Ms. Claudia's VILLAGE ACADEMY

"Where Your Children Will Start Young and Finish Strong"

DATE _____ CHILD'S NAME _____

_____Returning Student
_____ New Student
_____ Sibling of Ms. Claudia's Village Academy Student

I AM REGISTERING MY CHILD FOR:

_____After-School/_____Transportation Services**

**Name of school: _____Grade:_____Pick-up time: _____

_____Swimming Lessons _____Summer Camp_____Spring Camp _____Winter Camp _____Thanksgiving Camp

***Your child's current health forms are required for them to start school.**

If child's health forms are not replaced prior to expiration, you will be charged $100.00 _____(initial here)
The reason for this is because the Department of Children and Family (DCF) fines the school & it goes on our record against the school.

Registration is not considered complete until registration fee is paid.

All tuition and fees are non-refundable.

No company checks accepted for payment.

The school reserves the right to dismiss any student who does not meet the entrance requirements.

Ms. Claudia's Village Academy does not discriminate against applicants and students on thebasis of race, color, and national or ethnic origin.

FOR OFFICE USE ONLY

Child's Date of Birth: _____

DCF Required Health Forms:_____EXPIRATION DATE:_____

Birth Certificate Received: _____

Registration Fee Date of Payment: _____Method of Payment;_____

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Ms. Claudia's ENROLLMENT FORM

Child's Full Name:_____Age_____
(First) (Middle) (Last)
Preferred Name:_____Birthday:_____Gender: Male or Female

Address Where Child Lives: _____

City:_____State:_____Zip Code: _____

Parent Marital Status: Married_____Separated_____Divorced _____

Name of person with legal custody of child*: _____
In order to enforce custody issues, the school must have on file, copies of all legal documentation.

Parent 1 Name:_____Cellular Phone: _____

Address: _____

Occupation:_____Employer:_____Business Phone: _____

E-mail _____

Driver License #:_____

Parent 2 Name:_____Cellular Phone: _____

Address: _____

Occupation:_____Employer:_____Business Phone: _____

E-mail _____

Driver License #:_____

Child's previous Preschool experience: _____

_____

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Medical Information

Current health forms are required to start school

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

Doctor:_____Phone: _____
Dentist:_____Phone: _____
Hospital Preference: _____

List all identifying ***birthmarks*** your child has by size & location (Example: Mongolian birthmark):

_____

List any allergies, special medical or dietary need, serious accidents, operations, etc. that your child has had:

_____

Emergency Care Plan Instructions: including symptoms, medication, and notification in the event of an actual emergency ie. allergic reaction.

_____
_____
_____

Please list special cares concerning your child (fears, likes, dislikes, etc.) or any other significant information, which would further contribute to a better understanding of your child and his/her needs:

_____
_____
_____

_____ _____
Signature of Parent or Guardian Date

_____ **Yes, I give permission for Ms. Claudia's Village Academy to use my child's picture on the school website, brochure, school newsletters & school advertisements.**

_____ **No, I do not want my child's picture used on Ms. Claudia's Village Academy website, brochure, school newsletters & school advertisements.**

_____ **Yes, you may share my home phone and/or address with my child's classmates family.**

_____ **No, you may not share my home phone and/or address with my child's classmates family.**

_____ _____
Date **Signature of Parent/Guardian**

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EMERGENCY CONTACT FORM

This form is very important to ensure the proper care of your child in the event of an emergency, this form must be filled out completely and accurately.

Child's Name: _____

Parent 1/Guardian Name: _____

Parent 2/Guardian Name: _____

Child will be released only to the custodial parent or legal guardian and the persons listed below.

_____**Parents Initials**

The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List individuals specifically not authorized to pick up your child from school:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

*In cases of custody issues regarding custody issues for The school must have copies on file of all legal documentation enforcement.

POLICIES & PROCEDURES

Your Child's tuition payment is due on the first of every month. Payments received after the third of the month will incur a $30.00 late fee. There is no reduction of fees for absences, vacations, school breaks, or natural disasters. All tuition and fees are non-refundable_____Parent Initial

1. Breakfast is included in your Child's tuition and it is served between 8:00 a.m. - 9:00 a.m.

2. If you child is not attending Breakfast, when possible please drop them off by 9:00 a.m. to avoid missing any classroom activities/projects and to mitigate class disruption.

3. Any person picking up your Child must have a picture I.D. on them and must be on your pick up list.

4. To ensure the School is ready for the next day, we promptly close at 6:00 p.m. It is a dollar a minute after 6pm - Should you need extended hours, please contact Ms. Claudia.

5. Children must be kept home if they have a fever of 99.2 degrees or higher, vomiting, diarrhea, constant cough, wheezing, green runny nose, or contagious illness. Children cannot return to school until they are fever free for 24 hours. This policy is non-negotiable. _____**Parent initials**

6. No medication can be administered to a child without written authorization from a parent. All medication must be given to staff managing front door *(Do not put medication in child's lunch box).*

7. Our designated Emergency Evacuation relocation site is located across the street in the church parking lot located on NE 2nd Avenue and 87th Street in El Portal, Florida.

8. In the event of an emergency, including off site relocation you will be notified via text message, if text is not available you will receive a phone call.

9. All children need a complete change of clothing including socks left at school in a sealed zip lock in case of accidents. All items must be labeled with your Child's name.

10. Children who are napping need a sheet, blanket, and any other item they need to help them sleep. All nap items MUST be labeled with your child's name. All nap items must be taken home for laundering and returned on Monday morning.

11. Please notify the Director one month in advance before a child is to be withdrawn. Parents are required to pay in full for the remaining last month they attend.

12. If after a reasonable period of time, a child is unable to adjust to the School, the School reserves the right to request withdrawal of the child. This decision is left to the discretion of the Director and Teacher.

13. Parents need to inform the school of changes in addresses, phone number, employment, emergency information or any changes in family situations.

14. It is a state mandatory requirement that current health forms are required to start school. If not replaced prior to expiration, you will be charged $100.00 and child cannot attend school until current forms are turned into the office. The reason for this policy is the school is fined by DCF for not having up to date records.

15. Your child's temperature will be taken upon arrival in the morning, if your child has a temperature of 99.2 or higher they will need to go back home for the day. _____Parent Intials

16. During the COVID-19 Pandemic, until the all-safe, all-clear is given by the proper authorities, all parents are required to stay in their cars during drop-off and pick-up and must be masked. _____Parent's Initials.

17. All parents are required to inform Ms. Claudia if they and/or their children have traveled out of the local area or have failed to maintain adherence to CDC and other public health guidelines regarding COVID-19. SAFETY IS OUR TOP PRIORITY. _____Parent's Initials.

18. All parents are required to keep a child at home and do not bring them to Ms. Claudia's Village Academy if anyone in their household exhibits symptoms of COVID-19, whether or not they have been tested. Always keep Ms. Claudia's Village Academy on your Child's health status. _____Parent's Initials.

19. If your Child is absent from school for one day, where we have not been notified prior, you will receive a call or text from Ms. Claudia's verifying the reason for their absence. _____Parent's Initials.

20. Ms. Claudia's Village Academy adheres to CDC, FL DOH, M-DC, and DCF COVID-19 safety guidelines. _____Parent's Initials.

_____

Parent Signature **Date**

(Signature signifies acknowledgment and agreement to follow Policies & Procedures of MCVA)

POLICY ON DISCIPLINE

In accordance with the state rule Section 65C-22.006(3)(c) 2.,F.A.C., which requires child care facilities to notify parents in writing concerning the disciplinary practices used by the facility, the following policy applies:

To insure a safe and successful program, discipline is a must. Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over reflect upon his or her behavior. We will encourage children to choose alternatives to improper behavior.

The following steps will be used for behavior modification:

1. Children will be corrected and asked to change their behavior.
2. Children will be re-directed from situation.

The following practices are prohibited at Ms. Claudia's Village Academy:

1. Discipline that is severe, humiliating, or frightening.
2. Discipline associated with food, rest, or toileting.
3. Spanking or receiving any other form of physical punishment.
4. Be denied active play as a consequence of misbehavior.

Signature of Parent or Guardian	Date

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ACKNOWLEDGEMENT OF RECEIPT

Section 7.1 and 7.2 , of the Child Care Facility Handbook, requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. The parents or legal guardian's signature verifies compliance.

Section 7.3 of the Child Care Facility Handbook, requires that parents must receive a copy of the Childcare Facility Brochure, "KNOW YOUR CHILD'S DAY CARE FACILITY". The parents or legal guardian's signature verifies receipt of the childcare brochure.

Section 7.3, of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.

Section 2.8, of the Child Care Facility Handbook, requires that parents/guardians be notified in writing of the disciplinary and expulsion policies used by the child care facility practices used by the childcare facility

I have read and will abide bythe Ms. Claudia's Village Academy & Early Learning Coalition Policies and Procedures.

Your signature below indicates that you have received the above items and the information on the entire registration packet is complete and accurate. I hereby grant permission for the staff of Ms. Claudia's Village Academy to have access to my child's records.

Child's Name: _____

_____ _____

Signature of Parent/Guardian Date

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FOOD AND NUTRITION POLICY

Name of Facility: Ms. Claudia's Village Academy (MCVA)

MCVA is NOT a Nut Free Environment. Any products made with nuts, peanut butter, tree nuts, or any other type may be found at the facility. With that, it is very important that every parent makes Ms. Claudia's Village Academy aware of ANY food allergey that their child may have. In addition, Ms. Claudia's participates in the State of Florida Childcare Food Program Meal Pattern for Children and included in your Child's tuition is Breakfast, Lunch, and Snack.

Child's Full Name: _____ _____ **Age** _____

(First) **(Last)**

List any special dietary requirements: _____

_____

_____ **I agree to for my Child to participate in MCVA food and nutrition program.**

_____ **I do not want to participate in MCVA food and nutirtion program and will provide my Child's Breakfast, Lunch and Snack everyday.**

_____ _____

Signature of Parent or Guardian Date

We agree to provide the parent the meal pattern and menu of the School's Nutrition Plan.

[redacted] _____

Signature of Owner/Operator **Date**

HRS-CYF Form 5019, May 82 (Replaces HRS-SES Form 4084; obsoletes DFS-S-2052) (Stock Number: 5749-000-5019-4)

Ms. Claudia's
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Exclusion Policy for Sick Children

1. **Fever: Auxillary temperature over 99.9. Temperatures will be taken before anyone enters the building. Children cannot return to school unless they are fever-free and symptom-free for 24 hours. If the fever is due to actual or suspected COVID-19, the Child cannot return until all appropriate CDC guidelines are followed for the child's return.**

2. **Behavior:**
   If a child looks or acts differently: awake all night and crying, unusually tired, pale, lack of appetite, irritable or restless.

3. **Respiratory:**
   Breathing difficulties, e.g. wheezing.
   Initial onset of colds with watery eyes and clear nasal drainage along with sneezing.
   Cold with yellow green nasal discharge and/or prolonged cough.

4. **Vomiting:**
   More than usual infant "spitting up".

5. **Diarrhea:**
   Is characterized by frequent watery or green-colored bowel movements, which are not related to medications or food reactions. If child has more than 1 loose bowel movement they will be sent home.

6. **Rash:**
   Undiagnosed rash other than mild diaper rash.

7. **Sore Throat:**
   Sore throat that needs culturing because other signs are present.

8. **Eyes: Redness, swelling and/or discharge in eyes.**

9. **Re-admittance to school for the following communicable diseases shall be:**
   a. Chickenpox --all lesions are dry and crusted and the Child is medically cleared by a physician.
   b. Impetigo (blisters covered with honey-colored crusts) at least 24 hours after the start of medication. If there is no improvement in 48 hours, the child should be reassessed by the physician. Physician's statement required for re-admittance.
   c. Conjunctivitis ("pink eye" – redness of eye with burning and thick purulent discharge) – at least 24 hours after the start of medication and no drainage present. Physician's statement required for re- admittance.
   d. Lice and Scabies – No Nit Policy.
   e. Pin worms – no restrictions following the start of treatment.
   f. Hepatitis – Physician's statement required for re-admittance. Physician's statement required for re- admittance.
   g. Strep throat - no sooner than 48 hours after the start of oral medication or 24 hour after an injection.
   h. Hand, Foot & Mouth – Blister Free. Physician's statement required for re-admittance.

_____ _____

Signature of Parent or Guardian **Date**

PROBATIONARY AGREEMENT

MS. CLAUDIA's VILLAGE ACADEMY believes in supporting and facilitating our students in every way possible in order for each individual to reach their potential. It is with great pleasure to accept your child into our school. However, there is a minimum **10-DAY PROBATIONARY PERIOD** where the students are evaluated and a final decision is then concluded. We reserve the right to extend the time frame beyond 10 days at our discretion, which includes the dismissal of a student at the 10-day mark or beyond.

I have read and acknowledge the Probationary Agreement requirements and will abide by all.

_____ _____

Parent's Name Signature

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Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65C-22.005(1)(c)2., F.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/decline permission for my child _____

(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

____My children DOES NOT have a food allergy or dietary restrictions. He or she **MAY** participate in activities.

____My child **DOES NOT** have a food allergy or dietary restrictions. He or she **MAY NOT** participate in activities.

____My child **DOES** have a food allergy or dietary restrictions. He or she **MAY** participate in activities, but may not eat or handle the following items (please list below):

_____

_____

_____

____My children DOES have a food allergy or dietary restrictions. He or 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.

_____ _____

Parent Signature Date

EXPULSION POLICY

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

Although we have never had to remove a child from our program, we are required to inform all parents on our expulsion policy. We want you to know we will always do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

Staff will try to redirect child from negative behavior.
Staff will reassess classroom environment, appropriate of activities, supervision.
Staff will always use positive methods and language while disciplining children.
Staff will praise appropriate behaviors.
Staff will consistently apply consequences for rules.
Child will be given verbal warnings.
Child will be given time to regain control.
Child's disruptive behavior will be documented and maintained in confidentiality. Parent/guardian will be notified.
Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

SCHEDULE OF EXPULSION
If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.

The parent/guardian will be informed regarding the length of the expulsion policy. The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

PARENTAL ACTIONS FOR CHILD'S EXPULSION
Failure to pay/habitual lateness in payment.
Failure to complete required forms including the child's immunization records.
Verbal abuse to staff and/or school families on church or school property.
Parent threatens physical or intimidating actions toward staff members or school families.
Habitual tardiness when picking up your child.

CHILD'S ACTIONS FOR EXPULSION
Constant defiance of staff.
Constant lack of respect for staff.
Ongoing physical abuse to staff or other children.

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Credit Card Authorization Form for Tutition

Please Note: Ms. Claudia's Village Academy prefers if all parents pay through the emailed Quickbooks Invoice

Please Print Legibly:

Today's Date:

Credit Card Account Type: (Check One) Visa MasterCard Discover AMEX

Account Number: _____

Exp. Date: _____

3 Digit Security Code (CVV on back of Card or Front of AMX Card) : _____

Cardholder Name: _____

Cardholder Signature: _____

Billing Address: _____

City:_____State: _____Zip: _____

Daytime Phone: _____ Other Phone: _____

Name of Student(s)

_____

_____

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

MYFLFAMILIES.COM

Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

When life happens…Don't be a

ADULT

FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.

PREVENTION TIPS:

Never leave your child alone in a car and call 911 if you see any child locked in a car!

- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult'sdestination.

My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

_____

Child's Name:

_____

Date:

_____

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.