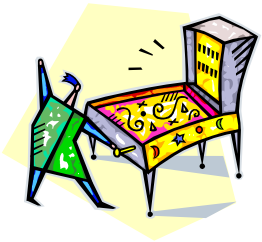
Mini Camp
2012-2013 School Year
Kindergarten through Fifth Grade

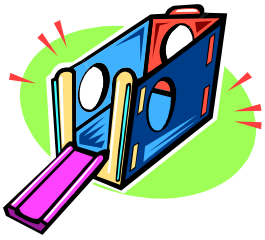
The City of Pembroke Pines Early Development Center Central Campus will provide mini camp for the teacher work days and winter, spring and summer breaks. (see schedule on back). All mini camps will be held in the charter elementary school cafeteria.

The cost will be $35.00 per day. Space is limited and based on a first-pay, first serve basis. Please come by the preschool and complete the appropriate forms (and pay your $35.00 registration fee, if you do not attend our before care program). All checks should be made payable to the City of Pembroke Pines. No forms or cash payments will be accepted in the cafeteria.

Please feel free to call the Early Development Center at (954) 322-3350 with any questions.

Thank you.





Packets are available at:www.ppines.com/preschool/calendar-central.html

$35.00 registration

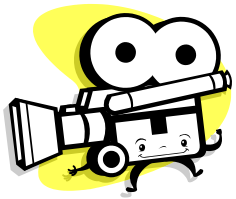
School's Out / Camp's In

Mini-Camp

$35.00 per day

September 17 - Flippers Cinema
September 26 - Sparez Bowling

October 26 - Pumpkin Patch/Hayride
(Ghouly Goodies)



November 6 – Young At Art

December 24 and 25, 2012 - CAMP CLOSED!

December 26– All Event Star *(Bumper Cars)*
December 27 – Ceramics on Wheels
December 28 – Flippers Cinema

December 31, 2012 - CAMP CLOSED!
January 1, 2013 – CAMP CLOSED!

January 2 – All Golf Miniature Golf
January 3 –All Star Event- *(Bungee Jumping)*
January 4 – Snow Day *(Jacket, Gloves, Etc.)*

January 18 - Sparez Bowling

March 22 – All Star Event *(Hamster Zorb)*

March 25 – Flipper Cinema
March 26 — All Star Event *(Extreme Obstacle)*
March 27 –Museum of Science/I-Max
March 28 – Ceramics on Wheels
March 29 — YMCA *(Wear your bathing suit)*

May 24 – Sparez Bowling

City of Pembroke Pines
Early Development Center
Central Campus
12200 Sheridan Street
954-322-3350

Field trips and events are subject to change without prior notice.
All Star Events are in-house events.

MINI CAMP RULES AND REGULATIONS

Please note, we cannot assume that because you registered and attended one holiday/mini-camp you will be attending all of them. We need a count in advance of the number of children attending the holiday and/or mini-camp so that we can plan appropriately for the activities and the supervision needed.

HOURS OF OPERATION

The Mini Camp Program at the Pembroke Pines Charter Elementary School is run by the City of Pembroke Pines Early Development Center Central Campus and will operate on the Central Campus between the hours of 6:45 am to 6:00 pm.

DAYS OF OPERATION

The days of operation will include all days that school is not in session (excluding legal holidays). Daycare provisions during holidays or non-school days **MUST** be made separately with the Early Development Center Central Campus. They can be reached at 954-322-3350.

ARRIVAL OF CHILDREN

Children **MUST** be signed in to the Mini Camp Program by the parent or designee (as stated on the enrollment form) each morning. The staff is responsible for documenting the authorized name(s) prior to accepting the child.

It is the parent's responsibility to notify the On-Site Coordinator, Susan L. Cohen, at 954-322-3350, if there is a change in the daily routine.

FEE POLICIES

Fees are due two (2) weeks prior to the event date. The cost is $35.00 per day. There will be a registration fee of $35.00 per child, per school year. **No bills for tuition will be sent.** Fees not paid by the due date will result in forfeiture of the mini-camp reservation.

There will be no refunds, credit or reduction of tuition for absences due to illness or closings due to inclement weather, since expenses for staff continue during the child's absences.

PARENT COMMUNICATION

Parents will be contacted immediately under the following conditions:

1. A child has received an injury, which could require medical attention,
2. A child exhibits a medical condition, which could be contagious or threatening to others in the program,
3. A child presents a safety risk to other children or teachers.

Parents may request to schedule a conference for any reason they deem necessary.

PARENT COMPLAINTS AND GRIEVANCES

Each complaint and problem should be addressed appropriately and in a manner that maintains positive relationships. Conflicts should be resolved through the On-Site Coordinator, Susan L. Cohen, who is available Monday through Friday at 954-322-3350. Through cooperation and by working together, we feel that all problems can be solved.

DISCIPLINE

All students will be expected to behave in accordance with the Code of Student Conduct for Broward County Public Schools. All rules applicable during school hours in the Code of Student Conduct shall be extended and applicable during the hours of the Before Care, After Care, Mini-Camp and Summer Camp programs.

In order to achieve the goal of providing quality school-age child care in an environment of cooperation and respect, all staff members of the Mini Camp Program will utilize positive discipline practices. Guiding and redirecting of behavior, positive reinforcement and time-out will be some of the techniques used to manage the behavior of the children.

After two (2) official referrals (incident reports) have been made to the On-Site Coordinator, a conference will be scheduled as a final attempt to rectify inappropriate behavior. A third referral constitutes grounds for termination from the Mini Camp Program.

SUSPENSION AND TERMINATION OF SERVICES

If it is the judgment of the On-Site Coordinator that a child presents a health or safety risk to other children in the program, she/he may be suspended or terminated from the Mini Camp Program. Continued disruptions that hinder the quality of the program will also be cause for suspension or termination.

CITY OF PEMBROKE PINES
EARLY DEVELOPMENT CENTER
CENTRAL CAMPUS

I/We hereby acknowledge receipt and examination of the Mini Camp Rules and Regulations and state that I/We understand and agree to abide by all provisions contained therein. I/We also understand that rules and regulations are subject to change without prior notice.

Child's Name: _____

Parent's Name: _____
Please Print

Parent's Signature: _____

Date: _____

CITY OF PEMBROKE PINES
EARLY DEVELOPMENT CENTER CENTRAL CAMPUS

RELEASE AND WAIVER OF LIABILITY

Child's Name: _____

It is hereby acknowledged that every possible precaution will be taken to safeguard my child while attending the City of Pembroke Pines Early Development Center Central Campus. For and in consideration of my child's participation and registration at the City of Pembroke Pines Early Development Center Central Campus, and on behalf of myself and my child, our respective heirs, administrators, executors and successors, I hereby covenant not to sue and forever release and hold harmless the City of Pembroke Pines, its officers, directors, agents and employees from any and all liability (including attorneys' fees and costs) for any cause of action for personal injury, property damage or wrongful death occurring while my child is under the instruction, supervision or control of the City of Pembroke Pines including, without limitation, those damages or injuries resulting from acts of negligence on the part of the City, its officers, directors, shareholders, employees or agents while my child is in attendance and on the premises at the Early Development Center Central Campus.

_____
Printed Name of Parent/Legal Guardian

_____
Signature of Parent/Legal Guardian Date

City of Pembroke Pines
Early Development Center
Central Campus
Mini-Camp K-5th 2012-2013
Field Trip Permission Form

The City of Pembroke Pines Early Development Center Central Campus has planned the following field trips and in house activities for K-5th Mini-Camp 2012-2013. We would like your permission for your child to attend any or all of the following events. Please sign the lower part of this form and return it to the main office as soon as possible. Thank you!

Dates/Scheduled Field Trips/In-House Events:

September 17th - *Flippers Cinema*
September 26th – *Sparez Bowling*
October 26th – *Pumpkin Patch/Hayride*
November 6th – *Young At Art*
December 26th – *All Star Event*
December 27th – *Ceramics On Wheels*
December 28th –*Flippers Cinema*
January 2nd – *All Golf*
January 3rd – *All Star Event*
January 4th – *Snow Day*
January 18th - *Sparez Bowling*
March 22nd – *All Star Event*
March 25th – *Flippers Cinema*
March 26th – *All Star Event*
March 27th – *Museum of Discovery/IMax*
March 28th – *Ceramics On Wheels*
March 29th – *YMCA*
May 24th - *Sparez Bowling*

CONSENT AND RELEASE OF LIABILITY
I hereby consent on behalf of the student named below to participate in various school-sponsored field trips, including activities and transportation, as set forth above. I understand that transportation may be provided by the City of Pembroke Pines ("City") or the City of Pembroke Pines Charter School and Early Development Center Central Campus (collectively the "School"), and that a private entity may be contracted by the City for the School to provide transportation services. I, intending to be legally bound, do hereby, for myself, my spouse, heir, executors or administrator, release and waive and further agree to indemnify, hold harmless, and reimburse the City, the School, and Broward County, their successors and assigns, its officials, agents employees, instructors, and representatives thereof, from and against any claims, suits or demands which, I or my spouse, heirs, executors or administrators have, may have, or claim to have, known or unknown , as a result of any losses, damages or injuries which the student may sustain or suffer, directly or indirectly arising out of, during, or in any way connected with the negligence of the City, the School, or Broward County and the student's attendance or participation in any of such field trips.

Child's Name: _____

I give permission for my child to ride the bus for these field trips.
I give permission for my child to attend G/PG rated movies.

Parent/ Guardian Signature: _____

Print Parent Name: _____

Today's Date: _____

1

Board of County Commissioners, Broward County, Florida.
Broward County Social Division Child Care Program

Child Enrollment Information

Preferred Name: _____ **Four (4) Digit Entry Code/Password_____**

Child's Name: _____ Date of Enrollment: _____/_____/_____

Address: _____City_____Zip Code_____

Sex: **M or F** D.O.B._____/_____/_____ School Grade: K 1 2 3 4 5

Birthplace: _____ (County) _____ (State) _____

	Name	**Home Address**	**Phone Number**
Mother	_____	_____	( ) _____-_____
Father	_____	_____	( ) _____-_____
Guardian	_____	_____	( ) _____-_____

Mother's Mobile Phone: ( ) _____-_____ Father's Mobile Phone: ( ) _____-_____

Email Address_____

	Place of Employment	**Business Address**	**Phone Number/Extension**
Mother	_____	_____	( ) _____-_____
Father	_____	_____	( ) _____-_____

Mother's Occupation_____ Father's Occupation_____

Parent's Marital Status S **M D or W** Number of Children in Household_____

Name(s) and Ages of brothers_____

Name(s) and Ages of sisters_____

Child's Physician: _____ Physician's Phone Number: ( ) _____-_____

Physician's Address: _____

May the Center call another physician if unable to contact the above? **YES or NO**

Person permitted to remove child: Mother **YES or NO** Father **YES or NO**

In case of an emergency or illness, other person to be notified and permitted to remove child from the Center:
(Must be 18 years of age to remove child from the Center)

Name: _____ Cell Phone ( ) _____-_____

Name: _____ Cell Phone ( ) _____-_____

Name: _____ Cell Phone ( ) _____-_____

_____ _____
Print name of person enrolling child **Signature of person enrolling child**

EMERGENCY INFORMATION

Child's Name: _____D.O.B._____

Name of Child's Doctor: _____ Phone Number ( ) _____-_____

Persons authorized to act for parents in an emergency:

First Choice:

Name: _____ Address: _____

Home Phone Number: ( ) _____-_____ Work Phone Number: ( ) _____-_____

Second Choice:

Name: _____ Address: _____

Home Phone Number: ( ) _____-_____ Work Phone Number: ( ) _____-_____

Medical History

Measles: YES or NO Mumps: YES or NO Chicken Pox: YES or NO

Convulsions: _____

Allergies: (food, medicine, etc.) _____

_____

Any evidence of hearing difficulty? YES or NO Explain: _____

Any evidence of visual difficulty? YES or NO Explain: _____

Speech Disabilities? YES or NO Explain: _____

Hospitalizations? YES or NO Explain: _____

Operations? YES or NO Explain: _____

Other Illnesses? YES or NO Explain: _____

Does your child have any physical handicaps or conditions which might affect his/her schooling _____?

_____ Please describe_____

_____

_____

Briefly describe your child's likes, dislikes, favorite past times, toys, friends, toilet habits, napping needs, etc. In essence, please include anything that will help us to understand your child and help him/her grow.

_____

_____

PARENT'S STATEMENT

In making application for my child to attend the City of Pembroke Pines Early Development Center Central Campus, I agree to support the moral, education and disciplinary standards of the school.
It is important for home and school to work together in establishing appropriate behavior.
I give permission for my child to take part in all school activities, I will always be told of any field trips in advance, and will sign a permission slip or my child will not be permitted to leave school premises.

I agree to pay any tuition charges
I agree that I will NOT send my child to school sick.
I also understand that this application cannot be considered without the registration fee.

In the event my child becomes ill or injured while under school supervision:

1. If the illness or injury is minor, the parent/guardian will be contacted.
2. If the illness or injury is more serious and/or life threatening, 911 will be called.
3. Parent hereby release the City of Pembroke Pines Early Development Center Central Campus from any liability which might arise from giving such authorization, it being the parent desire to have child furnished medical or surgical services as soon as reasonably possible after illness or injury arises.

Child's Name: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

DISCIPLINE POLICY

The Center will ensure that age appropriate, constructive disciplinary practices shall be used for children in care.
Children shall not be subjected to discipline which is severe, humiliating or frightening.
Discipline shall not be associated with food, rest or toileting.

Please sign below, detach and return bottom portion to the center supervisor as soon as possible.

I _____, have read the Preschool's Discipline
Parent's Name

Policy and have retained a copy.

Child's Name: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

MEDIA RELEASE

From time to time during the year, the media and the graphics department photograph our school, staff and students to visually explain the many and varied types of programs and events which we offer. Those photographs or videotapes may be used in newspapers, on television or in other appropriate publications.

Your signature below indicates your permission for your child to be photographed for such purposes. Please sign and return this form as soon as possible.

Child's Name: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

MEDICAL RELEASE

Dear Parent,

In order to comply with the Broward County Child Care Code, please provide us with the following information: The Center shall have written instructions from parent for the school to follow arranging for immediate treatment for your child in an emergency situation.

Below, you will find the necessary form that will need to be filled out for our records. Please detach and hand in. If you have any questions concerning this matter, please feel free to contact us.

Thank you in advance for your cooperation.

Sincerely,

Susan L Cohen

Susan L. Cohen, MS
Early Childhood Education Administration, Site Supervisor

1. By my signature below, I give the City of Pembroke Pines Early Development Center Central Campus authorization to seek medical treatment for my child if I or any other persons whom I have listed to be notified in case of an emergency cannot be reached.

2. By my signature below, I give any health facility or physician permission to provide medical treatment for my child as deemed necessary in any situation which may arise at the preschool.

3. By my signature below, I will take full responsibility for payment of all medical services which might be rendered due to any emergency situation that may arise at the preschool.

Child's Name: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

☐ Bright Beginnings ☐ Central EDC ☐ East EDC
☐ West EDC ☐ West Pines ☐ _____

Account Key# _____

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

Payment Agreement

All fees are to be paid in advance. TUITION IS NOT SUBJECT TO ADJUSTMENT DUE TO ABSENCE FROM THE CENTER, WITHDRAWAL, HOLIDAYS or OTHER CIRCUMSTANCES.

We accept Cash, Money Orders and Checks only. Please make all checks payable to: **City of Pembroke Pines.**

Any check issued to the City that is returned by the bank for insufficient funds, account closed, stop payment, refer to maker, no account found or other will be assessed a returned check fee as provided for in § 166.251, Florida Statues, as amended from time to time. § 166.251, Florida Statues, provides for the following fees:

$25.00 if the check face value does not exceed $50.00
$30.00 if the check face value exceeds $50.00 but does not exceed $300.00
$40.00 if the check face value exceeds $300.00 or
(5%) of the check face amount of the check whichever is greater.

In the event a dishonored check is not paid in accordance with Chapter § 166.251, Florida Statues, appropriate legal action may be filed for the full amount of the returned checks due and owing together with services charges, court costs, and reasonable attorney's fees as provided by law.

When customer issues three (3) returned checks on any City account during the most recent twelve (12) months, his/her check payment privileges at The City of Pembroke Pines will be suspended for a period of six (6) months.

Subsequent returned checks received after the reinstatement of check writing privileges, will result in an additional six (6) months' suspension.

Payment to satisfy a returned check will only be accepted by cash, money order, or cashier's check.

Past due accounts without satisfactory arrangements with the Site Supervisor shall result in your child not being able to attend the Center until your account is brought current.

Fees and policies for The City of Pembroke Pines programs are subject to change.

Parent or guardian: By signing this agreement, I (we) agree to pay all amounts when due under this agreement. I have read and received a copy of this agreement and agree to all of its terms.

MOTHER OR GUARDIAN

NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____

FATHER OR GUARDIAN

NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____