



Karice Inc. dba Early Childhood Learning Center | P.O. Box 382. Lakeland, FL 33802 | 863-647-3322 | 863-687-0070 | Fax: 800-880-2721

Airside Location: Skinner Location:

Orientation Admission Procedure

Name of Child: _____

Start Date: _____

Age: _____

The following items must be in place and properly filled out for admission to our Center.

- ❖ Enrollment Application
- ❖ Signed as having received a copy of the "Child Care Facility Brochure"
- ❖ Emergency Medical Authorization
- ❖ Developmental Screening Authorization
- ❖ Photo permission signed
- ❖ Debit Payment Authorization Form filled out with voided check/signed/date
- ❖ Last page of Parent Handbook (signed by parent)
- ❖ White Immunization Form (current) (Form680)
- ❖ Gold Physical Form (current)
- ❖ Copy of Driver's License

Please return this form along with all other enrollment papers for your child's admission to be complete.



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Enrollment Application

Please fill in application completely and legibly

Child's Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ Sex: ___ Male ___ Female

Race: _____

Child's Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____

Date of Enrollment: _____

Child's Social Security #: _____

Check days to attend: **MON** **TUES** **WED** **THURS** **FRI**

Arrival Time: _____ Departure Time: _____

Parent Information

Enrolling

Parent/Guardian: _____
(Last Name) (First Name) (Middle Name)

Relationship to child: _____

Address: _____ City/State: _____

Phone #:
(home) (cellular) (work - ext)

Occupation: _____ Employer: _____

Work Address: _____ City/State: _____

Work Hours: _____

Date of Birth: _____ Driver's License #: _____

Social Security #: _____ Email address: _____

Parent/Guardian:

(Last Name) (First Name) (Middle Name)

Relationship to child: _____

Address: _____ City/State: _____

Phone #:
(home) (cellular) (work -ext)

Occupation: _____ Employer: _____

Work Address: _____ City/State: _____

Work Hours: _____

Date of Birth: _____ Driver's License #: _____

Social Security #: _____ Email address: _____

Primary Residence: ___ with Mother ___ with Father ___ with Both
___ with Guardian (name)

Parent's Marital Status: ___ Married ___ Single ___ Divorced

The following persons are authorized to pick up my child and to be contacted in case of an emergency:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Child's Physician: _____

Address: _____

Phone: _____ Hospital Preference: _____

Any allergies or special needs: _____

Emergency contact other than parents:

Name: _____ Address: _____ Phone: _____

Is this child potty-trained? ___ YES ___ NO

What does your child say when he/she wishes to use the toilet?

Does your child need help with:

Dressing/Undressing _____ Eating _____ Washing Hands _____

Does your child have any special fears or problems? _____

Favorite game: _____ Favorite toys: _____

DISCIPLINE POLICY:

Section 65-C 22.006(3) (c) 2.F.A.C. Discipline Policy- requires that parents are notified in writing of the disciplinary practices used by the child care facility.

If a child's behavior prevents him/her from being a cooperative participant in the class activities, or if the behavior is disruptive and/or threatening to the other students or staff, that child shall be removed from the class and spend supervised time-out. If said behavior becomes a consistent occurrence, Early Childhood Learning Center will advise the parent and request a conference to suggest resolutions. If your child is experiencing a change of behavior at home that may result in changes of behavior at our center, it is important for you to notify the director. The director and your child's teacher will keep you informed of any behavioral problems.

I give permission for Early Childhood Learning Center Staff and the Department of Children and Families licensing to access my child's file.

Signature of Parents/Guardian

Date

Parent Agreement

Early Childhood Learning Center will be open Monday through Friday from **5:30 am to 6:00 pm (Airside Location)** and **6:30 am to 6:00 pm (Skinner Location)** for all children.

I agree to pay a “**non refundable**” registration fee of **\$96.00** at the time of enrollment.

Section 65C-22.006, F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

I agree to have my child's physical examination and immunization records in within 30 days of enrollment.

Section 402.3125 (5), F.S., requires that parents receive a copy of the Child Care Facility Brochure “KNOW YOU CHILD CARE FACILITY”.

The success of Early Childhood Learning Center depends on the quality of service we provide our families. It is the policy of Early Childhood Learning Center that all children are individuals and learn at their own individual pace and that they and their families shall be provided equal opportunity regardless of their race, color, race, religion, age, creed, marital status, national origin, ancestry, physical or mental disability, sexual orientation, affectional preference, veteran status or citizenship status, or any other classification protected by law.

By signing below, you verify that you have received the above items and that all information in this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date



EARLY CHILDHOOD LEARNING CENTER ENROLLMENT POLICY

- ❖ It is the policy of Early Childhood Learning Center that the “enrolling” parent(s) is responsible to complete all documents required for enrollment with signatures.
- ❖ In the case of a “single” parent enrolling their child, it is that “sole” parent’s responsibility to complete all documents required for enrollment with signature.
- ❖ The enrolling parent (only) authorizes who is allowed on the child’s “pick-up” list according to the names they provide as part of the enrollment package
- ❖ Under no circumstances is any other person “authorized” to add/delete names on the child’s “pick-up” list.
- ❖ If the enrolling parent choose to make changes to the “pick-up” list they authorized, it must be done so in writing. Authorization over the telephone is not allowed.
- ❖ No person may pick up any enrolled child that is not on his/her “pick-up” list regardless of the relationship to the child.

Signature of enrolling parent(s)



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Airside Location: Skinner Location:

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

If my child should become ill or injured at the Early Childhood Learning Center, I understand that the staff or the Director will contact me immediately or contact the person that I have designated if I cannot be reached. Should the center be unable to reach me or the person designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to assure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Any injury to a child while at the center shall be recorded on an accident report form. The parents of the child will receive that form with specific information concerning the injury or accident and will sign it.

Physician to be called in an emergency:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I, the undersigned, authorize the staff of Early Childhood Learning Center to take what emergency medical measures are deemed necessary for the care and protection of my child. I hereby authorize the staff and Director, representing Early Childhood Learning Center to give consent for any and all necessary emergency medical and first aid care for my child.

Signature

Date



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Airside Location: Skinner Location:

Developmental Screening Program

During your child's first few years of life many important skills and abilities are established, skills that are a key to success in school and later life. We believe that it is very important to monitor the growth and development of children in our care, so that we can early attention to any possible delays. Early attention often means delays can be solved and children can "catch up" with their playmates.

Your child's caregivers in this facility have completed training in the observation and screening of young children and we have implemented a program of periodic screening for the children in our care. With your permission, we will occasionally observe your child's development and we will record results using a screening checklist developed for this purpose.

We welcome your participation in these screening sessions, and we would be glad to explain the screening process to you in detail. When the results indicate that your child's development is typical, we will provide you with a summary of your child's progress and will suggest age-appropriate activities that you might do with your child.

If the results point out areas of possible concern, we will advise you on how to schedule a more detailed assessment for your child. We will keep all information about your child and your family in confidence.

Please indicate below with a checkmark if we have your permission to periodically monitor your child's growth and development.

I do ____ or do not ____ grant permission to screen my child for possible development delays.

Parent/Guardian Signature

Date

Child's Name: _____ Birth Date: _____

If your child was born prematurely, how early was the birth: _____

Child's primary physician or health care provider: _____



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AUTOMATIC PAYMENT AUTHORIZATION

I hereby authorize **Karice, Inc. d/b/a Early Childhood Learning Center** to deduct from my checking/savings account the dollar amount listed below:

\$_____ as a _____new deduction _____change in deduction

This is a:

____ one time deduction ____monthly deduction ____bi-weekly deduction

Financial Institute: _____

Account#: _____

Routing#: _____

Name Printed: _____

Signature: _____

Date: _____

Child's Name: _____ Age: _____ Class: _____



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Airside Location: Skinner Location:

ACKNOWLEDGEMENT

I, _____ have received the brochure "KNOW YOUR CHILD CARE FACILITY", provided by the Florida Department of Children and Families.

Signature

Date

CHILD ABSENT ACKNOWLEDGEMENT

I, _____ understand and agree if my son/daughter _____ is absent for any reason I am still responsible for tuition payment.

Signature

Date



BITING IN CHILDCARE

When a child bites or is bitten, strong emotional responses usually follow. Parents of children who bite may experience feelings of frustration, anger and guilt. The parents of children being bit often experience feelings of fear, frustration and anger. Although biting by young children is a typical behavior and usually is corrected by age three, biting by a child of any age cannot be tolerated. There are many reasons children bite however, it isn't helpful in creating a safe, positive or enjoyable environment for the children we serve. And most of all – biting hurts! Therefore, we are reinforcing the following policy concerning biting.

Biting Policy

Children two years of age or older

Incident that occurs within a one-month period.

1st Occurance – Parents receive an Incident Report along with literature concerning biting.

2nd Occurance – Consult with parent. Give literature about biting and let them know if their child bites twice in one day, the child will be sent home for the rest of the day.

3rd Occurance – After second bite, child will be sent home for the day.

4th Occurance – After second bite, child will be sent home for the day.

5th Occurance – After second bite, child will be sent home for the day.

6th Occurance- After being sent home 3 times within a month for biting, a parent conference is arranged, and child will be suspended for 1 week.

If behavior continues after being suspended and progress is “not” accomplished, Early Childhood Learning Center Airside/Skinner reserves the right to have said child removed from our center. In extreme cases, Early Childhood Learning Center Airside/Skinner reserves the right to use their own discretion for dismissal of said child.

Parent Signature

Date



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Airside Location: _____ Skinner Location: _____

BEHAVIORAL/EXPULSION POLICY

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

It is the policy of **Early Childhood Learning Center** to provide open communication and reasonable accommodations to our families concerning any behavioral issues. Children attending **Early Childhood Learning Center** are expected to behave in a safe and courteous manner when present. Behavior is expected to be age- appropriate, and display a reasonable concern for themselves and others. Children are expected to be respectful to their teachers and adults, and communicate their needs and feelings in appropriate ways. Parents are expected to support their child's development by meeting staff's concerns with care and attention, and to work with their teachers to achieve the great results we know our children are capable of.

Unfortunately, there are sometimes reasons we must ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will 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, appropriateness of activities, supervision.
- Staff will always use positive methods and language while disciplining children,
- Staff will praise appropriate behavior
- Staff will consistently apply consequences for rules
- Child will be given time to regain control
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- 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 behavior
- The parent will be given literature or other resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultation.

On-going behavioral concerns will be addressed by staff through documentation and follow up through Parent intervention. Documentation will follow this order:

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
- Parents will next receive a **Formal Written Documentation** including the behavior, the expectation, and the appropriate follow up for the situation
- Should the behavior(s) still be a concern, Parents will receive a **Second Formal Written Documentation** letter and **Request to Meet**. In this conference we will create an Action Plan for you child. An Action Plan will determine the steps taken to bring about the desired behavior. It will also stipulate a time frame and/or circumstance for a resolution to be accomplished. The Parents and Teachers will reevaluate at the end of this period.
- Should an Action Plan fail to meet the center's expectations for the addressed behavior in the time set, a letter will be issued, or a meeting held to terminate the **Care Agreement**.

Behavior issues include, but are not limited to:

Biting, hitting, spitting, kicking, verbal abuse, profane language, bullying, harm to themselves or others.

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
- Parent threatens physical abuse to staff or other children

ECLC is committed to treating everyone with respect and doing our best to help each child reach their goals. Our families are an important part of those goals, and we will always aim to be a cooperative team for the best interests of your child!

To Parents and Families enrolling in our Center:

Although we understand that you want your child to look their best, preschool is a place for play clothes, **closed-toe-shoes**, and as little jewelry as possible. We want our children to feel free to experience classroom activities and be safe doing so.

Please **DO NOT** allow your child to bring toys from home unless they are specially requested by the teacher for show and tell.

It has been our experience that when these guidelines are not followed and children come to school with items from home and inappropriately dressed for the activities they will be engaged in that items of "cost" tend to get damaged, lost, misplaced, or go home with the wrong family.

It is our policy that we will not be responsible, nor will we reimburse "any and all items" lost or misplaced.

Thank you for your cooperation and understanding in this matter.

Management

info@polkids.com

Parent signature

Date

OUTDOOR PLAY

To our families:

We believe the outdoors gives young children freedom that is uniquely different from what they experience indoors. The outdoor play environment allows them:

- ❖ Freedom to move and be active through discovering, exploring, experimenting, observing and problem solving.
- ❖ Freedom to be in control of their own learning, to make decisions to be creative and inquisitive in ways that are different from indoors.
- ❖ Freedom to be active, noisy and messy.
- ❖ Space to develop a range of physical skills and opportunities to experiment and refine these skills, with the help and encouragement from loving, caring, adults, that include crawling, walking, running, jumping, climbing, skipping, hopping, pushing, pulling, digging, pedaling, balancing, throwing and catching.
- ❖ Opportunities to engage all their senses through touching, tasting, hearing, smelling, seeing the world around them.
- ❖ Healthy opportunities that can only be experienced in the fresh air and sunshine.

Therefore, the children in our care will be given daily opportunities, weather permitting, for active noisy and messy play on our outdoor playground. They will dig, play with sand and water, paint and even be given the wonderful experience of making mud pies! These are playful learning opportunities that are helping your child learn in their great adventure towards school readiness!

Please dress your child daily for outdoor play. We will make sure their hands and faces are washed after playing outdoors. We will depend on you to provide us with extra sets of clothing, including undergarments and extra pair of shoes to change into when your child gets too wet or clothes are too soiled and in need of changing. If you have extra clothes your child has outgrown at home and you would like to donate them for us to keep on hand, that support would be greatly appreciated!

Thank you for sharing your child with us. We take that responsibility seriously and consider it a privilege to help you and your child in the learning and growing process. If you ever have questions or concerns about our outdoor environment, please feel free to contact us.

Student's full name: _____ DOB: _____
 DOE: _____

STUDENT INFORMATION

Mother/Guardian Full Name	Father/Guardian Full Name
Cellular Number	Cellular Number
Home Number	Home Number
Work at	Works at
Work Number	Work Number

Mailing address: _____

Does your child lives with: Mom() Dad() Both() Other() _____

Does your child have siblings? Yes () No ()

Name	Age

Is your child **allergic** to any medication, food or other? Yes () No ()

If yes, specify _____

Is this child potty trained? YES ___ NO ___

What does your child say when he/she wishes to use the toilet?

Does your child need help in: Dressing/Undressing _____ Eating _____
Washing Hands____?

Does your child have any special fears or problems?

Favorite games: _____

Favorite toys: _____

Please write a list of names and phone numbers of people that can pick your child up from school.

	Name and Last name	Phone number
1.		
2.		
3.		
4.		
5.		
6.		
7.		



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Airside Location:

Skinner Location:

Name: _____

Dear parents:

While your child is enrolled in this childcare program, he/she will be involved in special activities for which we need your permission.

From time to time photo photographs of our preschool program will be made for educational and publicity purposes. These pictures will be representative of the enriching experiences offered to your child during the year.

All pictures will be used solely for promoting school activities. By signing this form, you are agreed they will **NOT receive any** monetary gain now or in the future.

Teaching Strategies Gold Assessment System	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>
Google Drive	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>
Remind App	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>
Social Media	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>
School Website	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>
School Activities	I do <input type="checkbox"/>	I do NOT <input type="checkbox"/>

Parent Signature

Date

Note: We do not sell any of this information or pictures to other companies.



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Dear Parents,

Under Florida law, vaccinations are required, but not mandatory for students attending public school. Children can be exempt from vaccinations for medical reasons as well as for religious purposes.

This letter is to inform parents of Early Childhood Learning Center that due to Florida law, there may be children attending our center that are unvaccinated.

If you have any questions or concerns, please feel free to contact ECLC Management.

Print Name

Signature

Date



TUITION PAYMENT POLICY

- Tuition is charged on a biweekly basis.
- Tuition is paid prior to the weeks of service-Due every other Friday (Airside).
- Tuition is paid prior to the weeks of service-Due every other Friday (Skinner).
- Tuition rates remain the same if the following occurs:
 - Children are absent
 - Holidays the school is closed
 - Unexpected closures (weather/emergency situations)
- Policy with certificate (voucher) issued by the Early Learning Coalition
- Parents will be responsible for "parent fee" issued by the early Learning Coalition.
- Parents will be responsible for the additional daily rate fee due to the differential daily rates paid by the Early Learning Coalition.
- Parents will be responsible for any payments not received by the Early Learning Coalition due to the following:
 - Number pos days absent per month.
 - Redetermination deadlines.
 - Certificates (vouchers) expired or determined ineligible and not reissued.
 - Any and all other status change resulting in "nonpayment" by the Early Learning Coalition.

I have read, understand fully, and agree to comply with the policy stated above:

Parent Name: _____ Name: _____

Parent Signature: _____

Child's Name: _____