



Application for Summer Camp 2025

Children who have completed Kindergarten through 6th grade by May 28, 2025

Summer Camp Schedule May 29—August 8, 2025

Child's name _____ Age _____ DOB _____
Last First

Address _____

Street

City

Zip

Parent/Guardian:	Parent/Guardian:
Work #:	Work #:
Home #:	Home #:
Cell #:	Cell #:

Tuition: \$207 per week (includes all field trip fees and meals), due on Mondays for the coming week. (**ELC families** - Please contact the office for pricing)

- ♦ A \$75 registration fee will be **due upon submission of the completed application** which will include a camp shirt and reusable water bottle.
- ♦ The first week will have two days of camp (May 29th-30th) and the cost will be \$83 total for the 2 days. All children attending before/aftercare that week prior to attending camp will be charged \$146 for the whole week.
- ♦ Please note that you will be charged only for weeks for which you sign up. If you sign up, but your child does not attend, you **will** be charged the full amount for that week. Tuition will not be adjusted or credited for absences.
- ♦ If you sign up for certain weeks and need to cancel, there is a 2 week policy to rescind the dates due to high demand. Please notify the office in writing in order for us to accommodate children on the waitlist. If the 2 week notice is not adhered to, the tuition will still be charged.

Please indicate the weeks your child will attend by marking YES in the boxes below.

Write NO in the boxes below for the weeks that your child will not attend.

May 29-30	June 2-6	June 9-13	June 16-20	June 23-27	June 30- July 3 CLOSED July 4th	July 7-11	July 14-18	July 21-25	Jul 28- Aug 1	August 4-8

JELLY BEAN JUNCTION will be CLOSED:
May 26 July 4

Medical Release: I, the undersigned, do hereby give permission to Jelly Bean Junction, and the teachers in their employ, in the event of an emergency, to administer first aid or any other form of medical attention to sustain the life of my child. This includes seeking the aid of paramedics and the trained staff of the nearest medical facility or hospital. I understand that I will be responsible for the cost of any care given.

Parent Signature _____ Date _____

Child's Doctor _____ Phone # _____

All Health Concerns/ Allergies: _____

-Details-

Behavior expectations: Children attending camp at Jelly Bean Junction are held to higher standards. Each year we are invited back on field trips due to their amazing representation made of our center. Below is a list of our expectations of them this summer.

1. Children are expected to use the restroom as needed. They are not required to ask to use the restroom while at the facility. While on a field trip, they are required to ask so they do not wander away from the group. Children are given multiple opportunities to use the restroom before departure from JBJ, once they arrive to their destination, and lastly before leaving the field trip location back to JBJ. Please be sure your child has spare clothes with them this summer if there is an unexpected accident. We will store the clothes on the van for them to be able to change in the event there is an accident. We do understand accidents happen, however, if it becomes excessive, we will have a parent meeting to discuss enrollment options.

2. Children are expected to be able to dress themselves. We go swimming twice a week during summer-time. The children need to be able undress and redress themselves with no assistance. If they are unable, please begin working with them on this for them to have a successful swimming experience with us this summer.

3. Listening is a key component in making our Summer Camp successful! Not all of our field trips are blocked out solely for our school. There are other families and schools at the location with us. It is important that your child listens to the teachers and their instructions while on the trip and in our care. If your child is having a hard time listening, we will speak with them in regards to the importance along with sending a note home. If the behavior happens again, the child will be suspended from the next field trip. If your child continues to not listen and follow rules, they will be removed from our camp program. Our number one job is to keep your child safe, their number one job is to help us keep them safe.

4. Water bottles are a daily essential for the children! Our summers are hot and we need the children to be hydrated and stay hydrated! Please be sure they carry a water bottle daily with them.

Please review the behavior guidelines with your child so they go into our camp program understanding their expectations to ensure they can have a fun, enjoyable summer. Please do not hesitate to reach out to the teachers or administration with questions in regards to the behavior expectations.

Camper's Signature _____ Date _____

Parent's Signature _____ Date _____

Behavior agreement: We will be spending much of our time on field trips to public places. To ensure the safety and enjoyment of everyone in the summer camp group we have established the following rules.

WE RESERVE THE RIGHT TO REFUSE TO TAKE A CHILD ON A FIELD TRIP WHO DOES NOT FOLLOW THE RULES.

1. Listen to the teachers at all times.
2. Follow directions promptly.
3. Respect others and their property.
4. Do not hurt others with words or actions.
5. Electronics are permitted! However, children are responsible for their electronics and accessories.

Camper's Signature _____ Date _____

Parent's Signature _____ Date _____

Social Website: JBJ does have public Social Media Networks. We would like to post photos of the summer camp children during their weekly activities and field trips. Please circle YES or NO if it is okay to post your child's picture on our page and sign. **YES NO**

Parent's Signature _____ Date _____

Meals: Breakfast is available to all children arriving between 6:30 AM and 8:00 AM. The breakfast area is closed by 8:00 AM, last plate is served at 7:55 AM. Lunch will be provided to all campers: please check the weekly menu. On days when the campers are not dining at JBJ, JBJ will provide sandwich lunches. JBJ will provide afternoon snacks and drinks daily. There is no extra charge for meals. Campers are permitted to pack their own lunches.

CAUTION: Peanut butter or any peanut related products are not allowed at JBJ.

Drop Off Times: JBJ requires that all children leaving on field trips **must** arrive **30 minutes** prior to the vans departing JBJ.

Children who are not here 30 minutes prior to the field trip departure time will not be permitted to go on the field trip. This is a safety issue. As a courtesy to the parent/guardian we will allow the child to stay behind in our Wildcat group. NO EXCEPTIONS!

Please check the weekly schedule for exact field trip departure times. Field trip times vary depending on the activity and location. **Children may NOT be dropped off or picked up at field trip sites by parents.** All children must be signed in and out at Jelly Bean Junction.

Swimming: The campers will be going swimming every week, weather permitting. The pool has certified lifeguards on duty while children are at the pool. Children are given a swim test before being permitted in the deep end of the water, and are identified by an arm band. Non swimmers stay in the shallow end of the pool.

My child _____ can swim well _____ can swim a little _____ cannot swim (initial line)

Clothing: Please be sure to have your child wear comfortable clothing.

- ~ Sneakers with socks (footwear must be attached to the foot-no slip on, NO backless shoes).
- ~ An extra set of clothes clearly marked with your child's name.
- ~ Towels, dry clothes, and sunscreen (labeled with name) in a bag to carry with them on swimming days.
- ~ Water bottle labeled with name

My signature is my consent to allow my child to go on all field trips with Jelly Bean Junction's Summer Camp Program. The field trip schedule will be posted so that I will be informed where the group is going each day.

Parent's Signature _____ Date _____

Places the children will visit this summer:

Shore Lanes	Oaks Movie Theater	Brevard County Parks	Skate Factory
Melbourne Swimming Pools	Chuck E Cheese	Museums	AND MORE!

****Parents will be sent the schedule weekly in an email****

PARENT LETTER FOR NON-PRICING PROGRAMS

Dear Parent/Guardian:

Date: 2024-2025

We participate in the Child Care Food Program (CCFP), which provides reimbursement for serving nutritious meals to enrolled children. All meals served must meet meal pattern requirements established by the U.S. Department of Agriculture (USDA). In the operation of USDA child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

The information requested on the attached Free and Reduced-Price Meal Application is necessary so that we may receive reimbursement for meals served to your child while in care. The amount of reimbursement we receive from the CCFP depends on the household income status of the enrolled children. Please complete the attached application, sign, date, and return it to the address listed below. **Please refer to the back of the application for full instructions.** Your application will be placed in our files and kept confidential.

Children from households that receive Food Assistance Program (formerly known as the Food Stamp Program) or TANF (Temporary Assistance for Needy Families) benefits are eligible for free meals. Children enrolled in Head Start or Early Head Start (HS/EHS) are eligible for free meals, subject to the submission of official, acceptable HS/EHS enrollment documentation. With proper documentation, HS/EHS children will not need Free and Reduced-Price Meal Applications. Foster children are eligible for free meals regardless of the income of the household with whom they reside, subject to the submission of official, acceptable foster care agency/court documentation or a Free and Reduced-Price Meal Application. Children from households with total incomes less than or equal to the levels listed below are eligible for either free or reduced-price meals.

INCOME ELIGIBILITY GUIDELINES (Effective July 1, 2024 - June 30, 2025)

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member, add	+9,953	+830	+415	+383	+192

HOW TO COMPLETE:

If any member of your household currently receives Food Assistance Program (FAP) or TANF benefits, then any child in the household is eligible for free meals. The application must include the child's name, the FAP or TANF case number, and the signature of an adult household member.

If completing a Free and Reduced-Price Meal Application for a foster child, the application must identify the child as a foster child, and include the child's name, any "personal use" income, and an adult's signature. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

If you do not list a FAP or TANF case number, or if the child is not a foster child, the application must include:

- the child's name;
- the names of all household members, including spouse, children, parents or other persons who live with you in the same household;

- the amount of income each person usually receives (before deductions for taxes, social security, etc.), how often it is received, and where it is from, such as wages, retirement, or public assistance. For self-employed persons, list net income. Net income is defined as gross receipts less operating expenses. For persons who do not receive any income, write "0" or "None";
- the signature of an adult household member; and
- the last four digits of the social security number of the adult household member who signed the application or the word "none" if that adult does not have a social security number.

VERIFICATION: Your application may be reviewed by the child care center or other officials at any time during the year to determine if it has been correctly approved. **CONFIDENTIALITY:** The information that you report will be used only to determine eligibility for free or reduced-price meals in the CCFP. **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the year. If you are not eligible now but your household experiences a change, such as, a decrease in household income, an increase in household size, unemployment or receipt of Food Assistance Program or TANF benefits, then complete a new application.

Sincerely,

Lauren McGinnis- Director

Name and Title of Child Care Center Representative

3115 New York Ave, Melbourne, FL 32934

Address

Jelly Bean Junction

Name of Child Care Center

321-242-2011

Phone Number

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: Jelly Bean Junction of Melbourne, Inc. - 3115 New York Ave, Melbourne, FL 32935

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (321) 242-2011

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ _____	How often received? (check only one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (_____) _____ - _____

Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child Total Household Size: _____ Total Household Income: \$ _____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy How Often Income is Received (Frequency): ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits 	<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: <ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing 		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules. **This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**

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

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

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

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



What should I do if my child gets sick?

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

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

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



How can I protect my child from the flu?

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

What can I do to prevent the spread of germs?

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

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



When should my child stay home from child care?

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

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

What is the influenza (flu) virus?

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



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

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



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

CF/PI 175-70, June 2009

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



INFLUENZA VIRUS

**"The Flu"
A Guide
for Parents**

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



Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2019

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



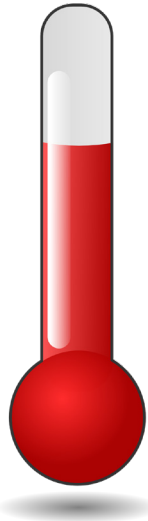


FACTS ABOUT HEATSTROKE:

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

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

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



PREVENTION TIPS:

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

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



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

Parent/Guardian:

Child's Name:

Date:

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

Date: _____

I, _____, parent of _____, have received the "Distracted Adult" and the "The Flu: A Guide for Parents" flyer from Jelly Bean Junction.

Parent Signature



Our NUMBER ONE priority here at Jelly Bean Junction is to keep **ALL** children safe. We take every precaution to do this. With that being said, sometimes accidents do happen. Please fill out the form below in its entirety and ALWAYS update if there are any changes.

Thank You,

Jelly Bean Junction Staff

EMERGENCY MEDICAL RELEASE AND TRANSPORTATION FORM

I _____, parent/legal guardian of _____ (Date of birth ____ / ____ / ____), give permission to Jelly Bean Junction of Melbourne, Inc. to seek emergency medical treatment for my child.

If there is an emergency and Jelly Bean Junction cannot get in contact with me, I hereby give authorization and consent for any emergency personnel, doctor, nurse, or any other medical professional to treat my child as necessary or medically needed. I also give permission for my child to be transported to the hospital listed below if the situation warrants it.

I will take full responsibility for payment of all medical services rendered due to an emergency situation. I also agree that I will not hold Jelly Bean Junction of Melbourne, Inc. or its' staff accountable for the accident in which emergency medical care was sought.

Name of Physician: _____ Phone: _____

Allergies of Child: _____

Medications Taken Regularly: _____

Any special health conditions: _____

Insurance company covering child: _____ Expiration Date (if applicable) _____

Hospital of Choice: _____

Signature of Parent/Guardian: _____ Date: _____