

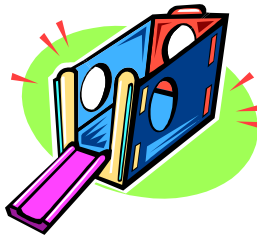
Mini Camp 2011-2012 School Year Kindergarten through Fifth Grade

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 \$30.00 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 \$30.00 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.



\$30.00 registration

School's Out / Camp's In

\$30.00 per day

Mini-Camp

September 29 - Sparez Bowling

October 28 - Pumpkin Patch
(Ghouly Goodies)

December 19- Sparez Bowling

December 20 – All Star Event (Holiday Show)

December 21 – Pines Ice Arena (Jacket, long pants & gloves)

December 22 – Flippers Cinema

December 23 - Arts and Crafts Project
(closing at 2:00pm)

December 26, 2011 - CAMP CLOSED!

December 27 – All Star Event (Rascal Racers)

December 28 – Games On the Go

December 29 - New Year's Chocolate Fountain

December 30, 2011 - CAMP CLOSED!

January 20 – Miniature Golf

March 12 – IGFA (Fishing Hall of Fame)

March 13 – Games On The Go

March 14 — Flippers Cinema

March 15 – All Star Event (Water Walkers)

March 16 – YMCA (Wear your bathing suit)

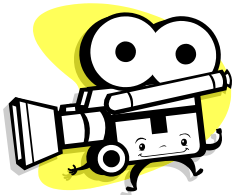
March 30 — Miniature Golf

April 6 — Flippers Cinema

May 25 – 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 \$30.00 per day. There will be a registration fee of \$30.00 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 2011-2012
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 2011-2012. 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 29th - Sparez Bowling

October 28th – Pumpkin Patch/Hayride

December 19th – Sparez Bowling

December 20th –All Star Event

December 21st – Pines Ice Arena

December 22nd – Flippers Cinema

December 23rd – Arts and Crafts

December 27th – All Star Event

December 28th –Games On The Go

December 29th – Chocolate Fountain

January 20th -Miniature Golf

March 12th – IGFA

March 13th –Games On The Got

March 14th – Flippers Cinema

March 15th – All Star Event

March 16th – YMCA

March 30th – Miniature Golf

April 6th - Flippers Cinema

May 25th – 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: _____

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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. ____/____/____ 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: _____

