



Registration Packet
2021-2022

For CCLC use only
Enrollment Date: _____
Classroom: _____
Updated 04/2021

Child's Name: _____ **Date:** _____

LAST FIRST MIDDLE

Date of Birth: _____ **Age:** _____ **Sex:** _____ **Preferred Starting Date:** _____

Address: _____

STREET CITY STATE ZIP

Program: Full time PT 5 days 7-3 PT 3 Full Days VPK Only

Parent/Guardian Information:

<p>Name (Parent 1): _____</p> <p>Relationship: _____</p> <p>Cell #: (_____) _____</p> <p>Work #: (_____) _____</p> <p>Occupation: _____</p> <p>E-mail: _____</p>
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<p>Name (Parent 2) _____</p> <p>Relationship: _____</p> <p>Cell #: (_____) _____</p> <p>Work #: (_____) _____</p> <p>Occupation: _____</p> <p>E-mail: _____</p>

Child lives with: Both parents Mother Father Guardian _____

Name Relationship

Door code (5 digits): _____ Release Code: _____

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
INITIAL the event he/she is running a fever, in an emergency situation and the parent is not available.

_____ I give permission for my child to participate in all activities at Creative Child Learning Center. (Pre-K,
INITIAL KR,)

Child's Physician: _____ Phone #: (_____) _____

Insurance company: _____ Policy Number: _____

Has your child previously attended a school or been in childcare? _____

Last date of attendance _____ Name of facility/school _____

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

Persons permitted to remove child from Preschool facility:

Legal Custody

Mother:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Father:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guardian:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 parent's responsibility to keep this list current.

Name: _____ Phone #: (_____) _____ Relationship: _____

Name: _____ Phone #: (_____) _____ Relationship: _____

Name: _____ Phone #: (_____) _____ Relationship: _____

Name: _____ Phone #: (_____) _____ Relationship: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of CCLC Director or Administrator: _____ Date: _____

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, or religious exemption, 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
- 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.

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
- 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 hours before returning to school, a clearance note is required to resume attendance. A Doctor's Note WILL NOT override the 36-hour policy. Tuition credit will not be applied for illness, exclusion or closures.

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 between 10 am and 2 pm.
- 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 incident report is filled out by the staff member who witnessed the accident/incident providing details. The #4 incident report 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 upon request.
2. We follow the Broward 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 on an emergency and critical incident response plan customized for our school.
4. Creative Child follows the Broward Health Department recommendations and the CDC guidelines for COVID related symptoms and positive COVID cases to determine isolation and exclusion from our school.

Signature of Parent or Legal Guardian: _____ Date: _____

Guidance/Expulsion Policy Agreement

State of Florida & Broward County / 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 by the State of Florida Department of Children and Family.

Positive redirection and PBIS (Positive Behavior Intervention System) are the main forms of discipline used at Creative Child Learning Center. When developing children's behaviors our staff make every effort to teach by encouraging and helping children to understand their choices. The PBIS helps build the classroom into a community, while teaching the children to regulate their own emotions. If a behavior cannot be redirected, then the child will be asked to regain self-control in the Safe Space. The staff will discuss the actions taken with the child and help them find a solution to the behavior then invite them to return to the activity. Time away is used only when necessary, limited to 1 minute per age of the child and only used if the child is endangering themselves and/or others. Please communicate with our staff any changes in your child's environment that might affect their behavior. We want to work together with our families to ensure that any transition is smooth for the child, family and staff.

All Creative Child Learning Center personnel is prohibited from administering any form of discipline that is severe, humiliating, frightening or associated with food, rest or toileting. Spanking or any form of physical punishment is strictly prohibited. In situations where the behavior may be concerning Creative Child Learning Center follows a 3-step Positive Behavior Intervention System (PBIS). This 3-step process allows Creative Child Learning Center staff to see when and how the child works best and where the child has opportunities to improve. In the event that a behavior becomes a problem that cannot be corrected or if the behavior causes the children's/teacher's safety to be at risk then we reserve the right to ask parents to make alternate arrangements and dis-enroll the child from Creative Child Learning Center.

- Incidents will be documented on an incident report form and signed by the parent
- Parent Teacher conference scheduled in order to unite insights and provide the best possible resolution
- Child will need to be picked up from school immediately.
- Child will be suspended from school the following day.
- Child will be suspended from school for 1 week (Parent is still responsible for tuition payment).
- In extreme cases, the family may be asked to seek alternate arrangements (No refunds will be provided).

Creative Child Learning Center reserves the right to change or alter their policies for any reason, and if such a change is considered material in nature we will amend our policies in writing.

Signature of Parent or Legal Guardian: _____ Date: _____

Alternative Nutrition Plan

Agreement

State of Florida & Broward County / Governing Policies

Florida State Legislature - Chapter 74-1 13
Broward 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 Broward 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:

- Breakfast
- Mid-Morning Snack
- Lunch
- Mid-Afternoon Snack
- Evening Snack
- No meals or snacks

Parent agrees to provide a nutritious:

- Breakfast
- Mid-Morning Snack
- Lunch
- Mid-Afternoon Snack
- Evening Snack
- No meals or snacks

Meals provided by Parents/Guardians shall consist of the following:

- | | |
|-------------------------------------|---------------|
| A. Meat/Fish/Poultry | 2 ounces |
| Or cheese | 2 ounces |
| Or eggs | 1 egg |
| Or peanut butter | 4 tablespoons |
| Or dried beans | ½ cup |
| B. Fruits (2 or more) or Vegetables | ½ to ¾ cup |
| C. Bread | 1 slice |
| D. Butter | 1 teaspoon |
| E. Milk | 1 cup – 8 oz. |

Signature of Parent or Legal Guardian: _____ Date: _____

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 child _____ to participate in food related activities and special occasions wherein food is consumed.

My child _____ **does** _____ **does not** have food allergies or dietary restriction. He/She _____ **may** _____ **may not** participate in food-related activities.

Dietary Restrictions/Food Allergies

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 or Legal Guardian: _____ 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 or Legal Guardian: _____ Date: _____

Parent Handbook Know Your Child Brochure, Influenza Virus Brochure, Distracted Adult Brochure, and Guidance/Expulsion Policy

The Parent Handbook can be found under Documents on the CCLC website at <https://www.creativechildlearningcenter.com/>.

On _____ I _____ 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: _____ Date: _____

Authorization for Emergency Treatment

Broward County Commissioners, Broward County Florida
Human Services Department
Community Partnership Division
Child Care Licensing and Enforcement Section

To whom it May Concern:

I hereby give my consent to the nearest hospital to administer the necessary treatment to my child _____

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

Name of Physician: _____ **Phone #:** (____) _____

Allergies of Child: _____

Date of last DTP or Tetanus: _____

Insurance Company Covering Child: _____

Signature of Parent or Legal Guardian: _____ Date: _____



Swim Central Water Safety Authorization



Creative Child Learning Center

Child's Name: _____ Date: _____

Parent/Guardian Name: _____

Address: _____

STREET

CITY

STATE

ZIP CODE

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has your child ever taken swim lessons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Can your child roll over and float on his/her back? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Can your child swim to the side of the pool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever taken a Community Water Safety Course? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is anyone in your house certified in CPR? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional comments:

Swim Central
 950 NW 38th Street
 Oakland Park, FL 33309
 Fax: (954)357-8102

Infant Deposit Agreement

Through August 2021 School Year

Please read and initial in the space provided your acceptance of the Creative Child Learning Center Infant Deposit agreement.

- A \$165 registration fee and one-month room tuition will be due at the time of registration. _____ (INITIAL)
- The non-refundable \$165 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. If you cancel the agreed start of enrollment, you will forfeit the non-refundable \$165 registration fee, and one-month tuition. _____ (INITIAL)
- Children age one year will move to the Wobbler Program as space becomes available. _____ (INITIAL)

Signature of Parent or Legal Guardian: _____ 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, and late charges.

- A non-refundable \$165.00 registration fee (\$240.00 for two or more siblings) 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. A \$20.00 discount in the monthly tuition will be applied if two or more siblings are enrolled part-time and will be discounted from the oldest sibling. _____ (INITIAL)
- Summer only registration fee is \$85.00 _____ (INITIAL)
- Prior to your child's last day of attendance, a thirty (30) day written notice must be provided to the office by the prior month's billing date (the 1st of the month.) If proper notice is not provided, your account will be billed a full month's tuition and must be brought to a zero balance prior to withdrawing. _____ (INITIAL)
- Thereafter, the annual registration fee (\$165.00) for the up-coming school year is due during the fall registration period. The registration fee will be prorated (\$85.00) for new students enrolling between January 1-May 31 for the current school year. There will be an annual cost of living increase in tuition each August. _____ (INITIAL)
- Tuition will be billed prior to the beginning of the month. A statement will be emailed. Payments may be made by check, credit, or ACH. Tuition express payments will be processed on the first business day of the month. _____ (INITIAL)
- ACH or a valid credit card must be provided and kept on file in the event your account has accrued a balance and will be charged on the 6th of the month. _____ (INITIAL)
- All credit card transactions will incur a 3% processing fee. We do not accept debit cards. _____ (INITIAL)
- There will be NO credit applied for illness, exclusion, closures or scheduled school holidays. You must inform the school of any absences. If your child is absent for more than two weeks without notice, they will be unenrolled and will need to re-enroll upon return. A \$165.00 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 \$35.00 fee will be charged to your account. We will require Money Order or Point of Sale credit card 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 to pick up your child, 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 paid to the person required to stay with your child. 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 as per the Guidance/Expulsion policy agreement. _____ (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 or Legal Guardian: _____ Date: _____

2021 – 2022 Tuition and Schedule

Through August 2021 School Year

- A non-refundable registration fee of \$165.00 (\$240.00 for two or more siblings) is required to confirm registration. Tuition is due the 1st of each month, and is considered late after 6PM on the 5th. See the Tuition Agreement for details.
- Second child (Full time) receives a \$40 monthly installment discount. A \$20 monthly installment discount will be given to a family with: an after school & full time enrollment; two part-time enrollments; or two after school enrollments.
- Part-time programs have limited availability.
- Ask about our program for military families.

Until further notice, hours of operation are 7:30 am to 5:00 pm

Infant - 6 weeks to 1 year (12 months)

5 Full Days (7AM-6PM) _____ \$1,520 monthly
5 Days (7AM-3PM) _____ \$1,355 monthly

Wobbler – 1 year to 2 years (12 months)

5 Full Days (7AM-6PM) _____ \$1,200 monthly
5 Days (7AM-3PM) _____ \$1,080 monthly
3 Full Days (7AM-6PM) _____ \$1045 monthly
Circle 3 days attending (M, Tu, W, Th, F)

Toddler – 2 years to 3 years (12 months)

5 Full Days (7AM-6PM) _____ \$1,100 monthly
5 Days (7AM-3PM) _____ \$990 monthly
3 Full Days (7AM-6PM) _____ \$945 monthly
Circle 3 days attending (M, Tu, W, Th, F)

Preschool (3 years to 4 years) & Pre-Kindergarten (4 years to 5 years) without VPK voucher (12 months)

5 Full Days (7AM-6PM) _____ \$1030 monthly
5 Days (7AM-3PM) _____ \$960 monthly
3 Full Days (7AM-6PM) _____ \$870 monthly
Circle 3 days attending (M, Tu, W, Th, F)

Voluntary Pre-K (4 years to 5 years) with VPK voucher; must be 4 by 9/1/21 (10 months)

5 Full Days (7AM-6PM) _____ \$710 monthly
5 Days (7AM-3PM) _____ \$600 monthly
3 Full Days (7AM — 6PM) _____ \$600 monthly
(9AM - 12PM) on other 2 day
Circle 3 days attending (M, Tu, W, Th, F)

5 Days VPK Only _____ \$0.00

See office for times available and circle one: 8:15-11:15, 9:00-12, 12:30-3:30

Camera system: _____ \$40 per month (Infants thru Preschool)

Drop-In Care — Students not enrolled; Preschool, Pre-K, After School Only Pre-arranged on space available basis only
\$30 registration \$100 per day (Preschool, Pre-K) \$50 per day (After School)

Discounts: _____

My total monthly charge will be: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Acknowledgments

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

(Please go to www.creativechildlearningcenter.com to see the handbook online or request it at the office)

1. Drop Off / Pick Up Policy (page 6 of the Parent Handbook) _____ (INITIAL)
2. Assessments (page 6 of the Parent Handbook) CCLC conducts formal and informal assessments throughout the year. _____ (INITIAL)
3. Television Practices (page 7 of the Parent Handbook) _____ (INITIAL)
4. School Wide Safety Rules (page 7 & 8 of the Parent Handbook) _____ (INITIAL)
5. 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)
6. Birthday Party Guidelines (page 9 of the Parent Handbook) _____ (INITIAL)
7. Acknowledgement of Look & See Webcam (page 9 of the Parent Handbook) _____ (INITIAL)
8. Alternative Nutrition Plan (page 12 of the Parent Handbook) _____ (INITIAL)
I do _____/do not _____ want my child to receive milk from the school. _____ (INITIAL)
9. Release of Child from Preschool Facility (page 13 of the Parent Handbook) _____ (INITIAL)
10. I will answer all Health Screening Questions prior to check-in honestly. _____(INITIAL)
11. I give Creative Child Learning Center Administration permission to access my child's personal file. _____(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 or Legal Guardian: _____ Date: _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize **Creative Child Learning Center** to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). **To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.** Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) 3% Processing Fee will apply

Child's Name: _____
Classroom: _____

Cardholder Name _____ Phone # _____

Cardholder Address _____ Zip _____ City _____ State _____

Account Number _____ Expiration Date _____ CVV _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account) No Fee

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip code _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip code _____

Routing Transit Number (Sample below) _____ Account Number (Sample below) _____ Checking _____ Savings _____

Authorized Signature _____ Date _____

For Official Use Only

Date Received

Employee Signature



A service of



Parent Checklist

(Keep this page)

Dear Parents,

Thank you for making Creative Child Learning Center your child's home away from home. Below is a checklist of what is required to register and attend school, and a contact list for your reference.

- _____ 1. Registration packet fully filled out and signed.
- _____ 2. Tuition Express Form.
- _____ 3. Immunization Record (State of Florida Form #680), or religious exemption.
- _____ 4. Physical (State of Florida #3040 Health Evaluation form).
- _____ 5. Registration Fee \$165 (Check, Credit card 3% processing fee, or ACH)

Please feel free to contact us with any questions at (954) 452-3346.

Billing – Mr. Jerry at j.morgan@creativechildlearningcenter.com

Enrollment –Ms. Tara at T.andalman@creativechildlearningcenter.com

All other questions and concerns:

Ms. Kristy at K.pomper@creativechildlearningcenter.com

Welcome to our family!