

Registration Packet

Date:				
Child's Name: Last	First		Middle	
Date of Birth: Age:	_ Sex: Enrollment date:			
Program: FT: 7-3/8-4:	8:30- 3: 3F: PT:	VPK Only:		
Address: Street	City		Apt	zip
Mother's Name:	Cell #:	Email:		
Mother's Occupation:	Work #:			
Father's Name:	Cell #	Email:		
Father's Occupation:	Work #:			
Child lives with:				
Both ParentsMother:Fat	her:Guardian:Name:_		Relationship:	
Persons permitted to remove child	from Preschool Facility:	•		
Mother Legal Custody: Yes	No Father Legal Custo	dy: Yes No_	Guardian	Legal Custody: YesNo
Other persons authorized by the p parents/guardians cannot be reach parent's responsibility to keep this	ned, the following persons may			
Name:	Phone #:	Relationshi	p:	
Name:	Phone #:	Relationship	o:	
Name:	Phone #:	Relationship	o:	
Every parent and authorized perso database in all 50 states.	n to pick up the child will be scr	eened by RAPTC)R Technologies, a re	gistered sex offender
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 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.

Please keep your child home if:

- Running a fever 100°F or above
- . Has diarrhea/vomiting.

- . Has any discharge from the nose, eyes or ears.
- . Has symptoms of possible communicable disease
- . Generally not feeling like him/herself

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 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 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)



Alternative Nutrition Plan

Agreement

State of Florida & Broward County / 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 those which apply)

□Breakfast
 ☑Mid-Morning Snack
 ☑Lunch (excluding VPK Only)
 ☑Mid-Afternoon Snack
 □Evening Snack
 □No meals or snacks

The Parent agrees to provide a nutritious: (Parent checks those 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: Α. 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 Β. 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 Ε. Milk 1 cup

Signature of Parent(s) or Guardian(s)



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
Nam	e of Parent(s) or G	uardian(s)				
child			to participat	te in food re	lated activities and spe	cial occasions wherein
food is con	sumed.					
	My child	does	does_not hav	ve a food alle	rgy or dietary restriction.	He or she
	may	may n	ot participate in a	activities.		
	Dietary Restr	ictions/Food All	ergies			
<u></u>						

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)



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)



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 \$175.00 registration fee (\$225.00 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 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 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 disenrolling. _____(INITIAL)
- Thereafter, the annual registration fee (\$175.00) for the up-coming school year is due during the fall
 registration period (in May). The registration fee will be prorated (\$85.00) for new students enrolling for the
 current school year between January 1 May 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. ACH information or a valid credit card must be provided and will be 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 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 \$175.00 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. _____(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)



Monthly Tuition Schedule

Through August 2021 School Year

- A non-refundable registration fee of \$175.00 (\$225.00 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 \$40 monthly discount. A \$20 monthly 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.

Infants – 8 weeks to 1 year

5 Full Days (7AM-6PM)	□\$1400 per month	3 Full Days (7AM – 6PM)	□\$1080 per month
5 Days (7AM-3PM or 8AM- 4PM)	□\$1250 per month		

Wobblers – 1 year to 2 years

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5 Full Days (7AM-6PM)	□\$1125 per month	3 Full Days (7AM – 6PM)	□\$930 per month
5 Days (7AM-3PM or 8AM- 4PM)	□\$1010 per month		
5 Days (8AM-12:30PM)	□\$745 per month		
Toddlers – 2 years to 3	years		
5 Full Days (7AM-6PM)	□\$1035 per month	3 Full Days (7AM – 6PM)	□\$865 per month
5 Days (7AM-3PM or 8AM- 4PM)	□\$933 per month		
5 Days (8:30AM – 3PM)	□\$850 per month		

Preschool (3 years to 4 years) & Pre-Kindergarten (4 years to 5 years) without VPK voucher5 Full Days (7AM-6PM)\$1005 per month3 Full Days (7AM - 6PM)\$815 per month5 Days (7AM-3PM or 8AM-
4PM)\$883 per month\$883 per month5 Days (8:30AM - 3PM)\$788 per month\$788 per month5 Days (8AM - 12:30PM)\$690 per month

Voluntary Pre-K (4 years to 5 years) with VPK voucher; must be 4 by 9/1/18

5 Full Days (7AM-6PM)	□\$685 per month	3 Full Days (7AM – 6PM)	□\$570 per month
5 Days (7AM-3PM or 8AM- 4PM)	□\$570 per month		

Drop-In Care – Students not enrolled; Preschool and Pre-K Only Pre-arranged on space available basis only\$30 registration\$75 per day (Preschool, Pre-K)\$40 per day (After School)

Camera \$20

Parent (s) / Guardian (s) signature



Swim Central Water Safety Authorization

Child Care Facility	Date:	
Child's Name	Age:	
Parent's Name and Address:		
10 		
1. Has your child ever taken swim lessons?	Yes	No
2. Can your child roll over and float on his/her back?	Yes	No
3. Can your child swim to the side of the pool?	Yes	No
4. Have you ever taken a Community Water Safety Course?	Yes	No
5. Is anyone in your house certified in CPR?	Yes	No
A constraints of the second se		
Additional Comments:		

Please mail or fax this form back to: Oakland Park, FL 33309 SWIM Central 950 N.W. 38th Street Fax: (954)357-8102



Board of County Commissioners, Broward County, Florida
Human Services Department
Community Partnerships Division
Child Care Licensing and Enforcement Section
Authorization for Emergency Treatment

Today's Date:_____

To Whom It May Concern: I hereby give my consent to the nearest hospital to administer necessary treatment to my child,

	Name of Child
In the event of an emergency at which ti situation warrants it.	me I cannot be reached. I give consent to transport by ambulance if
Name of Physician:	Phone:
Allergies of Child:	
Date of Last DPT or Tetanus:	
Insurance Company Covering Child: _	

Signature of Parent(s) or Guardian(s)



Weston License#46760 Coral Springs License#46762 Davie License#46761

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

On, ____ / ____ / ____

١,

(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.



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 I 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)



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



Parental Permission to Access Records

I give my consent for Creative Child Learning Center staff to access my child's records.

Child's name:

Parent / Guardian signature: _____ Date: _____



Food Liability Policy

Dear Parents,

Our hot lunch program is delivered and stored at the necessary temperature to ensure freshness and comply with the Broward county health department ordinance. Lunch and snack are provided during school hours. If you choose to take leftovers home, once the lunch / snack has left the building. CCLC is not responsible for any health issues that may arise due to the reheating of the lunch or food that is not kept at the proper temperature.

Child Name:

Parent / Guardian signature



Acknowledgements

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

Drop Off / Pick Up Policy (page 6 of the Parent Handbook) _______(INITIAL)
 Assessments (page 6 of the Parent Handbook) CCLC conducts formal and informal assessments throughout the year. _______(INITIAL)
 Television Practices (page 7 of the Parent Handbook) _______(INITIAL)
 School Wide Safety Rules (page 7 of the Parent Handbook) _______(INITIAL)
 School Wide Safety Rules (page 7 of the Parent Handbook) _______(INITIAL)
 Photography / Video Release (page 8 of the Parent Handbook) _______(INITIAL)
 Photography / Video Release (page 8 of the Parent Handbook) _______(INITIAL)
 Photography / Video Release (page 8 of the Parent Handbook) _______(INITIAL)
 Photography / Video Release (page 9 of the Parent Handbook) _______(INITIAL)
 Photography / Udeo Release (page 9 of the Parent Handbook) _______(INITIAL)
 Birthday Party Guidelines (page 9 of the Parent Handbook) ________(INITIAL)
 Acknowledgement of Look & See Webcam (page 9 of the Parent Handbook) ________(INITIAL)
 Alt. Nutrition Plan (page 11 of the Parent Handbook) ________(INITIAL)
 Alternative Nutrition Plan (page 11 of the Parent Handbook) _________(INITIAL)
 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[®] Registration Packet.

Parent (s) / Guardian (s) signature





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		Expiratio	n Date	
Cardholder Signature		, Date		
SECTION B				
Your Name		Phone #		
Address		City	State	Zip
Bank or Credit Union Name	-	ويتعدي المحمل والمالية ومراجع والمحمد	- 5 M(** 7 M***** 2** 1 Feature 2004 AM	
Bank or Credit Union Address	City	State	Zip	
Routing Transit Number (see sample	below)	Account Number (s	ee sample below)	Checking Savings
For Official Use Only	John Sample Mary Sample 123 Nice Street Anytown, USA	8484 EF THE 86 353 335 5555	w 00226	A service of
Date Received	1200	tach Voided Check He	re s	L
Employee Signature	\$123456789 1 1800338	Deposit slips not accepted	Dollars	procare software*