

City of Largo Little Pals Preschool and VPK Program



2019 - 2020

**Little Pal's
Preschool Program
2019-2020 Enrollment Packet**
400 Highland Ave, Largo, FL 33770 – (727) 518-3016

Class Hours:
Mon-Fri: 7am-6pm
Must be signed in by 9:00am

VPK Hours:
Mon-Fri: 9:00 am – 12:00 pm

Ratios:
3-5 year old: 1 teacher to 15 children

School will be closed and no care will be available on the following City of Largo holidays and dates:

Aug 15th, 16th, 2019 (cleaning and prep days)
Sept 2nd, 2019
Nov 28th-29th, 2019
Dec 24th-25th, 2019
Jan 1st, 2020
Jan 20th, 2020
Feb 17th, 2020

Non VPK Days:

On the following days all children in Little Pals Preschool will be charged the full time rate. VPK programming is not offered on these dates.

Nov 25th -27th, 2019
Dec 23rd, 26th-27th, 2019
Dec 30th-31st and Jan 2nd-3rd, 2020

VPK Program

VPK Instruction will be offered from August 19th, 2019 – May 28th, 2020 for children that are 4 years of age by September 1st, 2019 and have submitted an enrollment voucher for the program. The instruction will be offered daily from 9 am – 12 pm.

A second teacher will be in the classroom during these hours to work with the children that are not enrolled in the program on activities at their level.

Mission Statement:

To provide an opportunity for children to express themselves freely by creating memorable early social experiences while emphasizing the joy of learning allowing for the successful transition into the formative elementary school years.

Preschool Tuition:

- Tuition is \$140 per week for children that are not enrolled in the VPK Program and for VPK Children during holiday weeks A \$5 discount will be given for families enrolled in auto-debit.
- Tuition is \$71 Per Week for VPK Children. A \$5 discount will be given for families enrolled in auto-debit.
- A Registration Fee (due at registration and annually in Aug) is \$50
- Two full weeks of tuition is due when starting preschool. This will cover your tuition for the first and last week in the program.
- Childcare fees are expected to be paid in full by Friday each week for the upcoming week.
- Tuition is due in full weekly regardless of child's attendance
- If fees are not paid by 9am on Monday, a \$5 Late Fee will apply and children will not be allowed to attend.

- Each family will be allowed two vacation weeks per year. A vacation week will only require 50% of weekly tuition to be paid. A vacation request form must be submitted two weeks prior to the vacation in order for fees to be adjusted. If you have been approved for a vacation week, the child may not attend preschool that week.
- VPK Children must be present for 80% of the program (see the enclosed attendance form) Excessive absences may result in the parent owing full price for the VPK student.

Potty Training:

All children registered in the Little Pals Preschool must be potty trained and be able to independently use the restroom.

What to bring to School:

- Labeled water bottle(first and last name) with spill proof lid (thermos with straw or sports cup)
- Lunch with an ice pack to keep lunch items cool
- Blanket for rest time (take home on weekends to wash).
- Snack & Drink for the afternoon

We recommended you over pack your child's lunch in order for them to have enough food and snacks for the day. We are unable to refrigerate any lunches. We are happy to warm your child's lunch, but are not able to cook any items.

We reserve the right to replace any items in your child's lunch with a healthier item. Please do not pack high sugar food items, soda, and candy.

Outdoor Play:

We will try to incorporate as much outdoor time as possible in our daily schedule. Since the children play outside daily, we recommend they dress appropriately for the anticipated weather. This includes comfortable clothing, shoes and socks (open toed shoes are not allowed for your child's safety)

PlayWorld Visits:

The children enrolled in the Little Pals Preschool will be making regular visits to PlayWorld, the indoor playground located within the Highland Recreation Center. Socks are required to be within PlayWorld.

Toys From Home:

Toys from home are not allowed unless it's specifically requested by the teacher (for example, show & tell)

Visitation/Volunteering:

You may visit your child at any time. Unannounced visits are encouraged and welcomed. If you will be spending a large amount of time in the classroom, you will be considered a volunteer. All volunteers are required to go through a fingerprinting and background check. If you are interested in having this completed to be an approved as a volunteer, the facility manager can provide you information on the location and cost.

Guidance Discipline Policy

Little Pals Preschool philosophy for discipline is to create a positive atmosphere that emphasizes self esteem and self control. Our daily schedule is planned so that each child is given choices to learn to take control over certain areas of his/her life. Rewarding positive behavior and ignoring behavior we wish to discourage is part of our discipline approach. Discipline will always be appropriate and respectful.

Communication:

A daily information sheet will be sent home to inform you of what activities we did in class during the day and for any upcoming reminders. Please use this to build conversations with your child about their week. Regular announcements and reminders will be placed on the parent communication board.

Late Policy

The hours of the preschool are 7am-6pm. Children should not be dropped off prior to 7a and must be picked up by 6p. If a child is not picked up by 6p, a late fee of \$1.00 per minute will be charged.

Medication:

The staff at the Highland Recreation Complex, preschool program, do not give medications. If your child is on a prescription medication with the exception of inhalers and epi pens, the parent must come on site to administer it.

If your child requires an epi pen or inhaler a prescription must be accompanied with written instructions from the parent or doctor. The prescription must be submitted in its original packaging with a label that clearly states on the label the name of the child.

Clothing Policy:

We do ask that parents bring in an extra set of clothes (including underpants) in case of accidents. Please have the items labeled when you bring them in.

Shoe Policy:

All children must have proper foot wear during the program. We require closed toe shoes at all times. This is to prevent foot and ankle injuries and to prevent any insect bites. Socks are required on a daily basis for our trips to PlayWorld!

Nap Time:

Each child is provided an individually assigned cot during daily rest time. A child is never required to sleep, but quiet time is scheduled after lunch. A blanket must be brought in from home and must go home for laundering at the end of each week.

Parent Involvement:

We believe that parents are the most significant adults in a child's life. We encourage parental involvement and input and open communication. Please feel free to discuss any concerns or questions with the director and teachers. We encourage all parents to attend open house or special events for the children.

Cubbies:

We provide an individual cubbie for the child's belongings. Please place your child's lunch box, blanket and extra clothes in the cubbie. We will also put art projects in there on a regular basis. Please take these projects home daily.

Enrollment Policy:

Parents are responsible for completing an enrollment packet and having the following forms before their child attends class. All required forms are to be completed accurately and submitted a minimum of 5 days before the first day of attendance.

*** Florida's Student Health Form**

A report of current physical examination, signed by the child's provider of medical care in Florida. This must include current immunizations, health care summary, and name, address, and phone number of doctor. Updated reports of physical examination must be submitted annually or prior to the expiration date listed on the form.

*** Child Health and Development Questionnaire**

This form is to be completed by the parents to give the preschool staff a better understanding of where your child is developmentally and any health issues they have previously had. (Reverse side of Student Health Form)

*** Florida's Certification of Immunization**

When a child is enrolled, documentation of current immunization records or a religious exemption must be presented. **Each immunization form has an expiration date and you are responsible to update as it expires.** The record must be on an approved State of Florida form. Your child must have a current record or the religious exemption form DH681 if you are claiming a religious exemption.

*** Birth Certificate**

All preschool students entering the preschool program must bring in a copy of their birth certificate when they come into register. VPK students do not require a birth certificate.

Incident Reporting:

Any time a child has an accident or receives an injury that requires First Aid, the staff member in charge fills out a report explaining the nature of the accident and injuries. This form must be completed on the day of the incident. A copy of the form is given to the parent upon parent request and the original is placed in the child's file.

Sign In/Out:

Parents are required to sign their child in by 9:00 am daily. Please use a full signature and the time which you are arriving or leaving the program. It is important that you not only sign your child in and out but to make contact with teacher to let them know you are leaving. To ensure a happy arrival and departure, please have a goodbye ritual for you and your child established. This may mean giving a hug, a kiss or a "high five" goodbye. This type of procedure helps the child know when you are leaving and what to expect.

The teachers will only release children to authorized persons named on the authorized pick up form. Photo identification will be required before the child is released.

If there is a situation where someone may not pick up your child due to legal issues, copies of the legal documents/restraining orders are required for our files so we can ensure we protect your child.

All absences must be reported to the front desk by calling 727-518-3016.

Keeping Us Informed:

All information on Enrollment and Emergency Form must be kept current. In order to assure that information is kept up to date, parents will be asked to complete a registration packet on an annual basis (August). It is the responsibility of the parent to let us know of changes as they occur such as:

- Any other information about your child that would aid our staff in caring for your child's
- Phone and address changes of emergency contacts, parents, guardians, and places of work
- Name, address and phone number of child's physician
- Any changes in the home situation, or unusual events in family life

Health and Sickness Policy:

Please notify the center by 9am if your child will be absent. Any child who is suspected of having a communicable disease or exhibits other signs and symptoms which include any of the following shall be placed in the isolation area. A child in isolation will be supervised by a staff person and his/her condition will be monitored. Measures will be taken to make the child as comfortable as possible. The condition shall be reported to the parent, guardian or other person authorized by the parent, and the child shall be picked up from the facility as soon as possible. Such children can return to the Highland Recreation Complex when their illness or condition is no longer communicable.

- Diarrhea one or more abnormally loose stools since arrival that day
- Rash, untreated infection or skin patches
- Reddened eyes, conjunctivitis (Pink eye), or pus draining from the eye infection
- Vomiting
- Continuous cough or green yellow discharge from nose, signs/symptoms of possible severe illness or respiratory infection
- Lice, ringworm, scabies that is untreated and contagious to others
- Fever of undiagnosed origin, of one hundred degrees or higher
- Inability to participate in the school activities with reasonable comfort or who require more care than the program staff can provide without compromising the

- health and safety of other children in their care
- A bacterial infection such as streptococcal pharyngitis or impetigo and has not completed 24 hours of antimicrobial therapy
- Chicken pox until the child is no longer infectious or until the lesions are crusted over

If a child develops a contagious disease, the parents must **bring a slip from the doctor giving permission for the child to return to the center**. Any child sent home due to illness, cannot be re-accepted back in the recreation complex the same day. Parents are required by State laws and our facility policies to inform the facility within 24 hours, exclusive of weekends/holidays, if their child is diagnosed with a communicable disease. If your child is sent home with a fever he/she cannot return to the facility for 24 hours. A child sent home for lice must be nit free before returning.

Accidents/Emergency Treatment:

The majority of the staff have First Aid and CPR training that work at the Highland Recreation Complex. We will implement active accident prevention measures. Should an accident occur, staff will act immediately to administer emergency procedures and review existing policies.

- 1) Immediate first aid will be given by staff to accident victims.
- 2) Director or head teacher will immediately call parents
- 3) If parents or immediate care giver cannot be reached, the director has the authority to call a previously designated physician and/or call 911 for treatment and/or transportation to a hospital if recommended.
- 4) If a child is failing to breathe, 911 will be called before the parent.

Evacuation Plan:

In the event of an emergency that requires an evacuation from the facility, the children will be relocated to the Largo Community Center, located at 400 Alternate Keene Rd.

Staff Responsibility for Reporting Suspected Child Abuse or Neglect:

Child care providers are instrumental in breaking the cycle of child abuse. We have the responsibility to report suspected child abuse or neglect. We must report to the proper authorities any suspected physical or sexual abuse or neglect. These authorities are the Department of Children and Families

Staff will report suspected child abuse or neglect as follows:

- Staff will, within 48 hours, write a report verifying the oral report
- Staff member must notify facility and program directors

The functioning of reporting abuse is to:

- Provide relief to families. It may be a cry for help to get outside people to impose limits where inner controls are not effective
- It stops abusive behavior. The cycle of abuse is interrupted at the same time professional help is established
- It begins a process for change. Appropriate services can be provided after an assessment of the family situation is made.

Withdrawal Policy:

A minimum of a 2 week notice in writing prior to withdrawing a child is required. Regular tuition will be charged until official notification is received. Two weeks of tuition is due when starting the program, therefore tuition will not be due on the final week your child participates in the program.

No Smoking:

This building is a smoke free facility. This includes all forms of tobacco including but not limited to cigarettes, e-cigarettes or vaping in the building or within 500 ft of the building entrance.

QUALITY CHILD CARE

Quality child care offers health, social, and Educational experiences under qualified Supervision in a safe, nurturing and stimulating environment. Children in these settings participate in daily, age-appropriate Activities that help develop essential skills. Build independence and instill self-respect. When evaluating the quality of a child care Setting, the following indicators should be Considered:

QUALITY CAREGIVERS

- ◆ Are friendly and eager to care for children.
- ◆ Accept family cultural and ethnic differences.
- ◆ Are warm, understanding, encouraging and responsive to each child's individual needs.
- ◆ Use a pleasant tone of voice and frequently hold, cuddle and talk to the children.
- ◆ Help children manage their behavior in a positive, constructive and non-threatening manner.
- ◆ Allow children to play alone or in small groups.
- ◆ Are attentive to and interact with the children.
- ◆ Provide stimulating, interesting and educational activities.
- ◆ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ◆ Communicate with parents.

QUALITY ENVIRONMENTS

- ◆ Are clean, safe, inviting, comfortable, child-friendly.
- ◆ Provide easy access to age-appropriate toys.
- ◆ Displays children's activities and creations.

- ◆ Provide a safe and secure environment that fosters the growing independence of all children.

QUALITY ACTIVITIES

- ◆ Are children initiated and teacher facilitated.
- ◆ Include social Interchanges with all children.
- ◆ Are expressive including play, painting, Drawing, storytelling, music, dancing and Other valued activities.
- ◆ Include exercise and coordination development.
- ◆ Include free play and organized activities.
- ◆ Include opportunities for all children to read, explore, and problem-solve.

PARENT'S ROLE

- ◆ A parent's role in quality child care is vital:
- ◆ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ◆ Know the children's center policies and procedures.
- ◆ Communicate directly with caregivers.
- ◆ Visit and observe the children's center.
- ◆ Participate in special activities, meetings, and conferences.
- ◆ Talk to your child about their daily experiences in the children's center.
- ◆ Arrange alternate care for a sick child.
- ◆ Familiarize yourself with the child care standards used to license the children's center.

PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact 211 Tampa Bay Cares at 2-1-1.

For an appointment to review a children's center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4957.

For further information about child care in Florida or to view children's center inspection reports, visit the website:

MyFL-Families.com/ChildCare



Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

The statewide toll-free telephone number for reporting child abuse is 1-800-96 ABUSE (1-800-962-2879). Reports of suspected and actual cases of child physical abuse, sexual abuse, and neglect received through the Abuse Registry number are referred to the Pinellas County Sheriff's Department for investigation.

KNOW YOUR CHILD'S CHILDREN'S CENTER

Nursery School * Kindergarten
Day Nursery * School Age Center



PINELLAS COUNTY LICENSE BOARD
for Children's Centers and Family Child Care Homes
8751 Urenton Road, Suite 2000
Largo, FL 33771
Telephone 727-507-4657
www.pcib.org

The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services and the Florida Department of Health, Pinellas County.

PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS

This children's center has met regulations found in Licensing Regulations Governing Pinellas County Children's Centers.

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

A LICENSED CHILDREN'S CENTER MUST:

- ◆ Adhere to its licensed capacity at all times.
- ◆ Post a schedule of daily activities.
- ◆ Have first aid and emergency procedures, and post evacuation diagrams in each room.
- ◆ Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- ◆ Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- ◆ Report suspected child abuse to the statewide toll-free telephone number.
- ◆ Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- ◆ Document required information when administering medication.
- ◆ Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- ◆ Maintain vehicles in safe condition if transportation is provided.
- ◆ Obtain parent's or legal guardian's permission before transporting children.
- ◆ Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.

CHILDREN'S RECORDS REQUIREMENTS

The following documentation is required to be maintained in the children's center for each child in care:

- ◆ A signed statement that parent or legal guardian received a copy of this brochure.
- ◆ A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- ◆ A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- ◆ A current health examination record (not required for school age children).
- ◆ A current Florida Certificate of Immunization (not required for school age children).
- ◆ A notarized Emergency Medical Release.
- ◆ Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- ◆ Primary hours of care and days of week in care.
- ◆ Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- ◆ Hospital preference.
- ◆ Child's full, legal name, birth date, date of enrollment, current address and preferred nickname name.
- ◆ Name, address, and telephone number of parent or legal guardian.
- ◆ Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- ◆ Name, address and telephone number of physician and dentist.
- ◆ Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the Influenza Virus.

PERSONNEL REQUIREMENTS

- ◆ Director has a Director Credential with the certificate posted.
- ◆ Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- ◆ Completion of background screening.
- ◆ Completion of 40-Hour Introductory Child Care training.
- ◆ Completion of 10 hours training annually.
- ◆ Completion of early literacy training (not required for school age centers).
- ◆ Documentation of educational requirements.
- ◆ Meet minimum age requirements.
- ◆ Signed statements that employees understand the statutory requirement of reporting child abuser/neglect.
- ◆ Staff trained in first aid and CPR on the premises at all times and on field trips
- ◆ Staff maintain direct supervision including minimum adult-child ratios:
 - 2 months-1 year 1 adult for 3 children
 - 1 year-2 years 1 adult for 5 children
 - 2 year olds 1 adult for 10 children
 - 3 year olds 1 adult for 15 children
 - 4 year olds 1 adult for 20 children
 - 5 years and up 1 adult for 25 children

NUTRITIONAL REQUIREMENTS

- ◆ Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
 - Posted meal and snack menus.
 - Safe drinking water is available.

PHYSICAL ENVIRONMENT

- ◆ Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.

- ◆ Has indoor and outdoor space that is clean and free of litter and other hazards.

- ◆ Has toys, equipment and furnishings that are safe and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.

- ◆ Has appropriate bathroom facilities that are operable, clean and sanitized (daily).

- ◆ Has isolation area for ill children.

- ◆ Has equipment for proper sanitary hand washing, colicing, and diapering activities.

- ◆ Has at least one corded, operable telephone available to staff.

HEALTH RELATED ENVIRONMENTAL REQUIREMENTS

- ◆ Annual approved fire inspections conducted.

- ◆ Monthly checks to ensure all areas of the children's center are free from fire hazards.

- ◆ Smoking is prohibited on premises.

- ◆ Storage of toxic and hazardous materials in areas inaccessible to children.

- ◆ Fire and emergency drills conducted as required.

- ◆ A labeled, fully stocked first aid kit.

- ◆ Parent(s) or legal guardian(s) notified of all animals on site.

- ◆ Records of immunizations for animals/fowl.

- ◆ Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).

- ◆ Prohibit narcotics, alcohol or other impairing drugs on the premises.

- ◆ Bimonthly outdoor equipment maintenance checks.

Staff Registration Check List

In order for your registration to be complete you must complete and turn in the following:

- The child's rec card must be good until May 29, 2020.
- Child's Identification Record Form complete with
 - * child's full name
 - * date enrolled
 - * full address of residence that **MUST** include city and zip code for child, parents, and persons permitted to pick up child
 - * phone number where child resides
 - * dentist and doctors complete address and phone number
 - * authorized pick up (must have 2 with full address and phone #)
 - * child's date of birth
 - * work and emergency phone numbers
 - * parent signature
- Release for Emergency Care Form (*must be notarized*) and have complete doctor's address and phone number as well as an emergency contact with full information
- Valid physical and immunization form (or religious exemption on a DH681 form) from their pediatrician to register. The immunization record can not be expired.
- Authorized Pick Up List
- Food Permission Form
- Discipline Policy Form
- Parent Acknowledgment Form
- Photo/Video Release Form
- Auto Debit Registration Form
- Birth Certificate for all preschool children not entering the VPK program
- VPK attendance policy if applicable
- Child Health and Development Questionnaire

****Staff** please be sure that you are checking off all of the **REQUIRED** paperwork. Your signature below verifies that you have personally checked all paperwork and are **ONLY** accepting those that are **FULLY** completed. This is very important for the license board so please adhere to all needed above.

Staff Name: _____ Date: _____

Start Date of Child: _____



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information: Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK
CHILD'S ENROLLMENT RECORD
(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ **Telephone** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Supper

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer 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.
(Child's Full Name)

Signature of Custodial Parent/Legal Guardian (Affiant) _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ 20_____
(Month) (Day) (Year)

by means of physical presence or online notarization by _____ who is personally known to me or has produced _____ as identification.
(Name of Affiant) (Type of identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)

Authorized Pick Up List

Child's Name: _____

Parent's Name: _____ Phone: _____

Parent's Name: _____ Phone: _____

I authorize the people listed below to pick up/drop off my child.

Name	Phone Number	Date Added	Staff Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Signature

Date



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

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

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

Parent Signature

Date

**Disciplinary Policy
for the City of Largo's
Little Pals Preschool**

The City of Largo's Little Pals Preschool enforce general rules to ensure a safe, professional, and organized program. The following disciplinary procedures are put in place for the program participants. These disciplinary procedures are designed to help each participant learn and grow as a responsible person in a fair and consistent manner.

Minor infractions of the Code of Conduct will have the following consequences that vary with the developmental level and ages of children in care:

First Offense: Verbal reprimand

Second Offense: Conference with Program Director

Third Offense: Individual circumstances will be considered and the appropriate consequences will occur:

1. written reprimand
2. suspension (1-5 days)
3. permanent suspension (expulsion) from program.

Each offense will be written on a disciplinary action form for the parents to sign and review with the Director.

Such disciplinary policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all childcare personnel.

In consideration of the nature of the offense, we reserve the right to implement whichever of the above steps are necessary.

I have read the Discipline Policy for participants. I understand and agree to abide by these.

Parent's Signature

Date

PARENT ACKNOWLEDGMENT FORM

PLEASE INITIAL AFTER READING AND UNDERSTANDING EACH POLICY AND PROCEDURE REVIEWED IN THE PARENT PACKET:

- I acknowledge that picking my child/ren up after 6pm will result in a late fee of \$1/per minute and that more than 3 occurrences is grounds for suspension from the program.**

- I understand that I must notify Highland staff if my child/ren will not be in the Little Pals Preschool for the day.
Highland Recreation Complex: 727 518-3016**

- I understand that payments are due on Friday of each week for the upcoming week. Payments not made Monday will result in a \$5 late fee and my child will be suspended from the program.**

- I understand that if I choose to withdrawal my child/ren, I must notify the director in writing 2 weeks in advance.**

- I understand staff will ask for identification from individuals picking up my child/ren.**

- I understand that my child may not bring toys, games, or electronics to the program. The City of Largo is not responsible for lost, stolen or broken items brought from home.**

- I give permission for my child to attend field trips that are announced in advance.**

- I give permission for my child to attend walking field trips to the playground when on the recreation center property during school days.**

I HAVE READ AND UNDERSTAND THE CONTENTS PROVIDED IN THE PARENT PACKET FOR THE CITY OF LARGO'S BEFORE AND AFTER CARE PROGRAM.

NOTICE TO PARTICIPANTS/PARENTS/GUARDIANS:

I/We the participant or parents/legal guardians of the named children, hereby give my approval to my/his/her participation in programs and activities of the City of Largo Recreation and Parks Department. I/We do assume all risks or hazards incidental to such participation and use of equipment and facilities by myself or my minor dependents and do hereby agree to waive, release, absolve, and hold harmless the City of Largo, its employees, agents, and elected officials from any claim, loss, or injury of any kind, including losses or injury arising from the negligence of the City of Largo, its employees, agents, and elected officials.

- **My signature below verifies that I give permission for the City of Largo to transport my child to safety in case of an emergency such as: hurricane, tornado, flood, toxic spill, etc.**

X

Signature of Parent or Legal Guardian

Date

We use a text alert system for program updates, reminders and emergencies. The fastest way to alert our families in the event of an emergency is through text alerts. Please list the cell phone number you wish to use for such alerts: Parents Cell Phone Number: _____

GENERAL NAME AND LIKENESS RELEASE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby give the City of Largo, a municipality of the state of Florida, and its licensees, designees and assignees (collectively the "City"), the absolute and irrevocable right and permission to photograph, film, audio/videotape, and draw the undersigned in all forms of media including digital, electronic, print, television, film, radio and other media now known or to be invented and to record the results and collect all proceeds thereof (collectively the "Material") as stated below. I acknowledge the I have posed for and/or permitted the City to take my photograph, video, film, etc. or to otherwise record and/or memorialize my image, voice, and/or likeness.

1. To register for copyright the Material in the City's own name or in any other name (the Material shall be considered a "work made for hire.") To the extent that the law deems the Material not a "workforhire," I hereby assign all right, title and interest that I may have in the Material to the City and agree to execute any further necessary documents to effect this assignment.
2. To use, incorporate, broadcast, distribute, reuse, publish, republish, display and/or edit the Material and/or my name, likeness, and/or image in whole or in part, severally or in conjunction with other material(s) (including in the main or end titles) for the purposes of advertising, promoting, marketing and packaging for the City of Largo and its various programs and publications. The City has no obligation to use the Material, my name, voice or likeness.
3. To use, publish and display or permit the use, publication and/or display of the Material, including in the form of negatives, slides, prints, photographs, videos, posters, stories, and other depictions of me throughout the world, in any medium whatsoever in which the Material may appear.
4. To use the Material in any manner, format and/or medium and to alter the Material without my consent. I understand I shall not have any right to approve or disapprove any use or modification of the Material by the City.

I understand that all rights in and to the Material and any derivative works created therefrom, including but not limited to, negatives, outtakes, sounds and the images contained therein, shall be the City's sole and absolute property. I agree that the City may use my name, likeness or biological information that I have provided for any purpose associated with the Material. I assign the City all of my right, title and interest in and to the Material throughout the universe, including, without limitation, all trademarks, personality rights, publicity rights and any other intellectual property rights. I also waive any and all privacy rights, moral rights and any other rights I may have in and to the Material to the world. I understand that I do not own the copyright in the Material and I hereby waive any right to copyright that I may have in the Material.

I represent and warrant that I have the right to grant the City the abovementioned rights without obtaining the permission of, or making any payments to, any third party or entity. This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of the City. I hereby release the City from, and covenant not to sue the City for, any claim or cause of action, whether known or

unknown, for libel, slander, invasion of right of privacy, publicity or personality, or any other claim or cause of action, based upon or relating to use of the Material or the exercise of any of the rights referred to herein. I agree to indemnify and hold harmless the City and any person claiming under, by or through the City, and the elected officials, officers, attorneys, employees, and agents thereof, from and against any liabilities, losses, claims, demands, costs (including without limitation attorneys' fees) and expenses arising in connection, whether direct or indirect, with any breach or alleged breach by me of any of the above representations, warranties or agreement hereunder.

I acknowledge that, in the event of any breach by the City or any third party, the damage, if any, caused me thereby will not be irreparable or otherwise sufficient to entitle me to injunctive or other equitable relief. My rights and remedies in such event will be strictly limited to the right, if any, to recover damages in an action at law, and I will have neither the right to rescind or terminate this agreement or any of the City's rights hereunder, nor the right to enjoin the production, exhibition, or other exploitation of the Material or any subsidiary or allied rights with respect thereto. This Release constitutes our entire understanding and agreement with respect to the subject matter hereof and cannot be amended except by a written instrument signed by the parties hereto. This Release will inure to the benefit of and will be binding upon our respective affiliates, successors, licensees, assigns, heirs and representatives. This Release will be governed by the internal laws of the State of Florida, and any suit shall be brought in the Sixth Judicial Circuit Court in and for Pinellas County, Florida for state actions and in the United States District Court for the Middle District of Florida, Tampa Division for federal actions where this contract was wholly negotiated, executed and performed therein.

Signature

Date

Print Name

Date of Birth

CONSENT OF PARENT OR GUARDIAN (if under 18)

I am the father/mother/guardian of _____ (print name) and I consent to the foregoing on his/her behalf and execute this Release on his/her behalf and I will not revoke my consent.

Signature

Date

Print Name



Auto Debit Registration and Authorization Form

Program	Weekly Fee on Auto Debit	Full Price Without Auto Debit
Preschool and non-VPK weeks	\$135.00	\$140.00
VPK Wrap	\$66.00	\$71.00

Parent/Guardian's Name: _____

Child's Name: _____

Primary Phone Number: _____

Household Email Address: _____

Auto debit will be pulled every Friday for the upcoming week. I agree for the fees for my child's childcare listed above to be paid weekly. Should any credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payment due. In addition, I may incur a processing fee of \$20 assessed by the City of Largo for any payments that are not able to be electronically processed. After two non-successful payment attempts, I will be withdrawn from the auto pay program. I also understand it is my responsibility to notify the City of Largo in writing should my credit card expire, my financial institution changes, or I make any changes to my account information at any time. The City of Largo requires a 10 day notice to change/cancel an EFT processing. All weekly fees are required to be paid if your child attends or not.

Initial Payment:

Membership _____ + **Registration** _____ + **First Week of Tuition** _____ =

Total Due Today _____

Name as it appears on the credit/debit card: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Parent Signature: _____

Date: _____

**Little Pals Preschool
VPK Attendance Policy
2019-2020**

- **The VPK program runs Monday-Friday 9 am – 12 pm**
- **The first day of the VPK program will be on Monday, August 19**
- **The last day of the VPK program is Friday, May 29**
- **The VPK approved holidays are:**
 - **Monday, September 2**
 - **Monday, November 25 – Friday, November 29**
 - **Monday, December 23 – Friday, December 27**
 - **Monday, December 30 – Friday, January 3**
 - **Monday, January 20**
 - **Monday, February 17**
 - **Monday, May 25**
- **The purpose of the VPK program is to prepare your child for kindergarten therefore attendance on a daily basis is a priority.**
- **If your child is going to be absent, please call the front desk at 727-518-3016 to notify the staff.**
- **Your child must complete 80% of the program to qualify for funding.**
- **In the event that your child exceeds the permitted absences they will be withdrawn from the VPK program at our site. In this case, you'll be given the option to continue in the program by using our private pay program. This would require that you pay \$140 per week (\$135 per week if on auto debit).**
- **Part of the VPK program is signing your child in and out every day, as well as verifying your child's attendance at the end of each month by signing the monthly form. We expect that you will verify your child's attendance no earlier than the last VPK day of the month and no later than five VPK days after the end of the month.**
- **Wrap around care for the VPK children is \$71 per week (\$66 per week if on auto debit). This allows your child to be in the facility anytime from 7am-6pm Monday-Friday. The full week tuition, at the rate of \$140 (\$135 if on auto debit) is due on the weeks when VPK is not in session.**
- **In the event that circumstances arise outside of the above listed attendance violation then termination from our VPK program or wrap care program is at the discretion of the Director.**

Printed Parent Name: _____

Signature: _____

Date: _____



CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE

(To be completed by parent or guardian)

Date _____

Child's Full Name _____

Date of Birth _____ Race _____ Sex _____

Name of Parent or Guardian completing form _____

Please answer the questions on this form. We feel this information will help us be more effective in working with your child.

<u>Childhood Disease Child has had</u>	<u>Date</u>
Chicken Pox	_____
Measles	3 Day (Rubella) _____ 10 Day (Rubella) _____
Scarlet Fever	_____
Rheumatic Fever	_____
Mumps	_____
Strep Throat	_____

Is your child taking over-the-counter or prescribed medication regularly at home? Yes No

If yes, what? _____

Is your child taking vitamins regularly at home? Yes No

If yes, what? _____

List any known allergies to food or environment _____

Describe the allergic reaction _____

Does your child complain of feeling ill often? Yes No

Have you ever suspected your child of having seizures? Yes No

Describe your child's appetite _____

Does your child dislike any foods? Yes No If so, what? _____

What does your child usually eat for breakfast before arriving at the center? _____

How easily does your child fall asleep? _____

What is the usual bedtime? _____ Wake up time? _____

What is the usual naptime? _____ Wake up time? _____

Is the child completely toilet trained? Yes No

Does the child remain dry all night? Yes No

When did the child begin to walk alone? _____

Are other adults (not family) able to understand the child's speech? _____

Does your child have a regular playmate? Yes No Same Age Yes No

Older Yes No Younger Yes No

What is your child's favorite toy or activity at home? _____

Does your child have temper tantrums? Yes No

Does your child bite his nails? Yes No Twist his hair? Yes No

If you could describe your child in one word, what would it be? _____

Please list your child's strong points, such as happy, curious, loving, etc. _____

Is there anything else, medical or otherwise, that we need to know about your child? _____