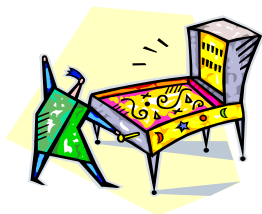


Summer Camp 2014 Kindergarten through Fourth Grade

The City of Pembroke Pines Early Development Center Central Campus runs a fun-filled summer program. Summer camp will be held in the charter elementary school cafeteria. Cost will be \$150.00 per week regardless of whether you attend camp for 1 or 5 days each week. **The non-refundable activity fee for the summer program will be \$250.00 for K through 4th grade. Activity Fee may be paid in installments, as long as it is paid in full by May 9, 2014. Please see the front office.** Since camp is a 9 week program, you will be required to attend a minimum of 7 weeks. Space is limited, and based on a first-pay, first served basis. Please come by the preschool, and complete the appropriate forms (the registration fee is \$35.00 if you do not attend our Mini-Camp or Before Care Programs). All checks should be made payable to the City of Pembroke Pines. No forms or payments will be accepted in the cafeteria.

Please feel free to call (954) 322-3350 with any questions.

Thank you.



SUMMER CAMP RULES AND REGULATIONS

Welcome to the City of Pembroke Pines Early Development Center Central Campus K-4th grade Summer Camp 2014. Here are a few rules and regulations to help make this summer more enjoyable for both you and your child.

HOURS AND DAYS OF OPERATION

The City of Pembroke Pines Early Development Center Central Campus Summer Camp Program will be held at the Pembroke Pines Charter Elementary/Middle School Central Campus Cafeteria. Camp will begin Monday, June 9th and end Friday August 8th, (excluding July 4th). Hours of operation are from 7:00 am until 6:00 pm. Every effort should be made to arrive by 6:00 p.m. to pick up your child. We realize that emergencies do occur. If you will be late, it is your responsibility to call the school, at **(954) 322-3350** and inform the administrative staff. There will be a late pick up charge for children not picked up by 6:00 p.m. This charge must be paid directly to the closing administrative staff at a rate of \$10.00 per child for every 15 minutes or a portion thereof. (Example: a late fee for 6:16 p.m. for one child would be \$20.00). Parents who are late more than three (3) times in picking up their child will have their childcare services terminated. At 5:55 p.m. camp counselors and campers will start walking from the cafeteria to the preschool. If you should arrive after that time, you need to pick up your child in the preschool front office.

ARRIVAL AND DEPARTURE OF CHILDREN

Children **MUST** be signed in and out of the Summer Camp Program by the parent or designee (as stated on the enrollment form) each morning and afternoon. The staff is responsible for documenting the authorized name(s) prior to accepting the child. Please remember to have your driver's license with you when you pick up your child. Keep your driver's license with you until our counselors become familiar with you.

At 5:55 p.m. camp counselors and campers will start walking to the preschool. If you should arrive after that, you need to pick up your child in the preschool front office.

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

1. Fees are due weekly, and must be paid on **Monday**. Payments not made by Tuesday will be assessed a late fee of \$10.00. You will continue to be charged an additional \$10.00 each Wednesday the tuition remains unpaid. Delinquent fees may result in termination of service. A NSF fee will be charged on all returned checks.
2. The cost is \$150.00 per week. There will be a one time registration fee of \$35.00 for any child not currently in our Before Care or Mini-Camp Programs. **No bills for tuition will be sent.** Repeated failures to pay on time will result in termination from the Summer

Camp Program. An Activity Fee of \$250.00 is due by May 9, 2014. This fee covers all in house, field trips and transportation costs. **There will be no refunds, credit or reduction of tuition or activity fees for absences due to illness or closings due to inclement weather, since expenses for staff continue during the child's absences.** We **CANNOT** accept cash tuition payments in the cafeteria. Cash or Credit Card tuition payments must be made at the Preschool Office. (Credit cards cannot be used after 2:00 pm)

3. If your account indicates a history of dishonored checks, check payment privileges will be revoked for the remainder of the summer. More than (two) dishonored checks, and the City will require that future payments be made in cash, money order, certified check or credit card.
4. No refund or adjustments are made for days of absence, holidays, illnesses or camp closings due to inclement weather.
5. Please note: Paying the \$35.00 registration fee for Mini-Camp and/or Before Care Programs, DOES NOT guarantee your child a spot in our Summer Camp Program. You **MUST** register and pay the activity fee in order for your child to be considered in our Summer Camp Program.
6. Due to the fact that we limit our enrollment, you will be responsible for paying for all the weeks you indicate your child will be attending camp.

SWIM RULES

Starting June 16th our campers will be going to Miramar Aquatic Center. Also, every Tuesday and Thursday starting June 10th, we will be swimming at the Central Campus pool. Please send your child to camp dressed in his/her bathing suit with sunscreen **ALREADY** applied. Please send a towel, water shoes or flip flops, a plastic bag and a full change of clothes, including sneakers. Please label **ALL** of your child's belongings with his/her name. If your child does not go swimming he/she will still be required to go to the pool with the other campers, because all counselors must be at the pool for supervision purposes.

LUNCHES AND SNACKS

Lunch needs to be provided **EVERY** day for your child and can either be sent from home or purchased in **advance**. Lunch Menus will be emailed in May for the June lunches. We will provide morning and afternoon snacks with juice. Please provide lunch and drink in a **disposable bag** for some **field trips**.

DAILY SCHEDULE AND FIELD TRIPS

Due to our daily schedule which includes gym, playground and sports, children **must** wear sneakers every day. Several field trips have been scheduled for our K-4th Grade Campers. Please make sure your child wears sneakers and their field trip t-shirts. A weekly schedule will be posted every Friday. This schedule will help you know where your child is at all times, and help you when you come to pick up your child.

ELECTRIC DEVICES

Please, **NO** video games, mp3 players, ipods, pads, Nintendo DS, etc. If your child insists on bringing video games, or cell phones, please remember that we are not responsible for lost, damaged, or stolen items.

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's inappropriate behavior presents a safety risk to other children or staff in the program.

Parents may request to schedule a conference with the Counselors or Site Supervisor 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 Summer Program.

In order to achieve the goal of providing quality school-age childcare in an environment of cooperation and respect, all staff members of the Summer 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 three (3) official referrals have been made to the On-Site Coordinator, a conference will be scheduled as a final attempt to rectify inappropriate behavior. A fourth referral constitutes grounds for termination from the Summer Camp Program.

SUSPENSION AND TERMINATION OF SERVICES

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

SUMMER CAMP TUITION
K thru 4th grade
(June 9th thru August 8th)

FEE POLICIES

Fees are due weekly, and must be paid on **Monday**. Payments not made by Tuesday will be assessed a late fee of \$10.00. You will continue to be charged an additional \$10.00 each Wednesday the tuition remains unpaid. Delinquent fees may result in termination of service. A NSF fee will be charged on all returned checks.

The cost is \$150.00 per week, plus an activity fee of \$250.00. There will be a one time registration fee of \$35.00 for any child not currently in our Before Care or Mini-Camp Programs.

No bills for tuition will be sent. Repeated failures to pay on time will result in termination from the Summer Camp program. **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.** We **CANNOT** accept cash tuition payments in the cafeteria. Cash tuition payments must be made at the Preschool Office.

Due to the fact that we limit our enrollment, **you will be responsible for paying for all the weeks you indicate your child will be attending camp.** Please indicate below the weeks your camper will be attending. A seven week minimum is required.

Week	Dates	Check if Attending
1	June 9 th thru June 13 th	
2	June 16 th thru June 20 th	
3	June 23 rd thru June 27 th	
4	June 30 th thru July 3 rd (Closed 7/4/14)	
5	July 7 th thru July 11 th	
6	July 14 th thru July 18 th	
7	July 21 st thru July 25 th	
8	July 28 th thru August 1 st	
9	August 4 th thru August 8 th	

CHILD'S NAME _____ **CURRENT GRADE** _____

_____ **PRINT PARENT'S NAME** _____ **PARENT'S SIGNATURE** _____ **DATE**

**CITY OF PEMBROKE PINES
EARLY DEVELOPMENT CENTER
CENTRAL CAMPUS**

I/We hereby acknowledge receipt and examination of the Summer 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: _____

Please sign and return with your registration papers.

Thank you!

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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. ____/____/____ Birthplace: _____ (State) _____ Primary Language spoken _____

Current School Grade: K, 1, 2, 3, 4 Has your child attended camp before? ____yes or ____no

Ethnicity _____ Race: ____ Caucasian ____ African American ____ Asian or Other _____

Family Information:

Child Lives With _____

Parent 1 Name _____

Address _____

City _____ Zip Code _____

Home Phone _____

Employer _____

Occupation _____

Work Phone _____

Cell Phone _____

Email _____

Parent 2 Name _____

Address _____

City _____ Zip Code _____

Home Phone _____

Employer _____

Occupation _____

Work Phone _____

Cell Phone _____

Email _____

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: Parent 1 **YES or NO** Parent 2 **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 and show picture I.D. to remove child from the Center)

Name/ Relationship to child below:

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 () _____ - _____

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 _____

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 camp.

It is important for home and camp to work together in establishing appropriate behavior.

I give permission for my child to take part in all camp 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 camp 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 Camp's Discipline Policy

Parent's Name

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 summer, the media and the graphics department photograph our camp, staff and campers 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
Central Campus

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/school.
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/school.

Child's Name: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian'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

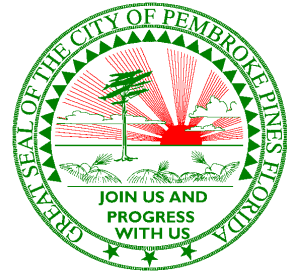
Signature of Parent/Legal Guardian

Date

Bright Beginnings
 West EDC

Central EDC
 West Pines

East EDC



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 Statutes, as amended from time to time. § 166.251, Florida Statutes, 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 Statutes, 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.

PARENT OR GUARDIAN

NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____

2/28/2014

PARENT OR GUARDIAN

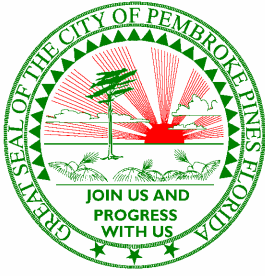
NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____

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City of Pembroke Pines Early Development Center CENTRAL CAMPUS

Frank C. Ortis, Mayor
Angelo Castillo Vice Mayor
Charles F. Dodge, City Manager

Carl Schechter, Commissioner
Iris A. Siple, Commissioner
Jay Schwartz, Commissioner

February 28, 2014

Dear Parents,

We have planned special events for the children throughout the summer program that, due to lack of space, we will not be able to hold in our City of Pembroke Pines Early Development Center, Central Campus. We will need to use the Pembroke Pines Charter Elementary/Middle School.

Please sign the permission form below to allow your child to walk to and from the City of Pembroke Pines Early Development Center Central Campus to the Pembroke Pines Charter Elementary/Middle School for these events. They will take place throughout the 2014 summer program.

Thank you,

Susan L. Cohen

Susan L. Cohen MS
Early Childhood Education Administration
Site Supervisor
City of Pembroke Pines
Early Development Center
Central Campus

Child's Name: _____

Parent's Name (please print) _____

Parent's Signature _____

Village Pre-School · 6700 SW 13th Street · Pembroke Pines, Florida 33023 · 954-986-5041
Bright Beginnings · 901 NW 129th Avenue · Pembroke Pines, Florida 33028 · 754-323-4519
Early Learning Center West · 1600 SW 184th Avenue · Pembroke Pines, Florida 33029 · 954-443-4816
Early Development Center Central Campus · 12200 Sheridan Street · Pembroke Pines, Florida 33026 · 954-322-3350

**City of Pembroke Pines
Early Development Center
Central Campus
Summer Camp K-4th 2014
Field Trip Permission Form**

The City of Pembroke Pines Early Development Center Central Campus has planned the following field trips for K-4th Summer Camp 2014. We would like your permission for your child to attend all of the following trips. Please sign the lower part of this form and return it to the main office as soon as possible. Thank you!

Dates/Scheduled Trips:

<u>June</u>
CB Smith Paradise Cove 11 th
All Golf Miniature Golf 13 th
Miramar Aquatic Center 16 th & 30 th
Miami Marlins Game 18 th
*Flippers Movie Theater 20 th
Jungle Island 25 th

<u>July</u>
CB Smith Paradise Cove 2 nd & 23 rd
Young At Art 9 th
Sparez Bowling 11 th & 25 th
Miramar Aquatic Center 14 th
Imax/Museum 16 th
*Flippers Movie Theater 18 th
Miami Marlins 30 th

<u>August</u>
CB Smith Paradise Cove 6 th
Pines Ice Arena 7 th
Flippers Movie Theater 8 th

*** Movie ratings may be G or PG.**

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 (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.

*** Movie ratings may be G or PG.**

Child’s Name: _____

I give permission for my child to ride the bus for these field trips.

Parent/ Guardian Signature: _____

Print Parent Name: _____

Today’s Date: _____

All Field Trips Are Subject To Change Without Prior Notice



T-Shirt Order Form



Please indicate your child's t-shirt size for his or her summer t-shirt.

Student's Name _____

Counselor's Name _____

Current Grade _____

Child Size

6/8 _____ 10/12 _____ 14/16 _____

Adult Size

Sm _____ Med _____ LG _____ XLG _____

Cost for additional t-shirts, will be \$8.00 each.

Total number of t-shirts ordered _____.

OFFICE USE ONLY

\$ _____