



## 2026/2027 Enrollment Packet

### New Family

NAME: \_\_\_\_\_

Age Group: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sibling(s): \_\_\_\_\_

Age Group: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### **PLEASE READ:**

#### **Financial Obligations:**

- A \$300 Enrollment Fee is due when you turn your packet in. (Unless enrolling in *FREE VPK*). We accept cash or check for the initial payment.
- The Annual Supply Fee of \$300 will be billed in May and is due on June 1st.
- 2026/2027 Tuition will begin billing in July and bill through April.

#### **VPK:**

If you have a VPK Student, your VPK Voucher MUST be turned into the office with your registration packet. To qualify for VPK for the 26/27 school year your child will need to turn 4 before September 1, 2026. You will need to obtain your voucher at [www.phelc.org](http://www.phelc.org) **Voucher must be obtained from PASCO COUNTY.** You will not be able to apply for the voucher until January 1, 2026. **Upon receiving a VPK certificate/voucher you will sign on line 18 and date on 19 before submitting it with your packet.**

#### **Medical and Shot Records:**

You will be advised if your child's current medical forms need to be updated. Please email updated medical forms to  
[amanda@thereadingcorner.org](mailto:amanda@thereadingcorner.org)



## New TRC Families:

Below is what you need to know...

Enrollment is **not** guaranteed; however, we will do all we can to get you the class that you need for your child. We will also continue to place students from the wait lists as space opens up.

\*OPEN ENROLLMENT for **TUITION BASED** classes ( 2's, 3's, and tuition-based VPK) is on Wednesday, January 21st from 10:00-1:00.

\* OPEN ENROLLMENT for **FREE VPK** (T/Th or PM VPK Program) is on Wednesday, January 28th from 10:00-1:00.

**\*PLEASE MAKE SURE YOU BRING THE FOLLOWING WITH YOU:**

**(If you do not have the appropriate paperwork you will not be able to enroll on that day)**

\*A Fully Complete Enrollment Packet

\*Current Shot Records and Last Physical

\*Check or Cash for the \$300 Enrollment Fee, if applicable. (Fee's do NOT apply to Free VPK Classes, unless the class has a tuition attached to it)

\*If you are **Enrolling for VPK**, please bring your Voucher. Please apply for the Pasco County voucher, you can access the website at [WWW.PHELC.ORG](http://WWW.PHELC.ORG)

Please Note: The earliest the VPK website will allow you to apply for the VPK voucher for your child is January 1, 2026. It is very important that you apply promptly so you can receive your voucher for the open enrollment date.

Please contact the office at 813-909-0303 with any questions or email [kim@thereadingcorner.org](mailto:kim@thereadingcorner.org).



## Enrollment Checklist

### New Family

Please use this checklist when filling out your paperwork. ALL forms must be completed and turned in at the time of registration. It is **VERY IMPORTANT** that ALL FORMS are filled out completely.

Financial Commitments Enrollment Contract (Please THOROUGHLY read page 2-4 of the contract and fill out and initial as instructed)

Child Care Application

\*\*\*\*VPK Voucher due by Feb 1, 2026- (MUST be obtained from PASCO COUNTY [www.phelc.org](http://www.phelc.org)) Please read cover sheet about VPK voucher specifics and due date)

Shot Records

Last Physical

Permission for Food

EpiPen (If this does not pertain to your child please write child's name and the top and N/A on the form)

Medication Form (Fill out child's name, age, and sign even if your child does not take medication)

Bug/Sun/Contact/Photo

IEP/504/Therapy Notes (if applicable)

**PLEASE NOTE:** These forms are required by the State of Florida and must be kept in your child's file for review by the state at any time. Your child must have all forms complete and up to date to attend school. Please see page 2 of the contract for clarification.

**Please contact the office at 813-909-0303 with any questions or concerns.**



## Enrollment Contract

Child's First Name \_\_\_\_\_

Child's Last Name \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Age as of September 1, 2026 \_\_\_\_\_ (years) \_\_\_\_\_ (months)

### Class Selection (circle one):

2s M-F      3s M-F      VPK M-F 9-3      VPK MWF 9-3

2s MWF      3s MWF      VPK M-F 8:30-12:30      VPK T/Th 8-3:15

2s T/Th      3s T/Th      VPK M-F 12:45-3:45      Homeschool Kinder

Parent Name (Primary Contact): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

## Financial Commitments

### **Section 1 (to be signed by ALL families, including free VPK)**

- **Free VPK:** The program is free of charge and 100% covered by the Florida State VPK Voucher. You will need to turn in your voucher at the time of registration. Should you not turn in your voucher, the full cost of tuition (\$300 monthly) will be the responsibility of the parent/guardian. This class is also exempt from the registration and supply fees. I also understand that it is my responsibility to obtain the voucher from Pasco County.
- **Payments:** All tuition and invoices are due on the 1st of each month. A late fee of \$50 will be added to your tuition for any payments received after the 5th of the month. Your child will be unable to attend school if there is an outstanding tuition balance. We do not prorate tuition for sick days, school closures, or family vacations.
- **Unenrolling Your Child:** Should you need to unenroll your child at any time during the school year, or prior to the start of the school year, a 30 day written notice is required (you will be responsible for the full tuition during those 30 days). After your 30 day notice, you will be responsible for half the monthly tuition until the spot has been filled or we reach the end of our school year in May. Should you unenroll prior to the start of the school year, all tuition and fees paid prior to the date of unenrollment are non-refundable.
- **Curriculum:** I am aware that TRC is a secular learning environment. My child will be exposed to holiday based curriculum during certain times of the year. This curriculum aligns with classroom standards. My child will also be exposed to The Pledge of Allegiance and classroom birthday celebrations.
- **Aftercare and Early Dismissal:** The Reading Corner closes promptly at 5:30pm, or 1:00pm on early dismissal days. If your child is in aftercare and is picked up after 5:30pm, or after 1:00pm on early dismissal days, a \$5 per minute charge will be added to your tuition.
- **Documents:** Per Florida State laws, certain documentation is required to be in a student's file. These documents include: shot records, current physical, childcare application, distracted adult, Influenza form, as well as additional forms added by the state at any time. The parent/guardian is solely responsible for providing the aforementioned documents to the school and failure to do so may involve removing your student from class until documents are obtained. Removal of a student for this matter will not negate the financial obligations.

Continued→

**Section 2 (to be signed by all families enrolled in a tuition-based class)**

- **Registration Fee:** a non-refundable registration fee for new families is \$300 and current families is \$200. If you choose to unenroll at any time, your registration fee shall be forfeited.
- **Supply Fee:** The \$300 supply fee will be assessed on May 28, 2026 and is due by June 1, 2026. This fee is non-refundable. If you register after June 1, 2026, the supply fee is due at the time of registration. If you choose to unenroll at any time, the supply fee shall be forfeited.
- **Monthly Tuition:** Tuition can be paid monthly or annually, please see attached rate sheet for details. Monthly tuition runs July-April. This is a breakdown of the annual tuition in 10 equal monthly payments. July's tuition is credited toward May's tuition. Should you unenroll at any time, you will forfeit May's tuition. The number of days your child is in school has no bearing on the monthly payment plan. Tuition is non-refundable once paid.

*I acknowledge that I have read and understand the above listed policies and agree to adhere to the policies as stated.*

\*Both parents must sign to acknowledge our financial commitments.

Parent/Guardian Signature \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Child's Name \_\_\_\_\_  
Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Child's Name \_\_\_\_\_  
Date \_\_\_\_\_



Child's Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_

### **Bug Spray**

I give permission to The Reading Corner staff to apply bug spray to my child, listed above, as needed throughout the school day. If your child is sensitive to bug bites, please apply bug spray before coming to school. I understand that I must supply the bug spray and label it with my child's name.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Sunscreen**

I give permission to The Reading Corner staff to apply sunscreen to my child, listed above, as needed throughout the school day. I understand that I must supply the sunscreen and label it with my child's name. I understand that I am responsible to apply sunscreen daily to my child before school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Contact**

I give permission to The Reading Corner to share my contact information with the families in my child's class for the purpose of birthday invitations, playdates, and class get-togethers.

I do not wish to share my contact information.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Photo**

I give permission to The Reading Corner staff to photograph/video my child, listed above, during activities, special events, and other school related activities throughout the school day. I am aware that these photos/videos may be used for the school website, print-ads, curriculum, and/or our class Brightwheel page.

I do not wish for my child to be photographed or videoed. **Please bring this request to Amanda and Kim's attention upon registration.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**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

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack Supper

**Family Information:** Child Lives With: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

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 including symptoms, medication, and notification in the event of an actual emergency (if applicable): \_\_\_\_\_

**Emergency Contacts:**

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

**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 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- 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

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

Pursuant to 65C-22.005(1.)(c)2., 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.

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



# FARE

Food Allergy Research & Education

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

PLACE  
PICTURE  
HERE

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Special Situation/Circumstance - If this box is checked, the child has an extremely severe allergy to the following food(s) \_\_\_\_\_.

Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.

### For ANY of the following SEVERE SYMPTOMS



#### LUNG

Shortness of breath, wheezing, repetitive cough



#### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



#### THROAT

Tight or hoarse throat, trouble breathing or swallowing



#### MOUTH

Significant swelling of the tongue or lips



#### SKIN

Many hives over body, widespread redness



#### GUT

Repetitive vomiting, severe diarrhea



#### OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A  
COMBINATION  
of symptoms  
from different  
body areas

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return

### MILD SYMPTOMS



#### NOSE

Itchy or runny nose, sneezing



#### MOUTH

Itchy mouth



#### SKIN

A few hives, mild itch



#### GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE BODY SYSTEM, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE BODY SYSTEM (E.G. SKIN, GI, ETC.), FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

### MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE

DATE



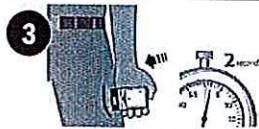
# FARE

Food Allergy Research & Education

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

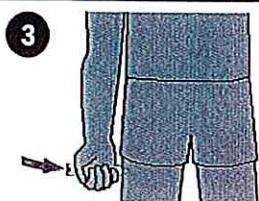
### HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q® from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q® against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



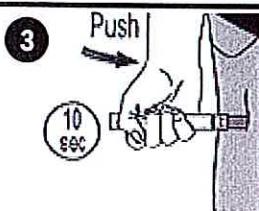
### HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



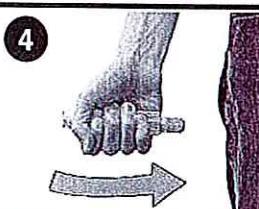
### HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENAClick®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



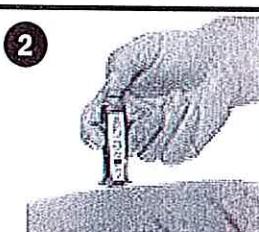
### HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI™ by finger grips only and slowly insert the needle into the thigh. SYMJEPI™ can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Epinephrine first, then call 911. Monitor the patient and call their emergency contacts right away.

### EMERGENCY CONTACTS – CALL 911

RESCUE SQUAD: \_\_\_\_\_  
DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

## **Child Care Facility**

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Medication Name: \_\_\_\_\_  
Amount to be Given: \_\_\_\_\_  
Time to be Given: \_\_\_\_\_

2. Medication Name: \_\_\_\_\_  
Amount to be Given: \_\_\_\_\_  
Time to be Given: \_\_\_\_\_

**Record of Medications Given:**

1. Medication Name: \_\_\_\_\_

2. Medication Name: \_\_\_\_\_

*This authorization form must be maintained and is only valid for the duration of prescription.*

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

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Parent/Guardian Signature

Date

(Retain in child's file for a minimum of four months)



## Unenrollment Policy

Unfortunately, there are sometimes reasons we have to unenroll a child from our program. We want you to know we will 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 unenroll or suspend a child from our center:

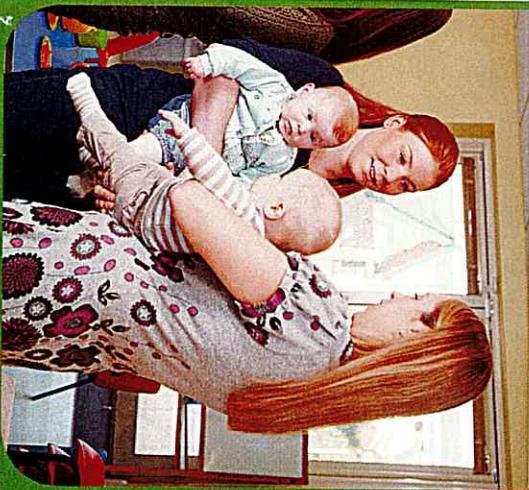
Immediate causes for unenrollment include:

- \*The child is at risk of causing injury to other children, himself/herself, or a staff member.
- \*Parent threatens physical or intimidating actions toward staff members and/or verbal abuse to staff members.
- \*Parents failure to follow through with support services to help remediate behaviors within the time frame discussed.
- \*Habitual behaviors that interfere with the learning environment, after accommodations have been made and the child isn't responsive.

## 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 their child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.



## More information and free resources:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)

This child care facility is licensed according to the minimum licensure standards included in

section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida

Administrative Code (F.A.C.).

License Number: C46PA0245

License Issued on 8/27/25

License Expires on 8/26/26

For more information regarding the compliance history of this child care provider, please visit:

[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CFPI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S..

## Know Your Child Care Facility



[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)

## 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 vehicles (if transportation is provided).
- Provide parents with written disciplinary practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child 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.

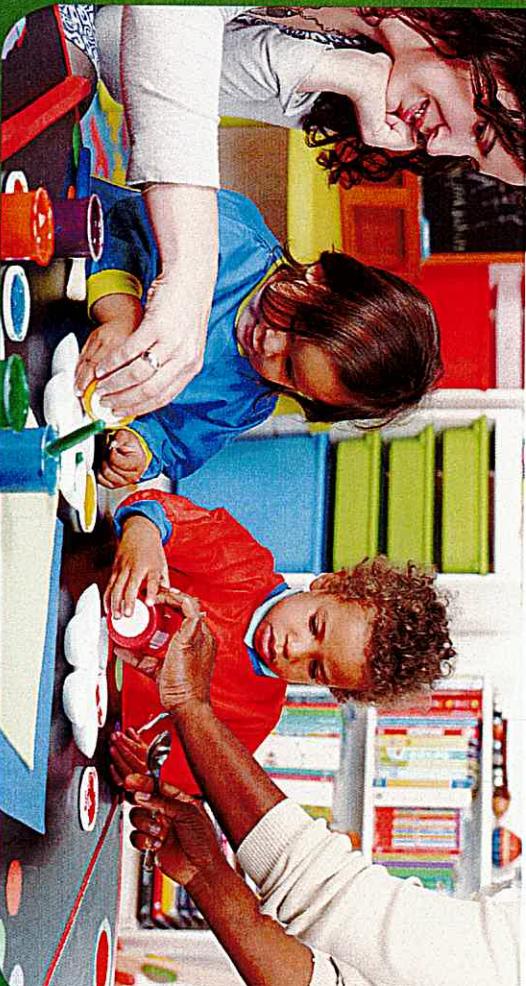
### Physical Environment

- Maintain sufficient usable floor space for playing, working, and napping.

- Provide space that is clean and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- Equip with age and developmentally appropriate toys.

- 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.
- Practice proper hand washing, toileting, and diapering activities.



## 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, the following indicators should be considered:

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve.

### Quality Environments

- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

### Quality Caregivers

- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child's individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- Help children manage their behavior in a positive, constructive, and non-threatening manner.
- Allow children to play alone or in small groups.
- Provide stimulating, interesting, and educational activities.
- Are attentive to and interact with the children.
- Provide stimulating, interesting, and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.



# 2026/2027 School Year

1800 Collier Parkway • Lutz, FL 33549 • 813.909.0303 • [kim@thereadingcorner.org](mailto:kim@thereadingcorner.org)

*NEW Family Enrollment Fee (Per Child, Due with Enrollment Packet) .....	\$300
*Current Family Enrollment Fee .....	\$200
*Supply Fee (Per Child, billed in June) .....	\$300
*Payments - Monthly tuition must be paid through the Brightwheel system.	

School Program	Day Offerings	Per Month Plan
* VPK Morning 8:30am - 12:30pm	Monday - Friday	\$355 (with voucher)
* VPK Afternoon 12:45pm - 3:45pm	Monday - Friday	FREE (with voucher)
* VPK 8am - 3:30pm	Tuesday, Thursday	FREE (with voucher)
* VPK 9am - 3pm	Monday, Wednesday, Friday	\$355 (with voucher)
* VPK 9am - 3pm	Monday - Friday	\$840 (with voucher)
* 3 Yr. Old 9am - 3pm	Monday - Friday	\$1,230
* 3 Yr. Old 9am - 3pm	Monday, Wednesday, Friday	\$740
* 3 Yr. Old 9am - 3pm	Tuesday, Thursday	\$545
* 2 Yr. Old 9am - 3pm	Monday - Friday	\$1,250
* 2 Yr. Old 9am - 3pm	Monday, Wednesday, Friday	\$875
* 2 Yr. Old 9am - 3pm	Tuesday, Thursday	\$575

Sibling Discount - 10% off 2<sup>nd</sup> child, 15% off 3<sup>rd</sup>, 20% off 4<sup>th</sup> (discount applies to oldest sibling) (s)

BEFORE / AFTER Care	M-F	MWF	T/TH
Monthly Before Care 7am - 9am	\$125	\$75	\$50
Monthly After Care 3pm - 5:30pm	\$155	\$95	\$65
Monthly Both Before & After	\$250	\$150	\$100

Emergency Drop In \$25 each time