



Aftercare/Summer Camp Registration Packet

Date: _____

Child's Name:

Last _____ First _____ Middle _____

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

Address: Street _____ City _____ Apt. _____ zip _____

Grade: _____ Elementary School: _____

Afterschool _____ Drop in only _____ Camp only _____

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

Mother's Occupation: _____ Work #: _____

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

Father's Occupation: _____ Work #: _____

Child lives with:

Both Parents ___ Mother: ___ Father: ___ Guardian: ___ Name: _____ Relationship: _____

Persons permitted to remove child from Preschool Facility:

Mother ___ Legal Custody: Yes ___ No ___ Father ___ Legal Custody: Yes ___ No ___ Guardian ___ Legal Custody: 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: _____

Five digit release / door code: _____

Medical History:

Allergies: _____ Date: _____

Reactions: _____ Date: _____

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

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. **(School aged children are exempt)**

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 will also be given to the parent.
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 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



Alternative Nutrition Plan

Agreement

State of Florida / Governing Policies

Florida State Legislature - Chapter 74-113
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

Date: _____

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: (Director checks whose which apply)

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

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

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.

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 (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
Name of Parent(s) or Guardian(s)
child _____ to participate in food related activities and special occasions wherein
food is consumed.

My child _____ **does** _____ **does not** have a food allergy or dietary restriction. He or she
_____ **may** _____ **may not** participate in 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(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.

_____ My child may 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 Broward 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



Human Services Department
Bureau of Children and Family Services
Child Care Licensing and Enforcement Section

2020 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



Camp Explorer®

2020 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



Creative Child Learning Center Davie License # 46761
Creative Child Learning Center Weston License # 46760
Creative Child Learning Center Coral Springs License # 46762

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.),
and the **"Influenza Virus 'The Flu' A Guide For Parents."**

(Signature of Parent or Legal Guardian)

(Name of Child)

This information is for the child care file.



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, vacation credits, and summer policies.

Summer Camp is from June 8th - August 13th _____ (INITIAL)
(Following the Broward County school district's end date and prior to the fall start date)

CCLC will be closed for Camp on 8/14, 8/17, and 8/18 _____ (INITIAL)

- A \$75.00 registration fee will be due at the time of registration. The registration fee includes processing of application, field trip deposits, insurance, and supplies. As a result, no refunds will be given. _____ (INITIAL)
- Tuition payments will be drafted on the first Monday of each current session. If attending weekly it will be drafted on Monday each week. _____ (INITIAL)
- ACH information or a valid credit card must be provided and kept on file and will be charged on Wednesdays in the event your account has a balance for the session OR for the week.. _____ (INITIAL)
- In the event of a declined payment, a \$35.00 fee will be charged. _____ (INITIAL)
- A 1.5% processing fee will be added to all credit card transactions. _____ (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 will be charged. This fee will also apply for dismissal times for our part-time programs. 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)

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



After School 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 is from August 1 – May 31. _____ (INITIAL)

Summer enrollment is June - July. _____ (INITIAL)

- A non-refundable \$75.00 registration fee (\$100.00 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)
- 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)
- Tuition payments are due on the first day of each month. ACH information or a valid credit card must be provided kept on file in the event your account has a past due balance and will be charged on the 6th of the month. Payments may be made by money order, check, credit/debit card, or ACH. _____ (INITIAL)
- A 1.5% processing fee will be added to all credit card transactions. _____ (INITIAL)
- There will be NO credit applied for illness or scheduled school holidays. Vacation time can be taken during the summer months June and July. Payment is still required for any absences during the months August-May. 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 \$75.00 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



Monthly Aftercare Tuition Schedule

2020-2021

- A non-refundable registration fee of \$75.00 (\$100.00 for two or more siblings) is required to confirm registration.
- Second Child Discount: \$20 monthly (Part-time)
- Ask about our programs for military families.
- Tuition is due the 1st of each month and is considered late after 6PM on the 5th. See the Tuition Agreement for details.

Afterschool – Kindergarten-5 th grade	
5 Days	\$250/ month
4 Days	\$210/ month
3 Days	\$170/ month
Early Release	\$10/ day additional
Camp Day	\$20 /day additional \$40/day drop-in

Customized Benefits of Creative Child Learning Center Preschool include:

- ✓ Adult Counselors who assist with homework.
- ✓ Art, Cooking, Science activities.
- ✓ Busses are equipped with seat belts and air conditioning.
- ✓ Scheduled field trips on Early Release and Camp Days!
- ✓ Educating children in our community for more than 20 years by teachers with decades of experience.
- ✓ A.P.P.L.E. Accreditation
- ✓ Gold Seal Award facility
- ✓ **FREE** snack .
- ✓ Safe, Loving, “home away from home” environment.
- ✓ Emergency Preparedness training and school safety evaluation through “Secure Ed.”
- ✓ Visitors background screened through “Raptor.”
- ✓ Inviting outdoor playground .
- ✓ Open Year Round!

Guidance 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 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.

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.

Signature of Parent(s) or Guardian(s)

Date



Expulsion Policy Agreement

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.

- 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. Parents are still responsible for tuition.

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.

*Creative Child Learning Center reserves the right to terminate enrollment for parental disregard of school policies or disruption of the school community.

Not limited to non-payment of tuition, aggressive behavior, inappropriate language, sexual harassment, or not following safety and security procedures.

Child Name: _____

Parent / Guardian Signature

Date



2020 – Camp Explorer® Acknowledgements

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 by the assigned departure time posted each day. Campers may not remain at the preschool during field trips. _____ (INITIAL)

I understand that Gameboys, Nintendo DS, PSP's, iPods, Headphones, etc. 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



Acknowledgements

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

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 of the Parent Handbook) _____ (INITIAL)
5. Photography / Video Release (page 8 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. Alt. Nutrition Plan (page 11 of the Parent Handbook) _____ (INITIAL)
9. Alternative Nutrition Plan (page 11 of the Parent Handbook)
NOTE: Milk is NOT supplied by Camp Explorer® for After School and Summer Camp children.
_____ (INITIAL)
10. Release of Child From Preschool Facility (page 13 of the Parent Handbook) _____ (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





Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express[®] – an automatic payment processing system that allows 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 (business name) _____ 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.

SECTION A

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

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

Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

For Official Use Only

Date Received _____

Employee Signature _____



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