

Child's Name: _____

Play, Learn, and Grow Academy

Registration Form

Child's Name: _____

Registration Form

Child's Name: _____
LAST FIRST MIDDLE

Today's Date: _____ Sex: _____ Date of Birth: _____ Enrollment Date: _____

Address: _____
STREET CITY STATE ZIP

Home Phone #: _____

Program: FT _____ PT (5) 1/2 days _____ PT (3) Full days _____ VPK Only _____

Age group: One's _____ Two's _____ Three's _____ Four's _____ VPK _____

Child Lives With: Both Parents Guardian Mother Father other _____

Mother's Name: _____ Work Phone #: _____

Mother's Cell Phone #: & Carrier: _____ Mother's e-mail: _____

Mother's Driver License Number: _____

Father's Name: _____ Work Phone #: _____

Father's Cell Phone # & Carrier: _____ Father's e-mail: _____

Father's Driver License Number: _____

Persons Permitted To Remove Child From Preschool Facility:

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

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	Address	Phone	Relationship

_____	_____	_____	_____
Name	Address	Phone	Relationship

_____	_____	_____	_____
Name	Address	Phone	Relationship

_____	_____	_____
Child's Physician:	Address	Phone

In the event that the school is unable to contact any of the aforementioned authorized persons in case of an illness or accident, I give consent and permission to Play, Learn, and Grow Academy to administer emergency medical attention, call 911, and/or transport your child to the hospital.

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

Child's Name: _____

Health Insurance Information

Insurance Company Contract/Policy Number

Mother: _____

Father: _____

Medical History:

Illness: _____ Date _____

Illness: _____ Date _____

Illness: _____ Date _____

Injury: _____ Date _____

Allergies: if yes please include all information

No [] Yes []

Allergic to: _____ Reactions: _____

Allergic to: _____ Reactions: _____

Allergic to: _____ Reactions: _____

Allergic to: _____ Reactions: _____

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

If yes, please list name(s) & dates attended.

No [] Yes [] _____

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

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

- I agree to provide a nutritional bag lunch for my child if he/she remains at school during lunch time. (Nutritional school lunches are available. This does not apply for students enrolled in catering program).
- I agree to give Play, Learn, and Grow Academy 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 Play, Learn, and Grow Academy including activities during field trips.
- I have supplied the school with Custody Documents as requested. [] Yes [] No [] N/A
- Play, Learn, and Grow Academy 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 Play, Learn, and Grow Academy Parent Handbook.

Signature of Parent(s) or Guardian(s)

Date

Child's Name: _____

Health & Safety

Every child registered at Play, Learn, and Grow Academy is required to have a copy of his/her State of Florida HRS Student Health Examination Form and Immunization Record 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 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 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.
- Authorization form for medication must be completed.
- 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.
- Parent is responsible to communicate via phone at the time the medication has to be administered.

Signature of Parent(s) or Guardian(s)

Date

Child's Name: _____

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. 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

Child's Name: _____

Guidance Policy Agreement

At Play, Learn, and Grow Academy 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 H.R.S. 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)

For the safety and welfare of all children, Play, Learn, and Grow Academy reserves the right to suspend and/or remove a child from the facility. Therefore, if all strategies fail to cease the aggressive behavior, termination of enrollment may occur.

Signature of Parent(s) or Guardian(s)

Date

Child's Name: _____

Alternative Nutrition Plan

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

ALTERNATE NUTRITION PLAN

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 Play, Learn and Grow Academy.

The facility/home agrees to provide a nutritious:

(Operator/Director checks those which apply.)

- breakfast
- mid-morning snack
- Lunch
- 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

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

Carolina

Perez

Operator/Director 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.

Child's Name: _____

Release of Child From Preschool Facility

Agreement

State of Florida & Broward County Governing Policies
Broward County Ordinance 89-21, Section 7-8.02
Broward County Ordinance 89-21, Section 7.8.11

Play, Learn, and Grow Academy 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 this 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.

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 supplied by each parent 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 Broward 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 4 digit Release Code is: ____ ____ ____ ____

I acknowledge being informed of, and agree to comply with, the above outlined State of Florida and Broward County Child Care Facility governing policies. This agreement shall be kept on file at Play, Learn, and Grow Academy.

Signature of Parent(s) or Guardian(s)

Date

Child's Name: _____

Dear Parent,

In order to comply with the Broward County Child Care Code, Ordinance No. 89-21 Sec. 7-6.04, Please provide us the following information. Play, Learn, and Grow Academy 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.

Play, Learn, and Grow LLC.

1. By my signature below, I give Play, Learn, and Grow LLC. 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 Play, Learn, and Grow LLC:

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 Play, Learn, and Grow LLC.

Signature of Parent(s)/Guardian(s)

Date

Child's Name: _____

The following tuition agreement below for _____ (child's name) is intended to fully inform you of Play, Learn, and Grow Academy standard operating procedures in regard to registration, weekly payments, late charges, and summer policies. My signature certifies that I have read, understand, and agree to comply with the policies outlined

The school year, including summer months, is from August – August. (Following the Broward County school start date)
A \$125.00 registration fee (\$185.00 for two or more siblings), and first week's prepaid tuition will be due at the time of registration. The non-refundable first week's prepaid tuition and registration fee includes processing of application, insurance, educational materials, and supplies. Summer Registration is \$110.
The Director or Assistant Director must receive a two week notice in writing prior to your last two weeks of attendance. 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 the charge of two week's tuition. As a result, no refunds will be given.
Thereafter, the annual registration fee (\$125.00) is due at the time of fall registration (August). There will be an annual cost of living increase in tuition each August.
Tuition payments are due on Friday of the prior week or the first day of each month (monthly billing). If payment is not received by Monday at 6:00 PM, the account will accrue 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, your child will not be permitted in school until the balance is paid in full.
There will be NO credit applied for illness or school scheduled holidays and or vacation time off. This policy is strictly enforced due to the fact that your child's place is being reserved and all associated expenses still exist.
I understand that children are at times photographed or videoed by staff or other parents at Play, Learn, and Grow Academy during the course of regular class activities, special events, or scheduled field trips. These pictures are used for classroom activities, décor, assessment purposes, to be shared with parents, etc.
In the event of a returned payment , a \$30.00 fee will be charged. Every time. NO EXCEPTIONS
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 \$3.00 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 7:30 PM, we are required by law to contact local police and Child Licensing and Enforcement.

Parent or Guardian Name

Signature

____/____/____
Date

Child's Name: _____

Statement Acknowledgement Form

This information is for the child care file and is found on our website under the registration tab. Please read all provided brochures.

Child Care Brochure Statement (Chapter 402.3125, F.S.)

On, ____ / ____ / ____

I, _____ (Name of Parent or Legal Guardian) read a copy of the Child Care Brochure found on our website under the registration tab.

(Signature of Parent or Legal Guardian)

(Name of Child)

Parent Handbook & Registration Packet Statement

On, ____ / ____ / ____

I, _____ (Name of Parent or Legal Guardian) read a copy of the Parent and Handbook found on our website under the registration tab.

(Signature of Parent or Legal Guardian)

(Name of Child)

Influenza Virus Brochure Statement

On, ____ / ____ / ____

I, _____ (Name of Parent or Legal Guardian) read a copy of the Influenza Virus Brochure found on our website under the registration tab.

(Signature of Parent or Legal Guardian)

(Name of Child)

Prevention Unit Flyer

On, ____ / ____ / ____

I, _____ (Name of Parent or Legal Guardian) read a copy of the Influenza Virus Brochure found on our website under the registration tab.

(Signature of Parent or Legal Guardian)

(Name of Child)

Child's Name: _____

Disciplinary/Expulsion Policy

Our program is committed to providing a safe, nurturing environment conducive for learning and growth for all our children. We strive to ensure all our children are set up for success regardless of their need or developmental level.

Unfortunately, there are sometimes reasons we must expel a child from our program on either a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the children in order to prevent this policy from being enforced.

Every effort will be made to prevent the expulsion or dismissal of children from the program. However, Play, Learn and Grow Academy reserves the right to cancel the enrollment of a child for the following reasons, not limited to but including:

- Non-payment or excessive late payment of fees/tuition.
- Failure to adhere to policies and procedures as outlined in the program's Parent Handbook.
- The Child has needs which we cannot adequately meet with our current staffing patterns.
- The child's behavior threatens the health and safety of him/herself, the other children, or program staff.
- The parent/guardian exhibits behavior which is detrimental to the health and well-being of the children and staff in a classroom or negatively interferes with the normal functioning of the classroom and/or program. This includes but is not limited to vulgarity, intimidation, harassment, or violation of the child care licensing regulations.
- Failure of the child to adjust after reasonable amount of time.
- Bullying or hurting other children (pushing, kicking, punching, cursing, etc)
- Other – at the discretion of the Director

Proactive Actions that will be taken in Order to Prevent Expulsion

- Staff will try to redirect the child from negative behavior
- Staff will teach the child appropriate skills to address challenging behaviors
- Staff will reassess the environment, activities, and supervision
- Staff will always use positive methods and language while disciplining children
- Staff will celebrate appropriate behaviors
- Staff will maintain a positive connection with the child
- Staff will consistently apply consequences for rules
- Child and parent will be notified of disruptive behaviors that might lead to expulsion
- Director and parent will have a conference to discuss how to promote positive behavior

By signing this I am stating that I have read and fully understand the expulsion policy of Play, Learn, and Grow Academy.

Print Name

Signature

Child's Name: _____

Food Related Activities Consent Form

This form is to inform you that at various times throughout the school year we have food related activities such as tasty treat days, etc. These activities may be holiday related or educational activities.

By signing below I give consent for my child to participate in all food related activities performed at Play, Learn and Grow.

As required by Broward County Department of Children and Families this form must be filled out and keep on file.

Parent Name

Child's Name

Parent Signature

Date

Child's Name: _____

Parent/Guardian Information

Drowning is the #1 Cause of Death Among Children Ages 1 to 4



Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

Simple Steps Save Lives

Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

Extra Layers of Protection *if Supervision Fails*

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: [Water SMART Broward](#)



Child's Name: _____



SWIM Central Water Safety Education Questionnaire

Parents: *Do you know that drowning is the leading cause of death among children?
Complete this form to receive information to protect your child from drowning.*

Child's Name: _____ Date of Birth: _____

Parent Name: _____ Parent Signature _____ Date _____

Email (optional) _____

Your information is for the use of the Broward County Swim Central Program.

1. How would you rate your own swimming ability?
 - Unable to swim
 - Can swim a little, but NOT comfortable in deep water
 - Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?
 - Yes
 - No, check all the reasons below that apply:

<input type="checkbox"/> Do not know how to find information about swim lessons	<input type="checkbox"/> Transportation problems
<input type="checkbox"/> Swim lessons are not important	<input type="checkbox"/> Lessons are too expensive
<input type="checkbox"/> Schedule of lessons not convenient	<input type="checkbox"/> We are too busy
<input type="checkbox"/> Equipment such as swim suit, towel, goggles too expensive	

3. Do you or a family member know how to perform CPR with rescue breaths?
 - Yes
 - No

4. Has your child's doctor talked to you about drowning prevention and water safety?
 - Yes
 - No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?
 - Yes, visit [Water SMART Broward Swim Instruction](#) for details.
 - No

PART ONE FOR OFFICE USE ONLY:
 Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: _____ Facility License #: _____

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: _____ or, date mailed: _____

Fax: 954.357.8077 SWIM Central
 3700 NW 11th Place
 Lauderdale, FL 33311

Form and educational handout for parent distribution can be downloaded: [Water SMART Broward](#)

Child's Name: _____



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 (business name) Play Learn and Grow Academy of Tamarac 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

~~3% Credit Card Conv. Fee~~

SECTION A (Credit Card)

~~_____~~

Cardholder Name _____ Phone # _____

~~_____~~

Cardholder Address _____ City _____ State _____ Zip _____

~~_____~~

Account Number _____ Expiration Date _____

~~_____~~

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ Checking Savings

Authorized Signature _____ Date _____

For Office Use Only

Date Received _____

Employee Signature _____



A service of

