



**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

**Program:**  Full time  PT 5 days 7-3  PT 3 Full Days  VPK Only

**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 the event he/she is running a fever, in an emergency situation and the parent is not available.  
INITIAL

\_\_\_\_\_ I give permission for my child to participate in all activities at Creative Child Learning Center including field trips. (Pre-K, KR, A/C)  
INITIAL

Child's Physician: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

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**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 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.

However, the parents are expected to provide effective guidance to their child when unbecoming behavior persists. Children should be taught by parents to behave in a proper, socially acceptable manner.

Good behavior is rewarded by immediate commendation or granting of special privileges. Unacceptable behavior is only handled by redirecting the child to an alternate activity. Whenever we encounter persistently poor behavior, a parent-teacher conference is scheduled in order to unite insights and provide the best possible resolution. For reoccurring aggressive behavior towards other children or staff members, the following actions MAY be necessary:

- 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. (Parent is still responsible for tuition payment)

Our schools have participated in the Positive Behavior Support Program (PBS), focusing on communication skills, social skills, and self-management skills.

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.

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)

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- 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: \_\_\_\_\_

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## 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 Emergency Treatment

Broward County Commissioners, Broward County Florida  
Human Services Department  
Community Partnership Division  
Child Care Licensing and Enforcement Section

To whom it May Concern:

I hereby give my consent to the nearest hospital to administer the necessary treatment to my child \_\_\_\_\_

In the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

**Name of Physician:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_

**Allergies of Child:** \_\_\_\_\_

**Date of last DTP or Tetanus:** \_\_\_\_\_

**Insurance Company Covering Child:** \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_





# Swim Central Water Safety Authorization



Creative Child Learning Center

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

- |                                                         |                              |                             |
|---------------------------------------------------------|------------------------------|-----------------------------|
| 1. Has your child ever taken swim lessons?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Can your child roll over and float on his/her back?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Can your child swim to the side of the pool?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever taken a Community Water Safety Course? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is anyone in your house certified in CPR?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional comments:

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Swim Central  
 950 NW 38<sup>th</sup> Street  
 Oakland Park, FL 33309  
 Fax: (954)357-8102

# Infant Deposit Agreement

Through August 2019 School Year

Please read and initial in the space provided your acceptance of the Creative Child Learning Center Infant Deposit agreement.

- A \$130 registration fee and one-month room tuition will be due at the time of registration.
- The non-refundable \$130 registration fee includes processing of the application, insurance, educational materials, and supplies. The non-refundable one-month infant tuition will be applied to your child's first month of attendance. \_\_\_\_\_ (INITIAL)
- You must be prepared to begin enrollment on your agreed upon start date. If you cancel the agreed start of enrollment, you will forfeit the non-refundable \$130 registration fee, and one-month tuition. \_\_\_\_\_ (INITIAL)
- Children age one year will move to the Wobbler Program as space becomes available. \_\_\_\_\_ (INITIAL)

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 \$130.00 registration fee (\$200.00 for two or more siblings) is required to confirm registration. The non-refundable registration fee includes application processing, insurance, educational materials, and supplies for your child. A \$40.00 discount in the monthly tuition will be applied if two or more siblings are enrolled full-time and will be discounted from the oldest sibling. A \$20.00 discount in the monthly tuition will be applied if two or more siblings are enrolled part-time and will be discounted from the oldest sibling. \_\_\_\_\_ (INITIAL)
- Prior to your child's last day of attendance, a thirty (30) day written notice must be provided to the office by the prior month's billing date (the 1<sup>st</sup> 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 (\$130.00) for the up-coming school year is due during the fall registration period (in May). The registration fee will be prorated (\$65.00) for new students enrolling between January 1-May 31 for the current school year. 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 6<sup>th</sup> 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 \$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 or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Monthly Tuition Schedule

Through August 2018 School Year

- A non-refundable registration fee of \$130.00 (\$200.00 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 - 6 weeks to 1 year

5 Full Days (7AM-6PM)  \$1,380 per month

5 Days (7AM-3PM)  \$1,225 per month

## Wobblers – 1 year to 2 years

5 Full Days (7AM-6PM)  \$1,090 per month  3 Full Days (7AM-6PM) \$910 per month

5 Days (7AM-3PM)  \$1,000 per month

## Toddlers – 2 years to 3 years

5 Full Days (7AM-6PM)  \$1005 per month  3 Full Days (7AM-6PM) \$825 per month

5 School Days (7AM-3PM)  \$890 per month

## Preschool (3 years to 4 years) & Pre-Kindergarten (4 years to 5 years) without VPK voucher

5 Full Days (7AM-6PM)  \$955 per month  3 Full Days (7AM-6PM) \$825 per month

5 Days (7am-3PM)  \$890 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)  \$660 per month  3 Full Days (7AM — 6PM) \$535 per month

5 Days (7AM-3PM)  \$535 per month (9AM - 12PM) on other 2 days

5 Days (3 Hour VPK only Program)  \$0.00 per month

(See office for times available. Includes an extra 30 minutes, FREE lunch bunch program and monthly field trips.)

- Included in the cost of tuition — Music, Spanish and Cooking
- Optional extracurricular programs — Tae Kwon Do, Playball, Dance, Gourmet Kids, Soccer Shots

Camera system:  \$15 per month (Infants thru Preschool)

Drop-In Care — Students not enrolled; Preschool, Pre-K, After School Only Pre-arranged on space available basis only

\$25 registration \$65 per day (Preschool, Pre-K) \$40 per day (After School)

Discounts: \_\_\_\_\_

My total monthly charge will be: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Acknowledgments

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

(Please go to [www.creativechildlearningcenter.com](http://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. Assessments (page 6 of the Parent Handbook) CCLC conducts formal and informal assessments throughout the year. \_\_\_\_\_ (INITIAL)
3. Television Practices (page 7 of the Parent Handbook) (INITIAL)
4. School Wide Safety Rules (page 7 of the Parent Handbook) \_\_\_\_\_ (INITIAL)
5. Photography / Video Release (page 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)
6. Birthday Party Guidelines (page 9 of the Parent Handbook) \_\_\_\_\_ (INITIAL)
7. Acknowledgement of Look & See Webcam (page 9 of the Parent Handbook) \_\_\_\_\_ (INITIAL)
8. Alternative Nutrition Plan (page 11 of the Parent Handbook) \_\_\_\_\_ (INITIAL)  
I do \_\_\_\_\_/do not \_\_\_\_\_ want my child to receive milk from the school. \_\_\_\_\_ (INITIAL)
9. 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
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Authorized Signature	Date
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A service of

For Official Use Only

\_\_\_\_\_

Date Received

\_\_\_\_\_

Employee Signature

