



LYCÉE FRANCO-AMÉRICAIN - FRENCH AMERICAN SCHOOL



Elementary and Middle School : PK-2 through 8th Grade



Ecole Élémentaire et Collège: de la Petite Section Maternelle à la 4^{ème}

APPLICATION FOR ADMISSION 2026-2027
NEW STUDENT PRE-K

Dear Parent(s)

Thank you for your interest in Lycée Franco-Américain International School. Enclosed, please find the school's registration packet. We would be happy to meet with you for a school visit. Please let us know when you are available as visits and registrations are done by appointment.

If you have any questions after reviewing the registration information, please feel free to contact us by email or by phone:

admissions@lyceefrancoam.org

T: (954) 237-0356

<http://www.lyceefrancoam.org>

Sincerely,
LFA Administration

INFORMATION FOR PARENTS TO KEEP



Lycée Franco-Américain International School
"Changing the World, one Child at a Time"
1000 Ring Rd, Cooper City, FL 33024 – www.lyceefrancoam.org
Phone (954) 237-0356 - Fax (954) 237-036



aefe
Agence pour
l'enseignement français
à l'étranger





School Lunch Program

Lycée Franco-Américain has arranged to have a regularly scheduled lunch program for its students.

- A licensed caterer will be the food provider.
- The cost of the lunch is \$6.00 per day for all students. Orders must be placed no later than 8:30, the day of. (Price subject to change.)
- Each month, the school menu will be posted on Praxi. If you wish to enroll in the school lunch program or change your child's selections, please do so on Praxi.
- You may order as many or as few meals as you wish for the month. Last-minute orders will be accepted until 8:00am.
- This is not a mandatory program. Students may bring their own lunch.

**Regular Uniform needed for all students.
Bottoms: Navy Blue (no jeans).**

UNIFORMS

Prices:

Polo Shirt = \$16.00 each

Sweatshirts = \$18.00 each

Polos :

2T

3T

4T

4/5

6/6X

6/7

7/8

8

10/12

14/16

INFORMATION FOR PARENTS TO KEEP





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.

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

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



What is the influenza (flu) virus?

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

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

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



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.

THE FLU

A Guide for Parents





What should I do if my child gets sick?

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



Call or take your child to a doctor right away if your child:

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

How can I protect my child from the flu?



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



What can I do to prevent the spread of germs?

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

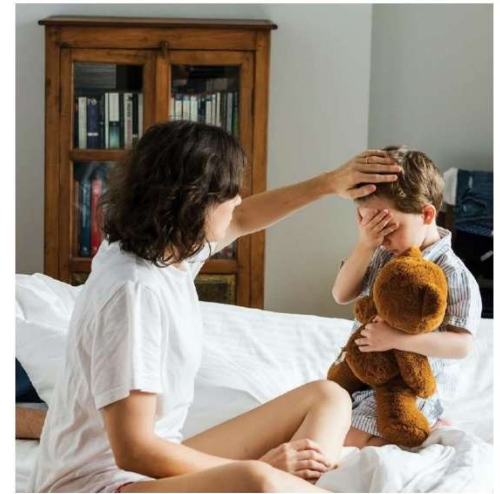
To prevent the spread of germs:

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



When should my child stay home from child care?

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



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

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



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.

**WHEN LIFE HAPPENS...
DON'T BE A DISTRACTED ADULT**





Distraction 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.



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.





APPLICATION FOR ADMISSION 2026-2027
NEW STUDENT PRE-K

Date _____

Please include my child as a student in grade _____ at Lycée Franco-Américain for the academic year 20 ____ -- 20 ____

STUDENT INFORMATION

Student Name _____ Age _____
 FIRST MIDDLE LAST (YEARS) (MONTHS)

Home Address _____ APT. # _____
 STREET ADDRESS (mailing address for final reports).

CITY _____ ZIP CODE _____
 Date of Birth: MONTH _____ DAY _____ YEAR _____ Place of birth: _____

Parent's Social Security Number _____ Gender of student: Female Male

Child's Primary Language (*pick one*): ___ English ___ French ___ Spanish ___ Haitian Creole Other _____

Language(s) spoken at home: ___ English ___ French ___ Spanish ___ Haitian Creole Other _____

CONTACT INFORMATION

PRIMARY Parent/Guardian: (First and last name)	SECONDARY Parent/Guardian: (First and last name)
Email address(es)	Email address(es)
Cell phone(s)	Cell phone(s)
Cell phone provider	Cell phone provider
Work phone(s)	Work phone(s)
Place of business	Place of business
Occupation	Occupation

If Parents are separated, with whom does the child live? _____

Parents of prospective candidates are advised to submit this application as soon as possible.

This application must be accompanied by a nonrefundable registration fee of \$1800 for middle school, \$1800 for elementary grades, \$1700 for kindergarten and \$1275 for preschool. Please make check payable to Lycée Franco-Américain.

 Parent/Guardian 1 Signature

 Date

 Parent/Guardian 2 Signature

 Date

No application will be processed until it is fully completed, signed and a nonrefundable registration fee has been paid.





**STATISTICAL INFORMATION REQUESTED OF THE SCHOOL
 BY VARIOUS GOVERNING AUTHORITIES**

NAME OF STUDENT: _____

Citizenship (information requested yearly by the AEFÉ: Agence pour l'enseignement français à l'étranger):

USA ___ Yes ___ No
France ___ Yes ___ No
Other ___ Yes ___ No (if yes, European Union ___ Yes ___ No)

(Requested by the State of Florida)

Is student of Hispanic, Latino, or Spanish origin? ___ Yes ___ No

- People of Hispanic, Latino, or Spanish origin are those who trace their origin or descent to Mexico, Puerto Rico, Cuba, Spanish-speaking countries of Central or South America, and other Spanish cultures. Origin can be considered as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People of Hispanic, Latino, or Spanish origin may be of any race.**

Select all those that apply (information requested yearly by the State of Florida):

___ White

- (Student has origins in any of the original peoples of Europe, the Middle East, or North Africa. This includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish)

___ Black or African American

- (Student has origins in any of the Black racial groups of Africa. This includes people who indicate their race as "Black or African American" or provide written entries such as African American, Afro-American, Kenyan, Nigerian, or Haitian)

___ Asian

- (Student has origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

___ Multiracial

- (Student who is of two or more races)

___ Other: _____

 Signature

 Date





PRESCRIPTION MEDICATION

To ensure proper administration of any medication prescribed by your child’s doctor, we are asking that you adhere to the following guidelines:

- 1) If possible, medication should be scheduled to be given right before and/or right after school rather than during school hours.
- 2) Prescription medication provided by the parent and dispensed by LFA staff must be in the original container. The name of the child’s doctor, child’s name, name of medication, dosage, and the directions for administration shall be written on the label.
- 3) Both the completed Authorization for Medication (FORM 5, available online or in the office) and the prescription medication shall be hand delivered by an adult to an administrator (if the main office is open) or to the before care staff member (if the main office is not yet open).
- 4) Inform the administrator or staff member in writing of any possible reactions and any other pertinent information related to the medication.
- 5) If your child has been placed under any physical activity and/or dietary restrictions by his/her doctor, please be sure to include that information as well.

NOTE: Never mix medication with any food or drink in your child’s lunch.

Students may not bring medication to school. Medication must be brought to school by an adult and hand delivered to an LFA staff member. Students are not to be in possession of medication at any time while on school property.

Child’s Name _____

Parent’s Name: _____

Parent’s Signature: _____

Date: _____





CONSENT FOR
PHOTOGRAPHS, SOUND RECORDINGS,
AND USE OF EDUCATIONAL DATA

I hereby give permission to Lycée Franco-Américain and members of its staff to take and use recordings and photographs of my child. I understand that the words “recordings and photographs” include, but are not limited to, still photographs, slides, moving pictures, sound recordings and/or videotapes.

I understand that these materials will be used for educational and marketing purposes, including but not limited to publication in professional journals and presented to audiences at conferences, workshops, and seminars. These materials can also be used to inform the public about the programs and the services offered by Lycée Franco-Américain and publicity photos to be published in newspapers, magazines, both locally and nationally, and the school’s websites.

In providing this consent, I waive all claims of action which I may have at any time against Lycée Franco-Américain, its employees and agents, relating to said photographs, slides, moving pictures, sound recordings, and/or videotapes, educational data and/or other methods of recording or reproducing likenesses of my child.

I understand that I will receive educational services whether or not I consent to taking and use of such materials.

 Signature

 Date



PARENTAL PERMISSION TO BE CONTACTED BY PAWS (Parents Active With the School)? Yes No

If yes, preferred contact info? _____
 (email, phone, text, WhatsApp, Discord...)



PAYMENT PLAN AGREEMENT

Please submit a payment plan agreement each school year

Student's name _____

Grade _____

I have chosen the following payment plan:

- Option 1: One yearly full payment March 1st (expires on June 1st , if not paid in full).
- Option 2: Three Quarterly payments, with finance charge (August 1st, November 1st, & February 1st).
- Option 3: Ten Monthly payments, with finance charge (1st of each month, from August to May).

There will be a \$75 late fee for all payments made after the 5th of the month and 15% of the balance for all payments made after the 15th of the month.

PAYMENT PLANS WILL BE ESTABLISHED FOR ALL CURRENT YEAR CHARGES. PAYMENT PLAN ARRANGEMENTS SHOULD NOT BE MADE UNTIL REGISTRATION IS FULLY COMPLETE. Any charges incurred after this plan is established, including charges for additional activities or services added must be paid separately by the published due date or date of registration if they occur after tuition deadline. **NO AMENDMENTS TO THE PLAN WILL BE ACCEPTED.**

- I promise to pay Lycée Franco-Américain International School all payments detailed in this payment agreement by the established deadline.
- I understand that the payment agreement can be established for only one year.
- No School services (i.e., transcripts, report cards) will be granted if the payment is not received on time.
- No financial aid is applied until all aid has been finalized and all requirements have been met.
- I understand and agree that failure to pay all charges by the due date will leave my account subject to financial penalties, including collection and legal fees.
- I understand and agree that any payments made to the school will be credited first to any delinquent charges.
- I understand and agree that withdrawal from the school does not release me from this payment plan obligation, any financial penalties or other collection costs.
- At **30 days past due**, the entire payment plan balance will be accelerated (to a shorter term) and a late penalty of 15% of the outstanding balance will be assessed. The late penalty indicates that your account is past due. Unless you resolve the debt immediately, the school will advance the matter to the next step in the collection process, and your child may not be allowed to register for next year.
- Once an account is **60 days past due**, repayment arrangements may be made directly with the collection agency, and the account holder bears the costs associated with collection efforts. The cost associated with collection efforts is approximately 33.33% of the outstanding balance, which can add substantial additional charges. We encourage you to make payment in a timely manner and avoid financial penalties.
- The makers and endorsers of this agreement hereby waive protest, presentation, and notice of dishonor and hereby agree to remain bound for the payment of this agreement. The makers and endorsers of this agreement agree to pay all expenses incurred in the collection of this agreement.

Please note: This is a binding contract.

 Name of Parent/Guardian

 Signature of Parent/Guardian (required)

 Date





1



Resilient Environment Department
Consumer Protection Division
Child Care Licensing and Enforcement Section
1 North University Drive • Plantation, Florida 33324 • 954-357-4800

CHILD ENROLLMENT INFORMATION

PASSWORD

Name of Child: _____ First Date of Attendance: _____

Address: _____ Birth Date: _____

Sex: _____ Preferred Name: _____

List of Known Allergies: _____

Special Needs: _____

Mother

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Place of Employment

Name: _____ Phone: _____

Address: _____ Email: _____

Father

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Place of Employment

Name: _____ Phone: _____

Address: _____ Email: _____

Guardian

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Place of Employment

Name: _____ Phone: _____

Address: _____ Email: _____

Child's Physician

Office Name: _____ Email: _____

Address: _____ Phone: _____

May facility consult the above physician if parent/guardian cannot be reached? Yes No





LYCÉE FRANCO-AMÉRICAIN - FRENCH AMERICAN SCHOOL

 **Elementary and Middle School : PK-2 through 8th Grade**
 **Ecole Élémentaire et Collège: de la Petite Section Maternelle à la 4^{ème}**

Other persons to be notified in case of illness or accident

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Name: _____ E-mail: _____

Home Address: _____ Phone: _____

Person(s) permitted to remove child: Mother Yes No Father Yes No

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name of Person Enrolling Child (Print)

Signature of Person Enrolling Child

Date of Enrollment





Resilient Environment Department
Consumer Protection Division
CHILD CARE LICENSING AND ENFORCEMENT
One North University Drive, Suite A203,
Plantation Florida 33324
954-357-4800 • Fax 954-765-4804

AUTHORIZATION FOR EMERGENCY TREATMENT

Today's Date: _____

To Whom It May Concern:

I hereby give my consent to _____
Name of Hospital

to administer necessary treatment to my child, _____
Name of Child

in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Name of Physician: _____ Phone: _____

Allergies of Child: _____

Date of Last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ Expiration Date: _____

Signature of Parent or Legal Guardian

Date

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____
Name of Person Acknowledged

My Commission Expires:

Signature of Notary Public, State of Florida

Print or Type Name of Notary as Commissioned

- Personally Known
- Produced Identification

Type: _____

#: _____

Revised 11/17/2021





Resilient Environment Department
Consumer Protection Division
Child Care Licensing and Enforcement Section
1 North University Drive • Plantation, Florida 33324 • 954-357-4800

Today's Date: _____

Dear Parent or Legal Guardian:

Please read the following information, then print and sign your name below.

DISCIPLINE POLICY AND HOURS OF OPERATION

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

Additional information:

Child(ren) shall not be delegated or permitted to discipline another child.

No physical restraints shall be used to confine a child.

Child(ren) shall not be confined in an enclosed area (closet, bathroom...)

Child(ren) shall not be subjected to profane language, threats, remarks or verbal abuse.

No cruel, harsh, physical or unusual punishments shall be permitted.

Child(ren) shall not be punished for failure to eat, sleep or toileting accidents.

HOURS OF OPERATION

_____ 7:00 _____ a.m./p.m. to _____ 6:00 _____ a.m./p.m.

Printed name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Revised 11/17/2021





Child's Name: _____

Parent's Name: _____ Date: _____

Expulsion Policy

Unfortunately, there are sometimes reasons we must ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from our program:

Immediate Causes for Expulsion

- The child is at risk of causing serious injury to other children or him/herself.
- Parent threatens physical or intimidating actions towards staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

Parental Actions for Child's Expulsion

- Failure to pay/habitual lateness in payments
- Failure to complete required forms including the child's immunization records
- Habitual tardiness when picking up your child
- Verbal abuse to staff

Child's Actions for Expulsion

- Failure of child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Ongoing physical or verbal abuse to staff or other children
- Excessive biting

Prior to expulsion, a parent will be called, and correspondence will be sent home indicating what the problem is, and every effort will be made by both the provider and the parents to correct the problem. If, after one or two weeks, depending on the risk to other children's welfare and safety, behavior does not improve and the provider finds that they can no longer accommodate the child, the parent will be asked to remove him or her. The parent will be given a minimum of one week notice to find another center to provide care for this child. We will have informal conversations about your child on a regular basis. Because communication and consistency in guiding behavior is important to your child's development, we'll enlist your input and involvement when needed.

Parent/Guardian(s) Signature

Date





Food Activity Participation Form

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.

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.

 (Parent or Guardian Signature)

 (Date)





Child's Name: _____

Parent's Name: _____ Date: _____

PHYSICAL ACTIVITY

Lycee Franco-Americain provides your child with planned physical activities during regularly scheduled times. A typical day will include 40 minutes of gross motor outdoor/indoor activities including, but not limited to: dance, ball play, obstacle course, riding toys, push toys, climbing, crawling, stretching, sliding, exercising, balancing, tossing, throwing, jumping, yoga, walking on the line, etc.

Each age group or class must have a written plan for scheduled daily activities. The plan must meet the needs of the children being served and must include alternate activities in case of inclement weather and include scheduled activities that promote emotional, social, intellectual and physical growth.

These activities may include but are not limited to playground equipment, ball games, teacher lead small group games, and teacher directed large group games. In the event of inclement weather, a rainy-day activity schedule shall be followed.

Please make sure you send your child to school in comfortable clothing appropriate for outdoor weather conditions. All children must wear **sneakers/closed-toed shoes** with rubber soles every day. Flip-flops, open-toed shoes, heels, sandals, boots, Crocs, etc., are NOT SAFE for these activities

Parent's Initials: _____





Dear Parents,

Please read this form and complete ONE form per child. This form will be part of your child's permanent record. Thank you!

Child's Name: _____

Parent's Name: _____ **Date:** _____

AUTHORIZATION TO ACCESS STUDENT RECORDS:

LFA staff is required to protect the privacy of student records to which they have access. I authorize LFA employees with a legitimate interest in accessing records for above-named student.

Parent's Initials: _____

IMMUNIZATIONS:

At the time of enrollment, there may be children attending our center that are either exempt or not current with immunizations.

Parent's Initials: _____





Child's Name: _____

Print Parent/Guardian Name: _____

Parent Signature: _____ Date: _____

“KNOW YOUR CHILDCARE FACILITY”

Dear Parent/Guardian

Florida child care regulations require your child care provider to verify that you received a copy of “Know Your Child Care Facility” brochure. Complete and sign above.

Parent's Initials: _____

“INFLUENZA VIRUS, THE FLU A GUIDE TO PARENTS”

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 above verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Parent's Initials: _____

“DISTRACTED ADULT”

I acknowledge that I have been informed about the dangers of leaving a child in a vehicle, including tips for prevention, through the “Distracted Adult” flyer from the Department of Children and Families

Parent's Initials: _____

