



Aftercare Registration Packet 2018-2019

For CCLC use only

Enrollment Date: _____

Classroom: _____

Child's Name: _____ Date: _____

LAST

FIRST

MIDDLE

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

Address: _____

STREET

CITY

STATE

ZIP

Grade: _____ Elementary School: _____

Parent/Guardian Information:

Name (Parent 1):

Relationship: _____

Cell #: (_____) _____

Work #: (_____) _____

Occupation: _____

E-mail: _____

Name (Parent 2)

Relationship: _____

Cell #: (_____) _____

Work #: (_____) _____

Occupation: _____

E-mail: _____

Child lives with: Both parents Mother Father Guardian _____

Name Relationship

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

Medical History:

Allergies: _____ Date: _____

Reactions: _____ Date: _____

Illness _____ Date: _____

Injury: _____ Date: _____

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

_____ I give permission for my child to participate in all activities at Camp Explorers, including field trips.
INITIAL

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

Insurance company: _____ Policy Number: _____



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

Persons permitted to remove child from Preschool facility:

Legal Custody

Mother:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Father:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guardian:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of CCLC Director or Administrator: _____ Date: _____



Health & Safety

Every child registered at Creative Child Learning Center is required to have a copy of his/her State of Florida DCF Student Health Examination Form 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
- 2 Diarrheas within the day
- Rash
- Vomiting
- Suspected pink eye
- Lice or nits Discharge from the nose, eyes, or ears
- Any other sign or symptom of illness he/she will be isolated and the parents contacted to make arrangements to pick up the child immediately (within 1 hour).

Children MUST be symptom free for 36 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 or Legal Guardian: _____ Date: _____

Guidance Policy Agreement

State of Florida & Broward County / Governing Policies

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 bell.
- 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 or Legal Guardian: _____ Date: _____

Alternative Nutrition Plan

Agreement

State of Florida & Broward County / Governing Policies

Florida State Legislature - Chapter 74-1 13
Broward County Ordinance 78-36

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

Agreement

Dear Parent:

In accordance with the Broward County Child Care Ordinance\Family Child Care Ordinance, parents and the child care facility/home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home. Please read the following carefully, sign, and return as soon as possible to Creative Child Learning Center

The facility agrees to provide a nutritious:

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

Parent agrees to provide a nutritious:

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

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

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

Signature of Parent or Legal Guardian: _____ Date: _____



Permission for Food-related Activities and Special Occasion Food Consumption

Pursuant to 65C-22.005 (1)©2., E.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking, projects, gardening, school wide celebrations, and birthdays.

I _____ give ____ or decline ____ permission for my child _____ to participate in food related activities and special occasions wherein food is consumed.

Please check that apply

- My child **DOES NOT** have food allergy or dietary restriction. He/She **may** participate in food-related activities
- My child **DOES NOT** have food allergies or dietary restriction. He/She **may not** participate in food-related activities
- My child **DOES** have a food allergy or dietary restriction. He/She **may** participate in food-related activities, but may not eat or handle the following items (please list below)

- My child **DOES** have food allergy or dietary restriction. He/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 or Legal Guardian: _____ Date: _____

Physical Activity Participation Statement

7-5.02(g)(5)(e) There shall be a written policy on physical activity participation signed by each child's parent and maintained on file at the facility, which describes the types and duration of physical activities (indoor and outdoor) provided, and recommended footwear and appropriate clothing.

At Creative Child Learning Center, children are exposed to many different types of physical activities. We feel it is important for our children to stay healthy and be active. Therefore, we offer playground twice a day, music and movement, various physical activities in the classroom, splash days (during summer) and rainy day activities. Children are required to wear closed toed shoes while at school.

- Please Allow my child to participate in all activities
- My child MAY NOT participate in

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

Signature of Parent or Legal Guardian: _____ Date: _____

Parent Handbook Know Your Child Brochure, Influenza Virus Statement, Disciplinary and Expulsion Policy

On _____ I _____ received a copy of the **Parent Handbook**, **"Know Your Child's Day Care Center"** (Chapter 402.3125, F.S), and the **"Influenza Virus - The Flue - A Guide For Parents"**.

Signature of Parent or Legal Guardian: _____ Date: _____



Authorization For Medication

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

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 of medication: _____

In order to comply with the Broward Child Care Code, Ordinance No. 89-21 Sec. 7-6.04, please provide the following information. Creative Child Learning Center/Camp Explorers shall have written instructions from parents for the center to follow in arranging for immediate treatment for your child in an emergency situation.

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. _____ (INITIAL)
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. _____ (INITIAL)
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. _____ (INITIAL)

Signature of Parent or Legal Guardian: _____ Date: _____

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 changes, vacation credits, and summer policies.

Summer Camp is from June 10th – August 8th. _____ (INITIAL)

(Following the Broward County School District's end date and prior to the fall start date)

- A \$75.00 registration fee and 1-week deposit will be due at the time of registration. The non-refundable tuition and registration fee includes processing of application, field trip deposits, insurance and supplies. As a result, no funds 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)
- In the event of declined payment, a \$35.00 fee will be charged. _____ (INITIAL)
- In the event your account has a balance on Friday, your child's space and deposit will be forfeited until the balance is paid in full. _____ (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 PM will be charged. If 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 Learning Center agreement.

Signature of Parent or Legal Guardian: _____ Date: _____



Camp Explorer 2018-2019 Field Trip Authorization Form

Student Name: _____ Phone #: _____

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:

Cell phone #: (____) _____ Work phone # (____) _____ Other: (____) _____

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 or Legal Guardian: _____ Date: _____

Tuition Agreement

Please read our tuition agreement and initial in the spaces provided below. This agreement is designed to fully inform you of our standard operating procedures for registration, tuition payments, late charges and vacation credits.

The school year is from August — May. _____ (INITIAL)

Summer enrollment in June-July. _____ (INITIAL)

- A non-refundable \$75.00 registration fee (\$100.00 for two or more siblings) in aftercare is required to confirm registration. The non-refundable registration fee includes application processing, insurance, educational materials, and supplies for your child. A \$40.00 discount in the monthly tuition will be applied if two or more siblings are enrolled full-time and will be discounted from the oldest sibling. A \$20.00 discount in the monthly tuition will be applied if two or more siblings are enrolled part-time and will be discounted from the oldest sibling. _____ (INITIAL)
- Summer Camp is a separate registration of \$75.00. Weeks of attendance must be preregistered in order to reserve your child's space. Any registered weeks will be non-refundable.
- 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.) The thirty-day 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. 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 (\$75.00) for the up-coming school year is due during the fall registration period (in April). 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 or a valid credit card must be provided and kept on file in the event your account has accrued a balance and will be charged on the 6th of the month. Payments may be made by check, credit/debit card, or ACH. _____ (INITIAL)
- There will be NO credit applied for illness or scheduled school holidays. Vacation can be taken during the summer months June-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 unenrolled. 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 or Legal Guardian: _____ Date: _____





Monthly After School Care Tuition Schedule



Through 2018 - 2019 School Year

- A non-refundable registration fee of \$75 for After School Care 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 Discount:** A \$20 monthly discount will be given to a family with: After School Care & full time enrollment; two-part time enrollments; or two After School Care enrollments.
- Part time programs have limited availability.
- Ask about our program for active military families.

After School Care (K - 5th Grade)			
5 Days per week	<input type="checkbox"/>	\$250 per month	Camp Days <input type="checkbox"/> \$20 per Day
4 Days per week	<input type="checkbox"/>	\$210 per month	Early Release Days <input type="checkbox"/> \$10 per Day
3 Days per week	<input type="checkbox"/>	\$170 per month	

August (Prorated Start 8/15/18)			
5 Days per week	\$156	Camp Days	\$20 per Day
4 Days per week	\$130	Early Release Days	\$10 per Day
3 Days per week	\$120		

December & March (Prorated Winter Break & Spring Break)			
5 Days per week	\$180	Camp Days	\$20 per Day
4 Days per week	\$150	Early Release Days	\$10 per Day
3 Days per week	\$88		
Winter Break & Spring Break: Winter Break and Spring Break will be \$40/day or \$175/week.			

Camp Shirts: Camp Shirts are \$10 each. All After School Care students will be required to wear a Camp Explorer Shirt for all field trip days. If you forget to send your child with a shirt, we will provide them with one and charge your account \$10. Your child will sign that they received a shirt.

Drop in Care Students not enrolled; Afterschool Only (Pre-arranged on space availability basis only)
 \$25 Registration Afterschool \$40 per day

Discounts: _____

My total monthly charge will be: _____



Acknowledgments

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

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

1. Drop Off / Pick Up Policy (page 6 of the Parent Handbook) _____ (INITIAL)

2. Television Practices (page 7 of the Parent Handbook) (INITIAL)

3. School Wide Safety Rules (page 7 of the Parent Handbook) _____ (INITIAL)

4. Photography / Video Release (page 9 of the Parent Handbook)

My child may be photographed/videoed in the normal course of classroom activities/events.

I do _____/do not _____ want my child's photograph/video image used in company promotional materials, website, and social media. _____ (INITIAL)

5. Birthday Party Guidelines (page 9 of the Parent Handbook) _____ (INITIAL)

6. Acknowledgement of Look & See Webcam (page 9 of the Parent Handbook) _____ (INITIAL)

7. Alternative Nutrition Plan (page 11 of the Parent Handbook)

Milk is not supplied by Camp Explorer for After School and Summer Camp children. _____ (INITIAL)

8. 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.

Signature of Parent or Legal Guardian: _____ Date: _____





Automated Payment Processing Safe – Convenient – Easy

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

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

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

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Child's Name: _____
Classroom: _____

Cardholder Name	Phone #
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Cardholder Address	Zip	City	State
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Account Number	Expiration Date	CVV
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Cardholder Signature	Date
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SECTION B (Bank Account)

Your Name	Phone #
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Address	City	State	Zip code
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Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip code
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Routing Transit Number (Sample below)	Account Number (Sample below)	Checking	Savings
---------------------------------------	-------------------------------	----------	---------

Authorized Signature	Date
----------------------	------

A service of

For Official Use Only

Date Received

Employee Signature

