and After School Program**

We provide a special program for school-age children. Activities are planned around the special interests of the children involved, such as: arts and crafts, board games, and sports. Homework time will be established and staff is able to help with it if needed. Before and after school care will be provided as well as full day care when school is not in session and holidays that the center is open. We request that the children observe the same rules as during school and use courteous manners at all times.

Kids' Rainbow staff will provide transportation for your child to school and pick them up. Please notify Kids' Rainbow staff by phone or in writing when your child will not be in attendance on any given day.

## **Required forms and Information**

The following forms must be completed and/or information provided to enroll your child:

- Child Enrollment Form
- Immunization and Physical Records
- Food Program and Meal Application
- Screening and Assessment Permission
- Signed Kids' Rainbow Learning Center Contract
- Medical Information and Allergies
- Transportation Forms (as needed)

Physical and immunization records need to be received no later than 7 days after the first day of enrollment. Records need to be up to date and updated when new immunizations are administered. Emergency information must be updates as soon as any changes are made. We must always be able to contact you or someone from that can care for your child.

\*\* If a court order is imposed restricting someone from seeing the child a copy is needed for the child's file.\*\*

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## Registration Fees

A registration fee of \$50.00 per child is non-refundable and due upon registration and thereafter yearly on August 31<sup>st</sup>.

## Tuition

Age	Full Time (weekly)	Part Time (weekly)
Infant	\$180.00	--
Toddler	\$155.00	--
Two	\$140.00	\$85.00
Three	\$130.00	\$75.00
Four and Five	\$100.00	\$60.00
Before/After School	\$90.00	\$60.00/\$70.00

- These fees will be charged weekly; no reductions in tuition will be made for absences or holidays.
- Tuition fee included three meals (Breakfast/Lunch/PM snack)
- Tuition credit may be given at the discretion of the Director for prolonged, documented illnesses/hospitalizations
- Credit may also be given for one week of vacation with advanced notice
- There will be a 10% discount off the tuition rate for the oldest child if two or more siblings are enrolled at the same time

**\*\* Tuition must be paid in advance on Monday the week of. Advanced tuition payment is accepted biweekly and/or monthly. \*\***

## Late Fees

A late fee of \$10.00 will be charged and must be paid in full by the next Monday in order for the child to remain enrolled.

If you are late in picking up your child after the agreed upon time in your contract a fee of \$5 will be added for every 15 minutes.

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There will be a fee of \$20.00 charged for any returned checks. At the second incident checks will no longer be accepted.

### **SCHEDULE OF OPERATING HOURS:**

The center is open Monday through Friday 6:30 am until 7:30 pm. Children must be dropped off no later than 9:00 am.

**The center will be closed for the following holidays:** 4<sup>th</sup> of July, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Martin Luther King, Jr Day, and Memorial Day.

A written notice will be posted at the center at least one week in advance of our closing for the parent's convenience.

In case of weather emergencies, the Center will close if the Hillsborough County Public Schools closes. Please listen to your local radio station or news station for announcements of school closings and call the school to find out if we will be open.

### **ARRIVAL AND DEPARTURE PROCEDURES:**

All children must be signed in and signed out **daily** at the correct times. All children must be escorted in and out of the building by an authorized person over the age of 18. The sign in and sign out books are located on the front counter before walking in to the classroom area. **Please make sure your child washes his/her hands upon arrival in the classroom.**

Only the people listed on your authorized pick-up list will be allowed to pick up your child/children.

If your school age child will be picked up directly from school or is absent from school, please call the center to let the director know.

### **OPEN DOOR POLICY:**

All parents are welcome to visit and inspect the quality of service that we provide to their children any time of the day. No appointments are required. As long as our door is open for business, the parents are welcome. Parents are also welcome to stay and spend some quality time with their children in our center if they choose to do so.

### **SCREENING AND ASSESSMENT OF CHILDREN:**

All children enrolled in our program will be given an Ages and Stages Questionnaire Developmental Screening, varying by the age of the child. Your child's teacher will be the one conducting the screening in the child's classroom. The director or staff will meet with parents where they will be given a copy of the screening and the results. Together the staff and the parent will make a plan of action to work on improving the skills of that

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child. Screenings will be done at least two times a year – Fall and Spring. All information from these screenings will be kept confidential.

## **HEALTH POLICY:**

Parents please let the center know if your child has any known medical conditions such as asthma, seizures, and diabetic. Please put this information on the center health questionnaire form that is included in your enrollment packet. The center will work with you to meet your child's needs. No ill child(ren) will be allowed to come in and stay to protect the health of other children. However, if a child develops symptoms of illness during the course of the day, the child will be removed from the group until the child receives the necessary attention and is picked up by the parent. Parents or guardians are notified immediately in the event of any serious illness, accident, injury, or emergency. Any child that is suspected of having a communicable disease or show signs of a communicable disease will be:

1. Removed from the class and placed in isolation in full view of the teacher/director.
2. Temperature taken and recorded.
3. Condition reported to the parent or guardian.
4. Such children will be removed from the facility **and can only return with written verification from the treating physician** stating that the child's illness is no longer communicable. Listed are some of the various symptoms and common signs of a communicable disease:
  - Runny nose and watery eyes
  - Severe coughing making whooping sound, difficult or rapid breathing
  - A stiff neck
  - Diarrhea (abnormal loose stool with a foul odor) or vomiting
  - Fever (temperature of 100 degrees F or higher)
  - Conjunctivitis (pink eye)
  - Head lice
  - Rashes
  - Unusually dark urine and/or gray or white stool
  - Yellowish skin or eyes

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Please inform the center director and/or your child's teacher of any accidents or incidents that may have happened at home or away from the center. A health check is performed by your child's teacher daily upon entering the classroom. This is for the protection of all children.

### **MEDICATION POLICY:**

Parents must complete a medical authorization form for all forms of medications, creams, ointments or nebulizers. We do not give medications that are not prescribed by a physician. No over the counter medications will be given. If your child must have medications such as Tylenol or Motrin then you will be responsible for administering it. A new medical authorization form must be filled out every 30 days if the medication is to be continued.

The following things must be done in order for us to give medications:

- Parents must fill out authorization forms, giving the time and date medicine is given.
- Medications must have the child's name on it and that child only
- Medication must be current with a clear expiration date on the original container.
- No early morning or late afternoon medications is given. **All medications can only be given between 9:00 am and 4:00 pm.**
- Breathing treatments will be administered by the teacher at the designated time only. If a child requires more treatments or is not responding to the treatments, the parent's will be notified immediately.
- Medication is stored in a locked box in the office.

### **ALLERGIES:**

Please inform us of any allergies and the reactions that your child may have both food and environmental allergies. If your child requires the use of an Epi-Pen, please make sure one is left at the center so we can put it in our locked box. Allergies of every child in our center is posted in their classroom and covered for privacy reasons. This is for the protection of all the children in our center.

### **MEALS AND NUTRITION FOOD POLICY:**

The center will provide nutritious meals for all children enrolled in the program unless the child has a food allergy. Kid's Rainbow Learning Centers provides breakfast, lunch, and PM snacks. The Center's menus are approved by the health department and are nutritious for your child. Weekly menus are posted at the front

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door for you to review. Breakfast is served daily from 7:00 am until 8:30 am. Lunch is served daily from 11:00 am until 12:00 pm. The afternoon snack is served from 2:30 pm to 3:00 pm.

If there are no special dietary or religious needs, **food brought from home for breakfast, lunch or snack is not allowed** in the center unless a child is celebrating their birthday. Any food brought in for celebrations should be bought and packaged, not homemade.

### **BIRTHDAYS:**

Every child has the right to have a birthday party at the center. Advanced notice should be given to the director. Parents may bring in party food as long as it is store bought. Please check to make sure that there are no specific food allergies in your child's classroom. The director or the teacher can inform you of these. Please let us know at least 3 days in advance what items you will be bringing to the classroom. This is a Hillsborough County Child Care Licensing policy.

### **TRANSPORTATION POLICY:**

Kid's Rainbow Learning Center does not offer transportation to and from homes. We only offer transportation to and from local schools. Please see the director to find out which schools are included. We offer transportation only to the children who are enrolled in our center.

### **SMOKING POLICY:**

Smoking is prohibited on center property. Please be considerate and put your cigarettes out in your car's ashtray or refrain from smoking at all before coming on center property. This is mandated by Hillsborough County Child Care Licensing.

### **PARENT VOLUNTERING/FAMILY INVOLVEMENT:**

We look forward to parent participation and involvement in activities at the Center. It is important to work as a team to help in the development of children. Open communication is crucial so that we know what we can do to improve our job. The center will post signs on the parent board to let parents know how they can be involved. Also in the weekly newsletter. During the beginning of the year a letter and list of items to volunteers or donate is listed.

### **STAFFING AND VOLUNTEER STAFF POLICIES:**

In the event of staff absences and classroom ratios cannot be met by current staff, we will use other available staff or volunteers. All persons that volunteer at any location will be fully screened as mandated by Child Care Licensing before volunteering. All volunteers will be supervised by staff and never left in charge of a group by themselves.



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## **EMERGENCY PROCEDURES:**

The program has written disaster preparedness and emergency evacuation procedures. These procedures are posted in the office and each classroom

## **EMERGENCY EVACUATION POLICIES:**

There may be occasions when the center needs to close in case of an emergency, or circumstances out of our control. An example would be extended loss of power or water. If the center is unable to open due to such an emergency, all efforts will be made to contact you and/or the next contact person on your emergency card. If evacuation is necessary after phone calls are made, a notice will be posted at the center giving directions to our emergency location. A voice message will be left on the center answering machine. In case of a tornado or lock down we will shelter-in-place and make all efforts to keep children safe and engaged until the storm or the threat is over. Please keep your contact information up-to-date and inform us of any changes to your emergency contact information. The center practices fire and emergency drills on a monthly basic.

## **PARENT COMPLAINT PROCEDURE:**

If you as a parent have a child attending our facility and have a complaint, the first step is to speak with your center Director. If the complaint is against the teacher, the director will bring it to the teacher's attention immediately. The director is always the first step in the problem solving process.

## **SUSPECTED REPORTING OF CHILD ABUSE POLICY**

The Director or any other staff members shall report to Children Protective Services of the Police Department of any suspicion of child abuse as required by the State Penal Code.

## **DISCIPLINE POLICY AND POCEDURES:**

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The goal of discipline is to help children see the sense in acting a certain way. Of course, this is a time consuming task and it is important that we remain realistic in the expectations of the behavior of each child. His/her developmental age and stage must be taken into consideration.

**At our facility we encourage positive behavior in the following ways:**

- Allowing the child choices of activities, equipment and materials, giving him a feeling of control over his environment so that conflict with others can be avoided
- Guidance in developing language skills which will help them resolve conflicts with words and not inappropriate behaviors such as biting, hitting, kicking, etc.

**If a child is experiencing difficulty controlling his/her behavior:**

- He/she will be redirected to another play area which may prevent escalation of the problem.
- If a problem still exists, the child will be removed from the play area and given time away from the group to regain control. The time limits for this personal time are determined by the child. He/she may return to the group when he/she is ready.
- If continued unacceptable behavior occurs, the parent will be scheduled to discuss a team approach to remedy the problem.

Spanking or any other form of physical punishment is prohibited. Discipline shall not be associated with food, rest or toileting. Children shall not be subjected to discipline which is severe, humiliating, or frightening.

**Hillsborough County Ordinance No. 03-25, 04-25, 09-57, 09-65, section 1.06, 05-9, and 09-58 “Child Discipline” requires that parents are notified in writing of the disciplinary practices used while in care prior to admission. Spanking or any other forms of physical punishment is prohibited. Discipline shall not be associated with food, rest or toileting.**

**I have received in writing the Disciplinary Practices and Procedures used at this facility.**

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Signature of Parent or Legal Guardian

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Date

**CHILD'S ENROLLMENT / INFORMATION FORM**

CHILD'S NAME \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_  
 D.O.B. \_\_\_\_\_ SEX \_\_\_\_\_ DATE ENROLLED \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 CUSTODIAL PARENT (CIRCLE ONE)      MOTHER      FATHER      JOINT      GUARDIAN  
 MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 EMPLOYMENT: \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 SS# LAST 4 DIGITS \_\_\_\_\_ SS# LAST 4 DIGITS \_\_\_\_\_

**PERSONS AUTHORIZED TO REMOVE CHILD (IDENTIFICATION REQUIRED & MUST BE 18 YEARS OR OLDER)**

1. \_\_\_\_\_  
     NAME    RELATIONSHIP    PHONE#
  
2. \_\_\_\_\_  
     NAME    RELATIONSHIP    PHONE #

**Please mark P for parent provides, or C for center provides, of N/A for not needed**

BREAKFAST   A.M. SNACK   NOON MEAL   P.M. SNACK   DINNER      EVENING SNACK   FORMULA

**HILLSBOROUGH COUNTY ORDINANCE** requires that parents must receive a copy of the “**KNOW YOUR CHILD’S DAY CARE FACILITY BROCHURE/ FDHC**”, information on the “**INFLUENZA (FLU) VIRUS**” and the parent’s are notified in writing of the “**DISCIPLINARY PRACTICES**” used by the childcare facility. The parent’s or legal guardian’s signature certifies of the receipt of child care facility brochure, influenza information, disciplinary policies, agreement of the alternate nutrition plan, and that all the information on this form is complete and accurate.

\_\_\_\_\_ **SIGNATURE OF PARENT OR LEGAL GUARDIAN**    \_\_\_\_\_ **DATE**

**MEDICAL ALERT (Allergies, Asthma, Medical or Disabilities)** \_\_\_\_\_

PHYSICIAN OR PEDIATRICIAN (PREFERRED) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 HOSPITAL (PREFERRED) \_\_\_\_\_

List any additional information which would be beneficial for the childcare staff to know about your child: \_\_\_\_\_

**Reminder Note: Immunization records should accompany your child when you enroll them**

**IN AN EMERGENCY OTHER THAN THE PARENTS WHO CAN WE CONTACT**

1. \_\_\_\_\_  
NAME RELATIONSHIP PHONE #
2. \_\_\_\_\_  
NAME RELATIONSHIP PHONE #

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child, \_\_\_\_\_, should become ill or injured at  
**CHILD'S FULL NAME**

\_\_\_\_\_, I understand the  
**Name of Childcare Facility**

**Facility will: (1) Contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached.**

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency treatment necessary to ensure the health and safety of my child.

**I will accept all responsibility for payment of medical services rendered.**

\_\_\_\_\_  
**SIGANATURE (OPTIONAL) RELATIONSHIP DATE**

Sworn to and subscribed before me this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State Of Florida- At Large

My commission Expires: \_\_\_\_\_

\_\_\_\_\_ who is/are personally known to me

\_\_\_\_\_ who has/have produced identification: \_\_\_\_\_

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## Health Questionnaire

1. Does your child take any medications at home regularly? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what \_\_\_\_\_
2. Does your child have any known allergies to food or environment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes what? \_\_\_\_\_ Reaction(s): \_\_\_\_\_
3. Has your child ever been diagnosed by a physician for ADD or ADHD? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what medications does he or she take? \_\_\_\_\_  
How often do you treat it? \_\_\_\_\_
4. Do you know or have ever suspected your child to have seizures? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what was the cause? \_\_\_\_\_
5. Does your child have eczema or any other skin rashes? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what do you do for it? Do you put on creams or ointments? What kinds and how often?  
\_\_\_\_\_  
\_\_\_\_\_
6. Does your child use a pacifier, Sippy cup, suck thumb or use any other object to pacify themselves?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is it \_\_\_\_\_  
Is there a time that they need it most? \_\_\_\_\_
7. Does your child use special words or actions to communicate? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what and when do they use them \_\_\_\_\_
8. How do you assess your child's physical abilities? Normal \_\_\_\_\_ Advanced \_\_\_\_\_  
Weak \_\_\_\_\_
9. How do you best describe your child's personality? Please check all that applies, we want to be able to meet all the needs of your child.

Affectionate	_____	Serious	_____
Aggressive	_____	Fearful	_____
Biter	_____	Stubborn	_____
Cautious	_____	Friendly	_____
Sensitive	_____	Quiet	_____
Determined	_____	Rebellious	_____
Cheerful	_____	Moody	_____
Hugger	_____	Talkative	_____

If there is anything else that we need to know about your child's medical history, physical abilities, or personality, please let us know. \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**PARENT AGREEMENT TO CENTER POLICIES AND PROCEDURES:**

By signing below I agree that I have received a copy of the policies and procedures for Kid’s Rainbow Learning Center. I also have been informed that a copy of the childcare licensing rules and regulations for childcare centers is available to review upon request.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

**CHILD’S NAME:** \_\_\_\_\_

**CONSENT FOR SCREENING AND ASSESSMENT:**

As parent/guardian of \_\_\_\_\_, I give my permission for my child to be screened with the Ages and Stages Questionnaire and to be assessed using the appropriate assessment tools. I understand that the results will be shared with me and will also be kept confidential. I understand I can receive a copy of these screenings if I would like them.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

**CONSENT FOR FOOD EXPERIENCES:**

I give permission for my child, \_\_\_\_\_, to participate in any food experiences at Kid’s Rainbow Learning Center. I understand I will be notified by my child’s teacher at least 3 days prior to the experience about what food/food items will be included.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**