

SouthWood – Tallahassee: 4390 Grove Park Drive, Tallahassee, FL 32311

**(850)513-1121** FAX (850) 513-1122

**www.creativechildlearningcenter.com**

**Summer Camp 2023**

**Completed Kindergarten – 5th Grade**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age:** \_\_\_\_\_\_\_\_\_\_\_\_ **Grade Completed:** \_\_\_\_\_\_\_\_\_\_\_\_

**$100 Registration Fee** is required when registering.

Please indicate which weeks you are attending and turn into the office.

**Week 6** (July 3-7): **$150**

**Week 7** (July 10-14): **$190**

**Week 8** (July 17-21): **$190**

**Week 9** (July 24-28): **$190**

**Week 10** (July 31-August 4): **$110**

**Week 1** (May 30th-June 2nd ): **$150**

**Week 2** (June 5-9): **$190**

**Week 3** (June 12-16): **$190**

**Week 4** (June 19-23): **$190**

**Week 5** (June 26-June 30): **$190**

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTAL TUITION** (from Subtotals)

We will be closed May 29th, July 4th, August 3rd and August 4th

**In-House families that did not pay online:**

Weekly balances are due the first day of each week. There is no prorating for days missed.

Tuition payments may be paid using ACH auto withdrawal, Money order, or check.

Your account will be charged ALL weeks registered for regardless of attendance.

***ALL Fees are non-refundable.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Welcome to Camp Explorer®**

We are thrilled that you and your child have chosen to spend the summer with us! In order to offer a summer full of fun and excitement, we are sending this packet with all of the information you will need. Our hope is to answer any questions that you may have by providing this packet early. Please review it carefully with your camper and return your completed forms. If you have any questions please feel free to contact the Camp Explorer® office.

Daily trips will be from 8:30 AM – 4:30 PM (approx.) unless otherwise noted. A weekly schedule will be available every Friday that will indicate arrival and departure times, along with any changes to our camp schedule. It is the parent’s responsibility to check the schedule daily as our buses will not wait for late arrivals. If the camper misses the bus he/she will not be permitted to remain at the preschool.

Every camper must wear a Camp Explorer® T-shirt to attend our field trips. In the event that a   
student arrives without one, Camp Explorer® will provide a new shirt and will bill your account.

**Required Daily for Each Camper**

**All** personal items to be marked with the camper’s name!

\*1 Gym Bag/Backpack - large enough to hold all belongings

(Including lunches from home)

\* Filled Water Bottle

\*Waterproof Sunscreen SPF 30 or above

(Sunscreen must be applied before arriving to camp every day, we will reapply at lunch)

\*Nutritious, well-balanced lunch packed in a lunchbox with ice packs. We do not refrigerate or heat food.

\*Full change of clothing stored in a sealed zip lock bag in camper’s bag

We have many activities planned and strongly recommended that campers do not bring any money. All activities that would require things like arcade tokens, etc. are included in the tuition. The   
probability of lost or broken items is very high. Personal items (shirts, towels, game boys, iPods,   
cameras, etc.) are brought to the school at your own risk.

**Suggested Items**

Extra Water Bottle

Spare Bathing Suit and Towel

Water Shoes or Flip Flops

**Hours of Operation**

Creative Child Learning Center/Camp Explorer® is open Monday thru Friday, 7:00 AM – 6:00 PM

We will be closed Monday, May 30th and July 4th for the holidays.  
Teacher Work Day’s – August 4th & 5th (No Camp)

**Summer Camp Registration Packet**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MIDDLE

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

STREET CITY STATE ZIP

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

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Elementary School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Lives With: [ ] Both Parents [ ] Guardian

[ ] Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Father NAME  RELATIONSHIP

Medical History:

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| INITIAL | 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 Camp Explorer® including field trips. |

Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST PHONE

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child attended another summer camp?

[ ] No If yes, please list name(s) & dates attended.

[ ] Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child’s Release Code is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

See information on release codes on page 14 of the Parent’s Handbook

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Work Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Driver License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Work Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Driver License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Contract/Policy Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons Permitted To Remove Child From Preschool Facility:

Legal Custody

Mother Yes [ ] No [ ] Yes [ ] No [ ]

Father Yes [ ] No [ ] Yes [ ] No [ ]

Guardian 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 parent’s responsibility to keep this list current.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Relationship

Every parent and authorized person to pick up the child is screened by **RaptorTM Technologies**, a registered sex offender database in all 50 states.

**Guidance Policy Agreement**

At Camp Explorer® 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.

Our guidance policy includes teaching appropriate communication between campers, redirecting   
a camper from aggressive activities, or reassigning a camper to another group temporarily. If further guidance actions are necessary a parent or guardian will be notified.

**The implementation of our guidance policy is to ensure a cooperative, fair, safe, and secure environment for our campers. Please review and discuss this agreement with your child.**

Listed below are examples of destructive or unacceptable behavior:

• Intentional destructive damage of school and/or field trip location equipment or property.

• Inappropriate behavior on camp bus, to include but not limited to, excessive unsafe movement,  failure to respond to camp counselors directions, or argument against wearing safety belt.

• Intentional physical abuse of fellow camper or camp counselor.

• Verbal abuse or inappropriate language to fellow camper or camp counselor.

• Intentional disregard for camp safety rules, to include but not limited to, respecting fellow campers and their property, respecting camp counselors, or staying with assigned group.

Unacceptable behavior will result in the following action being taken:

• **First Incident** – teacher conference with camper.

• **Second Incident** – administrative conference with camper and parent phone call.

• **Third Incident** – administrative conference with camper and parent.

• **Fourth Incident** – suspension/expulsion from camp dependent on severity of incident.

**All Prepaid Tuitions and Deposits are non-refundable if suspension or expulsion occur.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**2023 – Camp Explorer® Acknowledgements**

I understand that my child must wear a Camp Explorer® t-shirt on field trip days. If my child attends without a Camp Explorer® t-shirt, he or she will be given a shirt and I will be billed accordingly. \_\_\_\_\_\_\_\_ **(INITIAL)**

I understand that campers will only view movies that have a rating of “G” or “PG.” We will make every effort to screen movies prior to viewing by campers. By my initials I give permission for my child to view these movies. \_\_\_\_\_\_\_\_ **(INITIAL)**

I understand that I must put sunscreen on my child every day before coming to camp. The campers will be reminded to reapply sunscreen at lunch time. \_\_\_\_\_\_\_\_ **(INITIAL)**

I understand that **I must** provide a lunch each day. I may pack a lunch and drink in an insulated lunch box with an ice pack. \_\_\_\_\_\_\_\_ **(INITIAL)**

I understand that my child must arrive before the assigned departure time posted each day. Campers may not remain at the preschool during field trips. \_\_\_\_\_\_\_\_ **(INITIAL)**

I understand that all electronics and items from home should be kept home and not brought to camp. Campers will have enough activities to keep them busy. \_\_\_\_\_\_\_\_ **(INITIAL)**

I understand that all belongings should be labeled to help prevent being lost. I also understand that it is the camper’s responsibility to keep track of his or her belongings. In the event that any items are lost, Camp Explorer® **will not** be held responsible. \_\_\_\_\_\_\_\_ **(INITIAL)**

I acknowledge receipt of these policies and understand my responsibilities as the guardian of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Camper’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Health & Safety**

**Please keep your child home if:**

• Running a fever - 100°F or above • Has any discharge from the nose, eyes or ears.

• Has diarrhea/vomiting. • Has symptoms of possible communicable disease

• Generally not feeling like him/herself • Lice or nits

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 • 2 Diarrheas within the day

• Rash • Vomiting

• Suspected pink eye • Lice or nits

• discharge from the nose, eyes, or ears — or any other sign or symptom of illness

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 will also be given to the parent.

2. 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.

3. Our staff has been trained by SecureEd, former Secret Service agents, on an emergency and critical incident response plan customized for our school.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Human Services Department

Bureau of Children and Family Services

Child Care Licensing and Enforcement Section

**2023 AUTHORIZATION FOR MEDICATION**

No medication shall be given by any child care personnel without the signed permission of parent   
or guardian. Please complete this form.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication or prescription #: \_\_**Sunscreen (if specific type is needed, please specify)**\_

Amount of medication to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time medication to be given: \_\_**Applied daily after lunch**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Alternative Nutrition Plan**

**Agreement**

State of Florida / Governing Policies

Florida State Legislature - Chapter 74-113

Leon County Ordinance 78-36

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.

**Agreement**

Dear Parent:

In accordance with the Leon County Child Care Ordinance\Family Child Care Ordinance, 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 agrees to provide a nutritious: (Director checks whose which apply)

☐Breakfast

☒Mid-Morning Snack

☐Lunch

☒Mid-Afternoon Snack

☐Evening Snack

☐No meals or snacks

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

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.

The Parent agrees to provide a nutritious: (Parent checks whose which apply)

☐Breakfast

☐Mid-Morning Snack

☒Lunch

☐Mid-Afternoon Snack

☐Evening Snack

☐No meals or snacks

**Note: Milk is Not supplied by Camp Explorer for After School and Summer Camp**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Permission for Food-related Activities and  
Special Occasion Food Consumption**

Pursuant to 65C-22.005 (I)©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 occasions wherein

Child’s Name

food is consumed.

Please check all that apply:

|  |  |
| --- | --- |
|  | 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, various physical activities in the classroom, splash days (during summer) and rainy day activities. Children are required 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 Leon County Child Care Code, Ordinance No. 89-21 Sec. 7-6.04, please provide us the following information. Creative Child Learning Center®/Camp Explorer® 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.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Summer Camp Tuition Agreement**

Please read and initial in the space provided Creative Child Learning Center’s® tuition agreement.

It is intended to fully inform you as to our standard operating procedures in regard to registration, weekly payments, late charges, and summer policies.

Summer Camp is from May 30-August 2 \_\_\_\_\_\_\_\_ (INITIAL)

(Following the Leon County school district’s end date and prior to the fall start date)

* A non-refundable $100.00 registration fee will be due at the time of registration. \_\_\_\_\_\_\_\_ (INITIAL)
* Tuition payments are due on Monday of each current week. If payment is not received by Tuesday at 6:00 PM, the account will be accrued a $20.00 late charge per child. Each week your account holds a balance other than zero, your account will automatically accrue a $20.00 late fee charge. \_\_\_\_\_\_\_\_(INITIAL)
* In the event your account has a balance on Friday, there will be a $25.00 reactivation fee charged to your account the following Monday. The new balance including all fees must be paid in full in order for your child to continue to attend. \_\_\_\_\_\_\_\_ (INITIAL)
* In the event of a returned check, a $35.00 fee will be charged. We will require money order payments on the account thereafter. \_\_\_\_\_\_\_\_ (INITIAL)
* The 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 fee of $2.00 per minute past 6:00 PM will be charged. This fee will also apply for dismissal times for our part-time programs. If the school is not contacted by 6:00 PM, we are required by law to contact local police and Child Licensing and Enforcement. \_\_\_\_\_\_\_\_ (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

**Camp Explorer®**

**2023 Field Trip Authorization Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I authorize my child to be transported by school van or bus with   
Creative Child Learning Center® for Camp Explorer® field trips.**

**Emergency Contact Information**

In case of an emergency, I may be reached at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that I cannot be reached, please contact:

Name of Person or

Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health or Accident Insurance**

My child is covered by twenty-four (24) hour family insurance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Policy Number

Or, I have attached a photocopy of my family insurance identification card.

\_\_\_\_\_\_\_\_\_\_ I DO NOT have insurance, however, I will pay all medical bills for the emergency care of my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

SouthWood

License#CO2LE0303

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

On, \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

I,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Parent or Legal Guardian)

received a copy of the **Parent Handbook**,   
“**Know Your Child’s Day Care Center”** (Chapter 402.3125, F.S.),

the **“Influenza Virus ‘The Flu’ A Guide For Parents”**,

**“Distracted Adult”** (CF/PI 175-12),

and Creative Child Learning Center’s Guidance/Expulsion policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Legal Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Child)

This information is for the child care file.

**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/Camp

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Acknowledgements**

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

1. Drop Off / Pick Up Policy (page 7 of the Parent Handbook) \_\_\_\_\_\_\_\_ (INITIAL)

2. Alt. Nutrition Plan (page 12 of the Parent Handbook) \_\_\_\_\_\_\_\_ (INITIAL)

3. Television Practices (page 8 of the Parent Handbook) \_\_\_\_\_\_\_\_ (INITIAL)

4. School Wide Safety Rules (page 8 of the Parent Handbook) \_\_\_\_\_\_\_\_ (INITIAL)

5. Birthday Party Guidelines (page 10 of the Parent Handbook) \_\_\_\_\_\_\_\_ (INITIAL)

4. Acknowledgement of Look & See Webcam (page 10 of the Parent Handbook) \_\_\_\_\_\_\_\_ (INITIAL)

6. Photography / Video Release (page 9 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 12 of the Parent Handbook)

NOTE: Milk is NOT supplied by Camp Explorer® for After School and Summer Camp children. \_\_\_\_\_\_\_\_ (INITIAL)

8. Release of Child From Preschool Facility (page 14 of the Parent Handbook) \_\_\_\_\_\_\_\_ (INITIAL)

9. Assessments (page 7 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® Camp Explorer® Registration Packet.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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