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

(PRINT CLEARLY) Child Enrollment Information (PRINT CLEARLY)

Nickname: _____ **Four (4) Digit Entry Passcode**_____

Child's Name: _____Date of Enrollment: _____

Address:_____City_____Zip Code_____

Sex: **M or F** D.O.B._____ Birthplace:_____ (State)____ Primary Language spoken_____

School Grade: 2's , 3's , Pre-K Has your child attended preschool before ____yes or ____no

Ethnicity_____ Race: ____ Caucasian ____ African American ____ Asian or Other_____

Family Information: Child Lives With _____

Parent 1	Parent 2
Parent 1 Name _____	Parent 2 Name _____
Address_____	Address_____
City_____ Zip Code _____	City_____ Zip Code _____
Home Phone _____	Home Phone _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Email _____	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:

Name:_____/_____ Cell Phone _____

Name:_____/_____ Cell Phone _____

Name:_____/_____ Cell Phone _____

_____ _____/_____
Print name of person enrolling child Signature of person enrolling child DATE

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 challenges 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 (EDC) 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 (EDC) 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/Guardian Name:_____

Parent/Guardian 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/Guardian Name:_____

Parent/Guardian 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 Policy and
Parent's Name

have retained a copy.

Child's Name:_____

Print Parent/Guardian Name:_____

Parent/Guardian 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
Site Supervisor

1. By my signature below, I give the City of Pembroke Pines Early Development Center (EDC) 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/Guardian Name: _____

Parent/Guardian Signature: _____

Date:_____

CITY OF PEMBROKE PINES

EARLY DEVELOPMENT CENTER (EDC) 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 (EDC) 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

“KNOW YOUR CHILDCARE FACILITY”

Dear Parent/Guardian

Florida child care regulations require your child care provider to verify that you received a copy of “Know Your Child Care Facility” brochure. On the lines below, please write the name of each child you have placed in the care of this provider.

Complete and sign the statement at the bottom.

Child_____ Child _____

Child_____ Child _____

I_____, have received a copy of the consumer
Parent Name

education brochure entitled “Know Your Child Care Facility”.

_____ _____
Signature of Parent/Guardian Date

“INFLUENZA VIRUS, THE FLU A GUIDE TO PARENTS”

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Parent/Guardian Name:_____

Child’s Name:_____

Signature:_____ Date Received:_____

THREE TYPES OF LEARNING STYLES

The Visual Learner (learns by watching)

- Prefers books with pictures and illustrations
- May seem to daydream during a lesson or conversation
- Is distracted easily by untidiness or movement
- May forget names, but remembers faces

The Auditory Learner (learns by hearing)

- Enjoys listening but also likes to talk
- May forget faces but remembers names
- Likes talking on the telephone
- Generally likes music and rhythm

The Kinesthetic Learner (learns by doing)

- Has difficulty sitting still for very long
- Likes action books and movies
- Will try almost anything impulsively
- May have a short attention span

LEARNING STYLE SUMMARY

Child's Name: _____

Child's Birth date: _____

You may request a Teaching Style, NOT A TEACHER. The style of teaching that you feel best suits your child's needs may not match with a teacher that YOU feel fits this profile. The teachers and I put much thought into classroom placement. Your input is important to us, but please trust that we will place your child with a teacher that we feel best meets his/her needs.

Please describe your child's learning style: _____

_____

_____

_____

_____

Thank you,

Susan L. Cohen

Susan L. Cohen, MS
Site Supervisor

Print Parent/Guardian Name: _____

7/11/2014
G

TO BE COMPETED FOR NEW STUDENT ONLY

NO GUARANTEED ADMISSION TO CHARTER SCHOOL

In making application for my child to attend the City of Pembroke Pines Early Development Center (EDC) Central Campus, I understand that, when it comes time for my child to enter Kindergarten there is no guarantee he/she will automatically be enrolled in the Charter Elementary Schools.

Admission to the Charter Elementary School is done on a random lottery basis, and must be applied for independently of the preschool.

Child's Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

CITY OF PEMBROKE PINES
EARLY DEVELOPMENT CENTER (EDC)
CENTRAL CAMPUS

I hereby acknowledge receipt and examination of the Parent Manual (Agreement) (pages 1-24) and state that I understand and agree to abide by all provisions contained therein. I 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!

7/11/2014
H

Board of Broward County Commissioners, Broward County Florida
SOCIAL SERVICES DIVISION
CHILD CARE PROGRAM

Child's Name:_____Date_____

ALTERNATE NUTRITION PLAN

Name of Facility: City of Pembroke Pines Early Development Center (EDC) Central Campus

Address : 12200 Sheridan Street Pembroke Pines, Florida 33026

Dear Parent,

In accordance with the Broward County Child Care Ordinance, parents and the childcare facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the family.

Please read the following carefully, sign and return as soon as possible to the Site Supervisor.

The Facility agrees to provide a nutritious:
(Director checks those which apply)

_____ Breakfast

__x__ Mid-Morning Snack

__x__ Mid-Afternoon Snack

_____ No Meals or Snacks

The parent agrees to provide a nutritious:

_____ Mid-Morning Snack

__x__ Lunch

_____ Mid-Afternoon Snack

I have read the alternate nutrition plan and agree to meet the child's nutritious needs as defined below.

School Director's Signature: __Susan L. Cohen_____

Parent's/Guardian's Signature: _____

Meals provided by parents should consist of the following:

A.	Meat/Poultry/Fish	2 ounces
	or Cheese	2 ounces
	or Eggs	1 egg
	or Peanut Butter	4 tablespoons
	or Dried Beans and Peas	½ cup
B.	Fruits (2 or more)	½ cup
	or Vegetables	½ cup
	or Fruit and Vegetables	¾ cup total amount and vegetables must equal ¾ cup
C.	Bread	1 slice
D.	Butter	1 teaspoon
E.	Milk	1 cup/8 oz.

City of Pembroke Pines
Early Development Center
CENTRAL CAMPUS

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

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

Dear Parents:

In accordance with Broward County Child Care Ordinance 65C-22.005 Food and Nutrition, the City of Pembroke Pines Early Development Center Central Campus must inform each parent of each food-related activity which would include food consumption. Written parental permission may be obtained in the form of a general permission slip. Documentation of parent permission for food activities must be maintained for a minimum of four (4) months from the date of each activity.

This notice will serve to inform you that: a. we offer hot lunches catered from an outside source; b. we bring in snacks from an outside vendor; c. parents may choose to send in a birthday treat, store bought only; d. we bring in food from an outside source on Thanksgiving and graduation; e. we have cooking activities involving food in each classroom at least once each month.

Your signature below acknowledges that you have been advised of each food-related activity at the City of Pembroke Pines Early Development Center Central Campus.

Thank you for your cooperation.

Sincerely,

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

_____ _____
Parent Signature Acknowledges Receipt of Above Information Child's Name

_____
Date

7/11/2014
J

☐ 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.

PARENT OR GUARDIAN

NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____

PARENT OR GUARDIAN

NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____

SWIM CENTRAL WATER SAFETY EDUCATION QUESTIONNAIRE

Child Care Facility: City of Pembroke Pines Early Development Center Central Campus Date: _____

Child's Name: _____ Age: _____

Parent's Name: _____

Address: _____

1. Has your child ever taken swim lessons? Yes_____ No _____
2. Can your child roll over and float on his/her back? Yes_____ No _____
3. Can your child swim to the side of the pool? Yes_____ No _____
4. Have you taken a Community Water Safety Course? Yes_____ No _____
5. Is anyone in your household certified in CPR? Yes_____ No _____

Additional Comments: _____

_____

_____

Please mail or fax this back to:

SWIM Central
1 North University Drive Suite 401B
Plantation, FL 33324
Fax 954-357-8102

_____ I have received swim Central water safety information **(Included in school Parent Manual)**

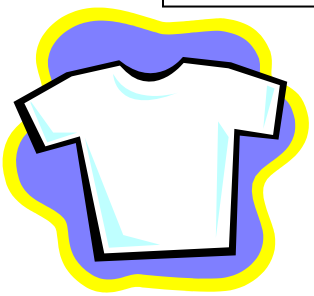
_____ I have NOT received SWIM Central water safety information

7/11/2014
L

OFFICE USE ONLY

$_____

T-Shirt Order Form



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

Student's Name_____

Teacher's Name_____

Child Size

2/4_____ 6/8_____ 10/12_____ 14/16_____

Please see sample sizes in front office.
Once ordered, t-shirts are not exchangeable for another size.

Extra t-shirts may be purchase for $8.00 each. CASH ONLY

7/11/2014
M