



at

Creative Child Learning Center®

**After School
Registration Packet
2015-2016**

South Florida After School Packet

Child's Name: _____ Date: _____
LAST FIRST MIDDLE

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

Address: _____
STREET CITY STATE ZIP

Home Phone #: _____

Grade: _____ Elementary school: _____

Child Lives With: Both Parents Guardian
 Mother _____
 Father _____
NAME RELATIONSHIP

Medical History:

Allergies: _____ **Date** _____

Reactions: _____ **Date** _____

Illness: _____ Date _____

Injury: _____ Date _____

_____ 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 Camp Explorer® including field trips.

Child's Physician: _____
LAST FIRST PHONE

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

Has your child attended any other preschool or day care center?

No Yes _____ If yes, please list name(s) & dates attended.

My child's Release Code is: _____

See information on release codes on page 9 of the Parent's Handbook

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

Mother's Occupation: _____ Mother's Work Phone #: _____

Mother's Driver License Number: _____

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

Father's Occupation: _____ Father's Work Phone #: _____

Father's Driver License Number: _____

Family E-mail Address: _____

Insurance Company

Contract/Policy Number

Persons Permitted To Remove Child From Preschool Facility:

Mother Yes [] No []

Father Yes [] No []

Guardian Yes [] No []

Legal Custody

Yes [] No []

Yes [] No []

Yes [] No []

Other persons authorized by the parent(s) or guardian(s) to pick up the child from the center without prior notification. If the parents/guardians cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the parents responsibility to keep this list current.

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship





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Coral Springs – Parkland:
9675 Westview Drive, Coral Springs, FL 33076
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(954) 452-3346 ▪ FAX: (954) 236-2246

Weston – Sunrise:
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(954) 389-8245 ▪ FAX: (954) 389-0377

Health & Safety

Every child registered at Creative Child Learning Center® is required to have a copy of his/her State of Florida HRS 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.
- 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 may 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.

Signature of Parent(s) or Guardian(s)

Date



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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 toileting.
- Spanking or any form of physical punishment is prohibited.

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

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

Listed below are examples of destructive or unacceptable behavior:

- Intentional destructive damage of school and/or field trip location equipment or property.
- Inappropriate behavior on camp bus, to include but not limited to, excessive unsafe movement, failure to respond to camp counselors directions, or argument against wearing safety belt.
- Intentional physical abuse of fellow camper or camp counselor.
- Verbal abuse or inappropriate language to fellow camper or camp counselor.
- Intentional disregard for camp safety rules, to include but not limited to, respecting fellow campers and their property, respecting camp counselors, or staying with assigned group.

Unacceptable behavior will result in the following action being taken:

- **First Incident** – teacher conference with camper.
- **Second Incident** – administrative conference with camper and parent phone call.
- **Third Incident** – administrative conference with camper and parent.
- **Fourth Incident** – suspension/expulsion from camp dependent on severity of incident.

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

Signature of Parent(s) or Guardian(s)

Date

Signature of Camper

Date

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.

Signature of Parent(s) or Guardian(s)

Date

Agreement

State of Florida & Broward County / Bureau of Children's Services
Child Care Licensing and Enforcement Section

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

child _____ to participate in food related activities and special
Child's Name
occasions wherein food is consumed.

Please provide the following information:

_____ My child DOES NOT have a food allergy or dietary restriction. He or she **may** participate in activities.

_____ My child DOES NOT have a food allergy or dietary restriction. He or she **may not** participate in activities.

_____ My child DOES have a food allergy or dietary restriction. He or she **may** participate in activities, but may not eat or handle the following items (please list below):

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

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child’s enrollment.

Signature of Parent(s) or Guardian(s)

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Dear Parent,

In order to comply with the Broward County Child Care Code, Ordinance No. 89-21 Sec. 7-6.01, please provide us the following information. Creative Child Learning Center® 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® 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

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, weekly payments, late charges, vacation credits, and summer tuition policies.

The school year, including summer months, is from August – August. _____ (INITIAL)
(Following the Broward County school start date)

The school year for After School students – August – May. _____ (INITIAL)

- A \$130.00 registration fee (\$200.00 for two or more siblings) and prepaid first week's tuition is required to confirm registration (\$75.00 for After School registration fee). The non-refundable prepaid first week's tuition and registration fee includes application processing, insurance, educational materials, and supplies for your child. A \$10.00 discount in the weekly tuition will be applied if two or more siblings are enrolled full-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)
- Thereafter, the annual registration fee (\$130.00) is due during the fall registration period (in May). The registration fee will be prorated (\$65.00) for new students enrolling between March 1 – July 31. There will be an annual cost of living increase in tuition each August. _____ (INITIAL)
- Tuition payments are due on Monday of the current billing week or the first day of each month (for monthly billing). If payment is not received by Tuesday at 6:00 PM, your account will accrue a \$20.00 late charge per child. This automatic \$20.00 late fee will apply to each week your account has a past due balance. _____ (INITIAL)
- In the event your account has a past due balance on Friday, your child will be disenrolled. A \$25.00 reactivation fee, in addition to any late fees, will be charged to your account the following Monday to reactivate your child's enrollment. The new balance, including all fees, must be paid in full for your child to continue enrollment. _____ (INITIAL)
- There will be NO credit applied for illness or scheduled school holidays. A total of two weeks vacation time may be taken during the school year (Aug. 24, 2015 – School start 2016) with no payment due. New students are eligible beginning 3 months after initial enrollment. Vacations must be taken in weekly increments Monday-Friday. Children enrolling only for summer camp sessions will not be eligible for vacation credit. Payment is still required for any additional absences beyond the allotted two weeks. 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 \$130.00 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





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Weston
License#45939

Coral Springs
License#45940

Davie
License#46044

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

On, ____ / ____ / ____
I,

(Name of Parent or Legal Guardian)

received a copies 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.



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

2015-2016
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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Camp Explorer® 2015-2016 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)

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2015-2016 – Camp Explorer® After School Acknowledgements

- I understand that my child will have 1 hour of homework time available to them Monday thru Thursday. During this time, a counselor will be available if my child has a question regarding his or her work. I also understand it is my child’s responsibility to know if they have homework and to use this homework time if needed. _____ (INITIAL)
- I understand that my child will be attending a fieldtrip on Early Release Days from 1:00 PM to 4:30 PM (approx). If I do not want my child to attend the trip, I must have my child picked up BEFORE 1:00 PM. _____ (INITIAL)
- I understand that on Camp Days, 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 my child must wear a Camp Explorer® t-shirt for all Early Release Days and Camp Days. If my child attends without a Camp Explorer® t-shirt, he or she will be given a shirt and I will be billed accordingly. _____ (INITIAL)
- I understand that students will only view movies that have a rating of “G” or “PG”. We will make every effort to screen movies prior to viewing by students. 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 Camp Day before coming to camp. The campers will be reminded to reapply sunscreen at lunchtime. _____ (INITIAL)
- I understand that I MUST provide a lunch for my child on Camp Days. I may pack a lunch and drink in an insulated lunchbox 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 \$5.00 cash payable that day. _____ (INITIAL)
- I understand that Gameboys, Nintendo DS, PSP’S, Ipods, Headphones, etc. should be kept home and not brought to camp. Children 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 children’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 understand that if my child will not be attending Camp Explorer® After School due to an absence from public school, it is my responsibility to inform Camp Explorer® by 1:00 PM. If I fail to notify Camp Explorer®, there will be a \$10.00 fee charged to my account. _____ (INITIAL)
- I understand that if my child brings a cell phone, it must be kept in his/her backpack. _____ (INITIAL)

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

Rev. 2/15 Effective 2/16/15

Acknowledgements

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

1. **Drop Off / Pick Up Policy** (page 3 of the Parent Handbook) _____ (INITIAL)
2. **Meals** (page 3 of the Parent Handbook) _____ (INITIAL)
3. **Television Practices** (page 3 of the Parent Handbook) _____ (INITIAL)
4. **School Wide Safety Rules** (page 4 of the Parent Handbook) _____ (INITIAL)
5. **Birthday Party Guidelines** (page 5 of the Parent Handbook) _____ (INITIAL)
4. **Acknowledgement of Look & See Webcam** (page 5 of the Parent Handbook) _____ (INITIAL)
6. **Photography / Video Release** (page 5 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. _____ (INITIAL)
7. **Alternative Nutrition Plan** (page 7 of the Parent Handbook) _____ (INITIAL)
8. **Release of Child From Preschool Facility** (page 9 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.

Signature of Parent(s) or Guardian(s)

Date

