



at

Creative Child Learning Center[®]
AT SOUTHWOOD

2011
Summer Camp
Registration Packet



at
Creative Child Learning Center[®]
AT SOUTHWOOD

SouthWood – Tallahassee: 4390 Grove Park Drive, Tallahassee, FL 32311
(850) 513-1121 ▪ FAX: (850) 513-1122

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. We will be accepting your completed forms and will offer camp supplies April 12th – June 11th (while supplies last). If you have any questions please feel free to contact the Camp Explorer[®] office.

Daily trips will be from 8:30am – 4:30pm (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!

*2 Camp Explorer[®] T-shirts

*Hat

*1 Gym Bag- 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 Packed Lunch with drink

Full change of clothing stored in a sealed zip lock bag in camper's backpack

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 July 4, 2011

There will be a Teacher Work Day August 19, 2011 – (No Camp that Day)

Rev. 3/11 Effective 4/12/11



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Child's Name: _____

Age: _____ Grade Completed: _____

Summer 2011

Please indicate which sessions you are attending.

Deposit is required when registering.

Registration fee: \$75.00 + \$25 for additional siblings

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Session I: \$435 | <input type="checkbox"/> Session II: \$435 | <input type="checkbox"/> Session III: \$435 | <input type="checkbox"/> Session IV: \$290 |
| OR | OR | OR | OR |
| <input type="checkbox"/> Week 1 (JUN 6-10) | <input type="checkbox"/> Week 4 (JUN 27 - 7/1) | <input type="checkbox"/> Week 7 (JUL 18-22) | <input type="checkbox"/> Week 10 (AUG 8-12) |
| <input type="checkbox"/> Week 2 (JUN 13-17) | <input type="checkbox"/> Week 5 (JUL 5-8) | <input type="checkbox"/> Week 8 (JUL 25-29) | <input type="checkbox"/> Week 11 (AUG 15-18) |
| <input type="checkbox"/> Week 3 (JUN 20-24) | <input type="checkbox"/> Week 6 (JUL 11-15) | <input type="checkbox"/> Week 9 (AUG 1-5) | |
| (\$155/week) | (\$155/week) | (\$155/week) | (\$155/week) |

\$ _____ TOTAL

\$ _____ + (\$75 Reg. Fee) = \$ _____ Due when Registering

*The Balance Due for each session is due the 1st day of each session
or the Monday of each week in advance.*

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

ALL fees are non-refundable

Signature of Parent(s) or Guardian(s)

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Health Insurance Information

Insurance Company

Contract/Policy Number

Mother: _____

Father: _____

Medical History:

Illness: _____ Date _____

Injury: _____ Date _____

Allergies: _____ **Date** _____

Reactions: _____ **Date** _____

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

Please read and review carefully. All information requested must be provided:

- I agree to provide a nutritional bagged lunch for my child.
- 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.
- I give permission for my child to participate in all activities at Creative Child Learning Center[®] including field trips.
- I have supplied the school with Custody Documents as requested. [] Yes [] No [] N/A
- The Creative Child Learning Center[®] reserves the right to cancel enrollment due to policies stated in the Behavioral or Tuition Agreements.

I hereby certify that I have read and agree to comply with all of the above as well as all school regulations as specified in Creative Child Learning Center’s[®] general information package.

Signature of Parent(s) or Guardian(s)

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Guidance Policy Agreement

At Camp Explorer[®] we believe that self-discipline and character develop as a result of loving guidance and mutual respect. However, at times it becomes necessary to provide effective guidance to a camper in order to discourage behavior which is deemed destructive or unacceptable. We adhere to the regulations outlined in the State of Florida Child Care Licensing and Enforcement Standards Booklet, which states:

- Discipline is not to be severe, humiliating, or frightening.
- Discipline shall not be associated with food or bathroom use.
- 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

Signature of Camper

Date

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2011 – 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. _____

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. _____

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. If my child forgets their lunch – a Peanut Butter and Jelly or a Cheese Uncrustable with chips, fruit cup, cookie, and juice will be provided. I will be charged **\$5 cash** payable that day. _____

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. _____

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. _____

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. _____

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

Print Camper’s Name

Printed Name of Guardian

Signature of Guardian



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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

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
- 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

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School Wide Safety Rules

1. Do not leave your purses or valuables in the car when dropping off/picking up your child. Preschools are prime targets for “smash and grabs.”
2. Do not leave any children – including elementary school age – unattended in the car while dropping off/picking up your child.
3. Do not leave your car running while dropping off/picking up your child.
4. After your child has been signed out, he/she is your responsibility. They are not allowed on the playground since they are no longer under the supervision of a staff member. Please hold hands with your child in the parking lot and do not send them back into the school by themselves if something was forgotten.
5. Please adhere to the “Cell Phone Free Zone” when dropping off/picking up your child.
6. For the safety of your child, only closed-toed shoes are allowed to be worn to school. This means no sandals, flip flops, or crocs. Water shoes are to be worn on water days and then changed to closed-toed shoes after water play.

Signature of Parent(s) or Guardian(s)

Date

Photography/Video Release

Children are often photographed or videoed by staff or other parents at Creative Child Learning Center[®] during the course of regular class activities, special events, or scheduled field trips. On occasion, photographs or video may be used in company promotional materials, including, but not limited to, our website, ads, brochures, etc.

I do ____/do Not ____ want my child 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.

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

2011 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/guardian: _____

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Agreement
State of Florida
Governing Policies

Alternative Nutrition Plan

Florida Administrative Code
Chapter 65C-22.005

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

Signature of Parent(s) or Guardian(s)

Date

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Agreement
State of Florida
Bureau of Children's Services

ALTERNATE NUTRITION PLAN

Date: _____

Dear Parent:

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

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

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

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

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

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

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

Operator/Director Signature

Parent Signature

Meals provided by parents shall consist of the following:

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



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Agreement
State of Florida
Governing Policies

Release of Child From Preschool Facility

Florida Administrative Code
Chapter 65C-22.005

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

No child shall be released to any person(s) other than the authorized parent, guardian, and listed individuals on the registration form. Any person(s) authorized to take a child from the school, other than the child's parent or guardian, must present picture I.D. to the administration before a child is released.

Fingerprint access for the doors are not given to any person other than the legal guardians or parents. If someone other than a legal guardian or parent picks up a child on a regular basis (2-3 times a week), that person may be given access via the fingerprint identification system.

In the event where no person authorized to remove a child from care is available, the child's parent or guardian must contact the school and authorize another individual to remove the child from the facility. Authorization will require that the parent or guardian verbalize the correct password or number identifier assigned to each child at the time of enrollment in the facility and recorded on his/her registration form.

The child care facility shall immediately notify HRS and the local police department or the Leon County Sheriff's Office in the event a child isn't picked up by an authorized person within one hour after the scheduled closure time of the facility.

My Child's Release Code is: _____

I acknowledge being informed of, and agree to comply with, the above outlined State of Florida and Leon County Child Care Facility governing policies. This agreement shall be kept on file at Creative Child Learning Center[®]

Signature of Parent(s) or Guardian(s)

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Dear Parent,

In order to comply with the Florida Administrative Code Child Care Standards, 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,

Brian & Eileen Ager, *Owners*
Creative Child Learning Center[®], Inc.

-
1. By my signature below, I give Creative Child Learning Center[®]/Camp Explorer[®] authorization to seek emergency medical treatment for my child:

Signature of Parent(s)/Guardian(s)

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[®]/Camp Explorer[®]:

Signature of Parent(s)/Guardian(s)

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./Camp Explorer[®]

Signature of Parent(s)/Guardian(s)

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Look & See Webcam

Brief description of Look & See Webcam and what it is

Creative Child Learning Center[®] provides as a service the Look & See Webcam system, which invites a parent or family member with internet access (using a web browser like Netscape or Microsoft Internet Explorer) into their child's classroom where they can be a part of all the wonderful things that happen on a daily basis. At last, you can ask your child about specific events in their day, as opposed to the question, "What did you do today?" There is a monthly fee for this service. More detailed information on the service is available from your director.

Acknowledgement of operation of Look & See Webcam

I acknowledge that Creative Child Learning Center[®] provides parents with internet access to images of their children while at the Center, and that my child's room is included in this agreement.

Name of Parent(s) or Guardian(s)

Signature of Parent(s) or Guardian(s)

Date

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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 6th – August 18th. _____
(Following Leon County school district's end date and prior to the fall start date)

A \$75.00 registration fee and 50% prepaid tuition deposit will be due at the time of registration. The non-refundable tuition deposit and registration fee includes processing of application, field trip deposits, insurance, and supplies. As a result, no refunds will be given. _____

Tuition payments are due on the first Monday of each current session. 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. _____

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. _____

There will be NO credit applied for illness or school scheduled holidays. This policy is strictly enforced due to the fact that your child's place is being reserved and all associated expenses still exist. _____

In the event of a returned check, a \$30.00 fee will be charged. We will require cash payments on the account thereafter. _____

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. _____

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

Please Print Your Child's Name

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**Summer Camp Registration Packet
and
Influenza Virus Brochure Statement**

On, ____ / ____ / ____
I,

(Name of Parent or Legal Guardian)

received a copy of the Summer Camp Registration Packet and Influenza Virus Brochure.

(Signature of Parent or Legal Guardian)

(Name of Child)

This information is for the child care file.

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Camp Explorer[®]
2011-2012 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