

SouthWood Registration Packet

Child's Name: _____ Date: _____
LAST FIRST MIDDLE

Date of Birth: _____ Age: _____ Sex: _____ Enrollment Date: _____

Address: _____
STREET CITY STATE ZIP

Home Phone #: _____

Program: FT _____ PT (5) 1/2 days _____ PT (3) Full days _____ VPK Only _____

Child Lives With: Both Parents Guardian
 Mother _____
 Father NAME RELATIONSHIP

Medical History:

Allergies: _____ **Date** _____
Reactions: _____ **Date** _____
 Illness: _____ **Date** _____
 Injury: _____ **Date** _____

_____ I agree to give Creative Child Learning Center® permission to administer Children's Tylenol to my child in the event he/she is running a high fever in an emergency situation and a parent is not available.
INITIAL

_____ I give permission for my child to participate in all activities at Creative Child Learning Center® including field trips. (Pre-K, KR, A/C, SC)
INITIAL

Child's Physician: _____
LAST FIRST PHONE

Special instructions regarding eating habits, toileting or possible areas of concern:

Has your child attended any other preschool or day care center?
 No If yes, please list name(s) & dates attended.
 Yes _____

My child's Release Code is: _____
See information on release codes on page 9 of the Parent's Handbook



Mother's Name: _____ Mother's Cell Phone #: _____

Mother's Occupation: _____ Mother's Work Phone #: _____

Mother's Driver License Number: _____

Father's Name: _____ Father's Cell Phone #: _____

Father's Occupation: _____ Father's Work Phone #: _____

Father's Driver License Number: _____

Family E-mail Address: _____

Insurance Company

Contract/Policy Number

Persons Permitted To Remove Child From Preschool Facility:

Mother Yes [] No []

Father Yes [] No []

Guardian Yes [] No []

Legal Custody

Yes [] No []

Yes [] No []

Yes [] No []

Other persons authorized by the parent(s) or guardian(s) to pick up the child from the center without prior notification. If the parents/guardians cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the parents responsibility to keep this list current.

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship



Health & Safety

Every child registered at Creative Child Learning Center® is required to have a copy of his/her State of Florida DCF Student Health Examination Form and Immunization Record, due the first day of enrollment, on file. It is the parents' responsibility to keep it updated.

Please keep your child home if:

- Running a fever - 100°F or above
- Has diarrhea/vomiting.
- Generally not feeling like him/herself
- Has any discharge from the nose, eyes or ears.
- Has symptoms of possible communicable disease

Parents are required to inform the school of all illnesses or injuries the child may have sustained prior to arriving at the center. If your child has a communicable disease, please notify us at once. A doctor's note clearing the child from being contagious is required in order to accept him/her back to school.

While at school, if the child becomes ill with one of the following:

- fever 100°F or above
- rash
- suspected pink eye
- discharge from the nose, eyes, or ears — or any other sign or symptom of illness
- 2 diarrheas within the day
- vomiting
- lice or nits

he/she will be isolated and the parents contacted to make arrangements to pick up the child immediately (within 1 hour).

***Children MUST be symptom free for 36 hrs. before returning to school.
A Doctor's Note WILL NOT override this policy.***

Medications may be administered at the school for the length of time indicated by the physician. Bottles must be labeled with the child's name and dosage and are to be kept in a locked cabinet in the office. **Medications are not to be sent in the child's lunch box or backpack.** The medication permission form (#5) must be fully completed and signed in the office prior to the medication being dispensed. There will be NO exceptions.

Our medication policy is as follows:

- Medications will be given one time during the day
- Prescription medicines must be in original containers with child's name and dosage on the label
- Non-prescription medicines must be accompanied by a doctor's note along with the correct dosage

Safety Procedures

- 1.** If an accident/incident occurs at the school, a #4 form is filled out by the staff member who witnessed the accident/incident providing details. The #4 form is then signed by the staff member, a director, and the parent and kept on file at the school. A copy may be given to the parent upon request.
- 2.** We have formed a partnership with FSUS to be our safe place in case our building becomes uninhabitable from a disaster. In case of such emergency our students would walk or be transported by our buses to FSUS.
- 3.** We follow the Leon County School District for closures due to inclement weather or other emergencies. Our emergency management plans are on file and in each classroom.

Signature of Parent(s) or Guardian(s)

Date



Guidance Policy Agreement

Agreement

State of Florida / Governing Policies

At Creative Child Learning Center® we agree effective guidance should be an essential element of education at home as well as school. Self-discipline and character develop as a result of loving guidance and mutual respect. At times it becomes necessary to redirect a child in order to discourage behavior which is deemed destructive or unacceptable. We adhere to the regulations outlined in the State of Florida DCF Child Day Care Standards Booklet which states:

- Discipline is not to be severe, humiliating or frightening.
- Discipline shall not be associated with food or toileting.
- Spanking or any form of physical punishment is prohibited.
- Children may not be denied active play as a consequence of misbehavior.

However, the parents are expected to provide effective guidance to their child when unbecoming behavior persists. Children should be taught by parents to behave in a proper, socially acceptable manner.

Good behavior is rewarded by immediate commendation or granting of special privileges. Unacceptable behavior is only handled by redirecting the child to an alternate activity. Whenever we encounter persistently poor behavior, a parent-teacher conference is scheduled in order to unite insights and provide the best possible resolution. For reoccurring aggressive behavior towards other children or staff members, the following actions **MAY** be necessary:

- Incident will be documented on an incident report form and signed by the parent
- Child will need to be picked up from school immediately.
- Child will be suspended from school the following day.
- In extreme cases, the child will be suspended from school for 1 week. (Parent is still responsible for tuition payment; however, a vacation week may be used if available.)

For the safety and welfare of all children, Creative Child Learning Center® reserves the right to suspend and/or expel a child from the facility. Therefore, if all strategies fail to cease the aggressive behavior, termination of enrollment may occur.

Signature of Parent(s) or Guardian(s)

Date



Alternative Nutrition Plan

Agreement

State of Florida / Governing Policies

Florida Administrative Code
Chapter 65C-22.005

If lunch and snacks are furnished by the child's parents, there shall be a written agreement signed by the parents and kept on file at the facility. The agreement shall define the responsibility of the parent and the operator for meeting the child's nutritional needs. Lunches shall include the protein, grain, fruit, and dairy groups.

Signature of Parent(s) or Guardian(s)

Date

Agreement

State of Florida / Bureau of Children's Services

Date: _____

Dear Parent:

In accordance with the Florida Administrative Code, parents and the child care facility/home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home.

Please read the following carefully, sign, and return as soon as possible to Creative Child Learning Center®.

The **facility/home** agrees to provide a nutritious:
(Operator/Director checks those which apply.)

_____ breakfast
 _____ mid-morning snack
 _____ mid-afternoon snack
_____ evening snack
_____ no meals or snacks

The **parent** agrees to provide a nutritious:
(Parent checks those which apply.)

_____ mid-morning snack
 _____ lunch
_____ mid-afternoon snack
_____ supper

I have read the preceding and agree to meet the child's nutritional needs as defined above.

Operator/Director Signature

Parent Signature

Meals provided by parents shall consist of the following:

- A.** Meat/Poultry/Fish 2 ounces
or cheese 2 ounces
or eggs 1 egg
or peanut butter 4 tablespoons
or dried beans or peas 1/2 cup
- B.** Fruits (2 or more) 1/2 cup
or vegetables 1/2 cup
or fruits and vegetables 3/4 cup total amount and vegetables must equal 3/4 cup
- C.** Bread 1 slice
- D.** Butter 1 teaspoon
- E.** Milk 1 cup – 8 oz.

If the parent does not provide milk for lunch (either from home or through catering company,) milk will be provided by CCLC with parental consent.



Permission for Food-related Activities and Special Occasion Food Consumption

Pursuant to 65C-22.005 (1)©2., E.A.C., 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 _____ (or) decline _____ permission for my
Signature of Parent(s) or Guardian(s)

child _____ to participate in food related activities and special
Child's Name
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.

Signature of Parent(s) or Guardian(s)

Date



Physical Activity Participation Statement

7-5.02(g)(5)(e) There shall be a written policy on physical activity participation signed by each child's parent and maintained on file at the facility, which describes the types and duration of physical activities (indoor and outdoor) provided, and recommended footwear and appropriate clothing.

At Creative Child Learning Center, children are exposed to many different types of physical activities. We feel it is important for our children to stay healthy and be active. Therefore, we offer playground twice a day, music and movement, P.E., various physical activities in the classroom, splash days (during summer) and rainy day activities. We encourage the children to wear closed toed shoes while at school.

_____ Please allow my child to participate in all activities.

_____ My child may NOT participate in _____

_____.

I understand that it is my responsibility to update the form in the event my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Signature of Parent(s) or Guardian(s)

Date



Dear Parent,

In order to comply with the Florida Administrative Code Child Care Standards, please provide us the following information. Creative Child Learning Center® shall have written instructions from the parents for the center to follow in arranging for immediate treatment for your child in an emergency situation.

Below you will find the necessary form that will need to be filled out for our records. If you have any questions concerning this matter please feel free to contact us. Thank you in advance for your cooperation.

Sincerely,

Endeavor Schools, *Owners*
Creative Child Learning Center, Inc®

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1. By my signature below, I give Creative Child Learning Center® authorization to seek emergency medical treatment, call 911, and/or transport my child to the hospital. _____
 2. By my signature below, I give any health facility or physician permission to provide medical treatment for my child as necessary in an emergency situation which may arise at Creative Child Learning Center®. _____
 3. By my signature below, I will take full responsibility for payment of all medical services which might be rendered due to any emergency situation that may arise at Creative Child Learning Center, Inc®. _____

Signature of Parent(s) or Guardian(s)

Date



Tuition Agreement

Please read our tuition agreement and initial in the spaces provided below. This agreement is designed to fully inform you of our standard operating procedures for registration, tuition payments, late charges, vacation credits, and summer tuition policies.

The school year, including summer months, is from August – August. _____ (INITIAL)
(Following the Leon County school start date)

The school year for After School students – August – May. _____ (INITIAL)

- A non-refundable \$130.00 registration fee (\$200.00 for two or more siblings), or \$75 fee for After School is required to confirm registration. The non-refundable registration fee includes application processing, insurance, educational materials, and supplies for your child. A \$40.00 discount in the monthly tuition will be applied if two or more siblings are enrolled full-time and will be discounted from the oldest sibling. _____ (INITIAL)
- **Prior** to your child's **last** two weeks of attendance, the Director or Assistant Director **must** receive a **two-week** notice in writing. The two-week notice will begin on **Monday** and end on **Friday** of the first week, and begin on **Monday** and end on **Friday** of the second week. Lack of notification will result in a charge of one week's tuition. As a result, no refunds will be given. _____ (INITIAL)
- Thereafter, the annual registration fee (\$130.00) is due during the fall registration period (in May). The registration fee will be prorated (\$65.00) for new students enrolling between March 1 – July 31. There will be an annual cost of living increase in tuition each August. _____ (INITIAL)
- Tuition payments are due on the first day of each month. If payment is not received by the 5th at 6:00 PM, your account will accrue a \$20.00 late charge per child. This automatic \$20.00 late fee will apply to each week your account has a past due balance. _____ (INITIAL)
- In the event your account has a past due balance on Friday, your child will be disenrolled. A \$25.00 reactivation fee, in addition to any late fees, will be charged to your account the following Monday to reactivate your child's enrollment. The new balance, including all fees, must be paid in full for your child to continue enrollment. _____ (INITIAL)
- There will be NO credit applied for illness or scheduled school holidays. A total of two weeks vacation time may be taken during the school year (Aug. 15, 2016 – School start 2017) with no payment due. New students are eligible beginning 3 months after initial enrollment. Vacations must be taken in weekly increments Monday-Friday. Children enrolling only for summer camp sessions will not be eligible for vacation credit. Payment is still required for any additional absences beyond the allotted two weeks. You **must** inform the office if your child is expected to be out of school for more than two weeks. If he/she does not attend school for a period of time exceeding two weeks, your child will be disenrolled. Upon return, a \$130.00 registration fee will apply, assuming the school's licensing capacity has not been exceeded. This policy is strictly enforced due to the fact that your child's place is being reserved and all associated expenses still apply. _____ (INITIAL)
- In the event of a returned check, a \$30.00 fee will be charged to your account. We will require cash payments to your account for three months after any returned check. _____ (INITIAL)
- Our hours of operation are 7:00 AM - 6:00 PM. If you are late, a staff member will be required to stay late and care for your child. A late fee of \$2.00 per minute past 6:00 PM will be charged. **This fee will also apply to dismissal times for our part-time programs.** Frequent late pickup will result in a change in your child's program or administrative action. If the school is not contacted by 7:00 PM, we are required by law to contact local police and Child Licensing and Enforcement. _____ (INITIAL)
- Creative Child Learning Center® reserves the right to terminate enrollment for parental disregard of school policies or disruption of the school community. _____ (INITIAL)

My signature and initials certify that I have read, understand, and agree to comply with the policies outlined in the Creative Child tuition agreement.

Signature of Parent(s) or Guardian(s)

Date



Parent Handbook Know Your Child's Day Care Brochure, and Influenza Virus Brochure Statement

Enrollment Form (Supplement)

Section 1, F.A.C., 65C-22.006 (4C) 1, requires that parents must receive a copy of the Child Care Facility Brochure, "**Know Your Child's Day Care Center.**" Section 1, F.A.C., 65C-22(8A) requires that parents are notified in writing of the **Guidance Policy Agreement** (pg. 5) used by the child care facility. A new Florida State Law also requires that parents be given information about the influenza virus (the flu) every year during August and September, as provided in the brochure "**Influenza Virus 'The Flu' A Guide For Parents.**"

The parent's or legal guardian's signature verifies receipt of these documents.

Please complete the following:

I, _____, have received a copy of the Child Care
(Name of Parent or Guardian)

Facility Brochure; "**Know Your Child's Day Care Center;**" have received in writing the **Guidance Policy Agreement** used by the child care facility; and have received the brochure "**Influenza Virus 'The Flu' A Guide For Parents.**"

I have also received a copy of the **Parent Handbook.**

(Signature of Parent or Legal Guardian)

(Name of Child)
This information is for the child care file.

(Date)



Permission Form

As part of our Education Program we love to explore our environment. This exploration would include well supervised walks around the lake and in other areas of the community as we gather leaves, study plant life, and just plain enjoy the wonders of nature.



Please fill out and return this permission form so that your child may participate in these exciting activities throughout the year. **Thank You!**

Child's Name (Please Print)

Please Circle which classroom your child attends:

Infant Wobbler Toddler Preschool Pre-K After School

Name of Parent(s) or Guardian(s) (Please Print)

Signature of Parent(s) or Guardian(s) Date

Infant Deposit Agreement

Through August 2017 School Year

Please read and initial in the space provided your acceptance of the Creative Child Learning Center® infant room deposit agreement.

- A \$130.00 registration fee and one month infant room tuition will be due at the time of registration. The non-refundable \$130.00 registration fee includes processing of the application, insurance, educational materials, and supplies. The non-refundable one-month infant tuition will be applied to your child's first month of attendance. _____ (INITIAL)

- You must be prepared to begin enrollment on your agreed upon start date. Your initial day of enrollment may not be changed. If you change the agreed upon initial day of enrollment you will forfeit your non-refundable \$130.00 registration fee, and one month infant tuition. _____ (INITIAL)

- Children age one year and walking will move to the Wobbler Program as space becomes available. At that time a one week deposit equal to one week's tuition will be due and held per the tuition agreement. _____ (INITIAL)

Signature of Parent(s) or Guardian(s)

Date

Please Print Your Child's Name



Acknowledgements

I acknowledge that I have read and understand the following from the Parent Handbook:

1. **Drop Off / Pick Up Policy** (page 3 of the Parent Handbook) _____ (INITIAL)

2. **Meals** (page 3 of the Parent Handbook) _____ (INITIAL)

3. **Television Practices** (page 3 of the Parent Handbook) _____ (INITIAL)

4. **School Wide Safety Rules** (page 4 of the Parent Handbook) _____ (INITIAL)

5. **Birthday Party Guidelines** (page 5 of the Parent Handbook) _____ (INITIAL)

4. **Acknowledgement of Look & See Webcam** (page 5 of the Parent Handbook) _____ (INITIAL)

6. **Photography / Video Release** (page 5 of the Parent Handbook)

My child may be photographed/videoed in the normal course of classroom activities/events.

I do_____/do Not_____ want my child's photograph/video image used in company promotional materials, website, and social media. _____ (INITIAL)

7. **Alternative Nutrition Plan** (page 7 of the Parent Handbook) _____ (INITIAL)

I do_____/do not_____ want my child to receive milk from the school _____ (INITIAL)

8. **Release of Child From Preschool Facility** (page 9 of the Parent Handbook) _____ (INITIAL)

9. **Assessments** (page 3 of the Parent Handbook) CCLC conducts formal and informal assessments throughout the year. _____ (INITIAL)

I hereby certify that I have read and agree to comply with all of the above from the Creative Child Learning Center's® Parent Handbook as well as all school regulations as specified in Creative Child Learning Center's® Registration Packet.

Signature of Parent(s) or Guardian(s)

Date

