



**OFFICE USE ONLY:**

Class: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Price: \_\_\_\_\_

**Students Information**

DOB: \_\_\_\_\_ Sex \_\_\_\_\_

Full Name: \_\_\_\_\_  
 Last First Middle Nickname

Childs Physical Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To \_\_\_\_\_ Days of the Week in Care: M T W T F

Meals Typically Served While in Care: Breakfast Lunch PM Snack

**Parents Information**

Mother's Name: \_\_\_\_\_  
 Last First Middle

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

Home : \_\_\_\_\_ Cell : \_\_\_\_\_ Carrier: Tmobile \_\_\_ Sprint \_\_\_ AT&T \_\_\_ Other \_\_\_

Employer: \_\_\_\_\_ Work ph: \_\_\_\_\_

Custody: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
 Last First Middle

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

Home : \_\_\_\_\_ Cell : \_\_\_\_\_ Carrier: Tmobile \_\_\_ Sprint \_\_\_ AT&T \_\_\_ Other \_\_\_

Employer: \_\_\_\_\_ Work ph: \_\_\_\_\_

Signature of Parent/Guardian

Date

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility brochure, "KNOW YOUR CHILD CARE FACILITY." (CF/PI 175-24, or
  - Section 65CC-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Daycare Home Provider" (CF/PI 175-28).
  - Section 65C-22.006(3)(c) 2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or
  - Section 65C-20.010(6)(c), requires that a written copy of the family day care provider's discipline policy be available for review by the parent(s).
- Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

**School-Age Information**

Does your child attend school?  Yes  No

Elementary School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

School Phone: \_\_\_\_\_

**School Schedule:**

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_

**Wednesday Schedule:**

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_

School Transportation provided by:  Elementary School  Parent / Guardian  Creativtown  Other

**Contacts:** Child will be released only to the custodial parent or legal guardian and the persons listed below. If for some reason, the custodial parent or legal guardian cannot be reached The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be older than 18 years of age.

Relation to child: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone \_\_\_\_\_ Government Issue Photo ID \_\_\_\_\_

Relation to child: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone \_\_\_\_\_ Government Issue Photo ID \_\_\_\_\_

Relation to child: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone \_\_\_\_\_ Government Issue Photo ID \_\_\_\_\_

# Payment Agreement

CreativiTown Daycare Center has instituted a policy to collect unpaid fees before you enroll your child, please read carefully and sign. PAYMENT POLICY IS SUBJECT TO CHANGE.

I \_\_\_\_\_ understand that tuition for my child care in this facility is **due every Friday for the upcoming week**. I also understand that all accounts are enrolled in automatic payments through my checking or credit account. I understand that if I do not enroll in automatic withdrawal my account will be charged \$5 for every payment manually posted. I understand that if payment is not paid by Monday at 7:00pm will be subject to a \$25.00 late charge. I further agree that should I fail to pay tuition for two consecutive days, my child will not be accepted in the program until full payment is made. If a child is on the waiting list, your child's place in the program could be relinquished.

\_\_\_\_\_ **Return Checks and Credit Card policy.**-The first time your payment is returned for insufficient funds a late fee of \$35.00 will be charged for tuition paid thru a checking account and \$5.00 for payments made thru a credit card. If payment is not paid when due you will be subject to late fees, the second time a check is returned it will be \$50.00. At this point your only options for tuition payment will be cash or money order.

## **TO BE ELIGIBLE FOR SICK TIME OR VACATION TIME CHILD NEEDS TO BE ATTENDING THE CENTER FOR 30 DAYS**

\_\_\_\_\_ **Vacation Time** – After one year of attendance following the first 30 days, the child is eligible to receive one week vacation. Please note that written notification is needed (2) week(s) beforehand. Another week vacation can be requested one year following the previous vacation.

\_\_\_\_\_ **Sick Time** – A child will be eligible for sick time if he/she is out sick for a full week. A 50% discount will be applied to the account upon receiving a doctor's note requesting time out of school. When a child is sick or hospitalized for an extended period of time please contact management for arrangements. Tuition leniency and or space reservation will be determined on a case by case basis.

\_\_\_\_\_ **Curriculum Fee** – I understand and acknowledge that my account will be charged a fee in the amount of \$50.00 on September 1<sup>st</sup> of every year following my 1<sup>st</sup> year of enrollment.

\_\_\_\_\_ **4C Parents** – Parents must sign in and out DAILY, no signatures should be made ahead. A \$5.00 fee will be charged to your account for every day not completely signed.

### **Late Pick – Up Policy**

The late fee will be \$15.00 for anyone picking up their child anytime in the first minutes after closing (7:01pm). The late charge increases to \$1.00 a minute for every additional minute late after 7:01pm. The charges will be applied for each child picked up after 7:00pm. Any late charges will be reflected on the CreativiTown statement for the next day. These charges must be paid before child's next day of attendance.

### **IF YOU WISH TO WITHDRAW YOUR CHILD FROM THE PROGRAM, WE REQUIRE A TWO WEEK NOTICE TO THE DIRECTOR IN WRITING.**

Full day VPK students will follow all the rules and regulations policies and payment agreement.

\_\_\_\_\_  
Parent / Guardian Signature  
Social Security #: \_\_\_\_\_

\_\_\_\_\_  
Date

## Holidays

The center observes the following holidays:

**New Year's Eve, New Year's Day, Memorial Day, Labor Day, Fourth of July (Independence Day), Thanksgiving Day and The following day (Friday), Christmas Eve and Christmas Day.**

The center will be closed on the above listed holidays. When a holiday falls on Saturday, it will be observed on the Friday before. If the holiday falls on Sunday, it will be observed the following Monday. No tuition allowances will be given for the Holidays or any days the center chooses to close. This fact is taken into consideration at the time prices are established. Please note that tuition due dates will not change it is the parents' responsibility to arrange accordingly. Payments need to be in before Friday no later than Monday and late fee's still apply on Tuesday.

Initials: \_\_\_\_\_

**Schedule Policies** A schedule of your child's age group is posted in your child's classroom bulletin board. If your child is enrolled in our all day program he/she should not arrive before 6:30am, no later than 10:00am and should be picked up before 7:00pm. If your child is in the VPK Only program you are given a 15min grace period before and after the scheduled start and end time of your Childs class before **Late pick up fee will apply**. Parents are required to sign in and out before dropping off and picking up their child. Sign in is done on the computer. Parents then need to walk their children into their classroom. VPK student's parents will also sign another additional mandatory form. Each classroom will have a daily schedule to follow throughout the day which covers all appropriate learning development stages. All programs are subject to change, due to enrollment or the needs of the environment. Children need to arrive on time to be able to balance the well planned schedule for their learning development.

\*Daily Schedule can be adjusted due to weather or change of environment. Lesson plans are done using Creative Curriculum.

Initials \_\_\_\_\_

## Attendance Policy

CreativTown Daycare Center has an attendance policy that should be followed. All students will be charged for the days the school is open regardless if your child attended school or not (with the exception of children using earned vacation time and excused sick time). This includes unexcused sick time, not earned vacation time, or when school is closed for in – service training and school holidays. VPK students will have 3 unexcused absences and 4 excused with documentation not exceeding more than 7 total. An absence is excused for the purpose of the following in writing: Illness or injury of the child or the child's family member which require hospitalization or bed rest, as documented by the physicians or dentist.

1. Physical or dentist appointment.
2. Funeral service, memorial service, or bereavement upon the death of the child's family member, as documentation by the funeral director, death certificate, program from the funeral or memorial service, or obituary published in a newspaper of general circulation.
3. Compliance with a court order.
4. Life-threatening illness or injury of the child's family member, as documented by physician.
5. Special education and related services as defined for a child's individualized education program.
6. Observation of a religious holiday or service, or because preschool activities are not sanctioned by the parents beliefs as documented by a leader of the religious organization.
7. Absences that are not approved by the state or 4C coalition will result in the parents being billed for those days.
8. Full payment should be paid before the child returns to school when notice has been sent out.

**Temporary Closures:** If a state of emergency has been declared by county government, the Governor or the President of the USA, or if Public schools are closed by the school district documentation is not required.

Initials \_\_\_\_\_

## Discipline Policy

Our goal regarding discipline is to help children develop a healthy self-image, to learn self control, to care for others, and to cooperate in group work and play. We want our children to know their feelings, and to express their feelings. At the same time, we work to guide them in healthy ways of expressing anger, frustration, disappointment, joy, happiness, and emotional responses.

Our staff works hard to emphasize a positive approach to discipline. We must help the children understand the difference between acceptable behavior, and what is beyond the limits. We praise and reward good behavior, and as much as possible ignore inappropriate behavior. Since children are often seeking attention, we prefer to give children attention in positive rather than negative ways.

We teach good manners and consideration for the rights and privileges of others by example. The staff will use good manners in our relationships with the children, and members of the staff. We avoid severe, humiliating, or frightening tactics, as this serves to reinforce the child's urge to solve his/her problems in the same manner. We do not hit or spank, as this tends to let the child know that force will solve his/her problems. Even though we use this approach, there will be times when unacceptable behavior cannot be ignored. Such occasions might include violating the rights of others; disobeying the rules of the classroom, activity room, or playtime activities; or disobeying the teachers. When this occurs, children lose their playtime or other privileges. When a situation arises that requires a teacher to intervene in a child's behavior, the following steps will be taken:

1. The teacher will remind the child of the rules, and guide the child to follow directions.
2. The child will be redirect from the situation, and encouraged to choose a new activity.
3. Thinking time will be offered as an option for a child who does not want to stop the unacceptable behavior. Thinking time will usually be one minute per year of age, and not to exceed two minutes per year of the child. At no time is the child left unsupervised during this thinking time period. At no time is the withholding of privileges associated with food, snack, or lunch.
4. The child will be given the opportunity to continue activities following thinking time. If the child returns to the previous misbehavior, a second thinking time may be necessary.
5. In situations where a child is unable to regain self-control, the child may be removed to another classroom or to the director. This usually helps them to have time away from the situation, and to regain their composure. An incident report will be filled out for the parent.
6. If a child has ongoing behavior problems, parents will be invited to join the child's teacher and /or the director to discuss ways of continuing to support the child in his/her behavioral growth.
7. Under certain circumstances, it may be necessary to help the parent find outside services to help the child.
8. If after every, and all efforts have been exhausted, different arrangements may be require that may include separation from the program.

Initials \_\_\_\_\_

## Audio / Video / Photo Release

I give permission for my child \_\_\_\_\_, to be tape recorded, video recorded or photographed for educational or publicity purposes while participating in the regular activities of this program.

Yes \_\_\_\_\_

No \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Observation and Screening/Permission Form**

During your child’s first few years of life, many important skills and abilities are established. These skills are key to success in school, and later in life. We believe that it is very important to monitor the growth and development of children in our care, so we can meet the needs of the children.

Your child’s teacher in the Center are trained in the observation and screening of young children, and we have implemented a program of periodic screening for children in our care. With your permission, we will observe your child’s development, and will record the results using a screening checklist developed for this purpose. We will be observing on an on-going basis all year.

We welcome your participation in these screening sessions, and we would be glad to explain the screening process to you in detail. We will provide you with a summary of your child’s progress, and that information will be shared only with parents. We will do these screenings two times on school year. We will share the progress your child has made. One of the tools we used is Ages and Stages Questionnaire is a screening tool and does not diagnose, but it may indicate that we need to work together to provide activities and support to help your child grow.

Please indicate by signing your name below if we have permission to monitor your child’s growth and development.

I \_\_\_\_\_ acknowledge that I have received the price list and paying policy

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**The Parent’s Handbook contain further details on CreativiTown Daycare Center**

**“We Accept Children Without Regard To Race, Color, or National Origin “**

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**Medical Information:**

I \_\_\_\_\_ hereby grant permission for the staff of this facility to contact 911 or the following medical personnel to obtain emergency medical care if warranted.

**Please list allergies, special medical or dietary needs, or other areas of concern on page 6**

**Authorization for Medical Treatment**

The employees of CreativiTown are committed to the provision of a safe environment for your child. Accidents do occur, and children do become ill. Therefore, it may become necessary to have your child medically treated. In case of emergency, I \_\_\_\_\_, the parent of legal guardian of \_\_\_\_\_, do hold CreativiTown harmless of any injury illness. I understand that I am responsible for such treatment.

Parent/Guardian Signature: \_\_\_\_\_