



Summer Camp 2021 Kindergarten and First Grade

The City of Pembroke Pines Early Development Center Central Campus runs a fun-filled summer program. Summer camp will be held in the preschool building P. Summer Camp for K and 1st Graders (June 14th thru August 5th) is fast approaching, and registration has begun!

In an effort to better accommodate all of you who want your children to attend our Summer Camp Program, we need you to pay a one time registration fee of \$25.00 and a summer activity fee of \$75.00

Weekly tuition is \$179.00 per week regardless of whether your child attends camp for 1 or 5 days each week. CHILD'S SPOT IN SUMMER CAMP WILL NOT BE SECURED UNTIL THE REGISTRATION AND SUMMER ACTIVITY FEE IS PAID IN FULL.

Due to the growing popularity of our Summer Camp, spaces are limited, and we must reserve the spaces on a first paid first served basis. Please note that this money is NOT REFUNDABLE, and cannot be used for anything other than our 2021 Summer Camp.

Please fill out the packet online, print, sign and return to the Early Development Center, 12200 Sheridan Street, (P Building) (the registration fee is \$25.00). All checks should be made payable to the "City of Pembroke Pines".

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

Thank you.

PLEASE COME BY THE PRE-SCHOOL TO FILL OUT YOUR PACKET OR GO
ONLINE TO "www.pines.com/centraledc"

NO HANDWRITTEN FORMS WILL BE ACCEPTED.



SUMMER CAMP RULES AND REGULATIONS

Welcome to the City of Pembroke Pines Early Development Center Central Campus k AND 1ST grade Summer Camp 2021. 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 Preschool Central Campus (building P). Camp will begin Monday, June 14th and will end Friday August 6th, (excluding July 5th). Hours of operation are from 7:00 am until 6:00 pm. **Parents are required to pick up children by 6:00 p.m.** We realize that emergencies do occur. **It is your responsibility to call the school/camp as a courtesy and inform the administrative staff, but this does not absolve you from paying the late fee charges. Please make note of our telephone number: (954) 322-3350.** A child who is picked up late can get anxious, and teachers who have worked a full day need to be able to count on leaving their job promptly. We pride ourselves on being a school/camp whose parents are on-time and strive to have no violations of this rule.

Our school/camp closes at 6:00 p.m.; **parents arriving after 6:00 p.m. will be penalized as follows:**

1. Parents will be charged a per-child late fee of \$20.00 for arrival between 6:01 and 6:06 p.m.
2. Arrival between 6:07 p.m. to 6:15 p.m. will be an additional \$25.00.
3. Arrival between 6:16 p.m. to 6:30 p.m. will be an additional \$25.00.
4. Arrival between 6:31 p.m. to 6:45 p.m. will be an additional \$25.00.
5. Arrival between 6:46 p.m. to 7:00 p.m. will be an additional \$25.00.

Parents who are late more than three (3) times in picking up their child will have their childcare services terminated.

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.

It is the parent's responsibility to notify the On-Site Supervisor, 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 the **Friday** prior to the following week. 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 \$179.00 per week. There will be a one time registration fee of \$25.00 for any child. **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 \$75.00 is due on registration. This fee covers all in house events, and fun activities. **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.** Cash or Credit Card tuition payments must be made at the Preschool Office. (Credit cards cannot be used after 5:00 pm)

3. Payments may be made by cash, check or credit card (before 5:00 pm). Please note that a convenience fee of 2.6% of the total paid by credit card or debit card is assessed by electronic processing company, no part of the convenience fee goes to the City. Therefore, the convenience fee for credit cards or debit cards is non- refundable.
4. 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.
5. No refund or adjustments are made for days of absence, holidays, illnesses or camp closings due to inclement weather.
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. Understand that as of May 21, 2021 a \$30.00 fee will be charged for cancellations of each reserved week or exchange of each reserved week for another.

DAILY SCHEDULE

Due to our daily schedule which includes gym, playground and sports, children **must** wear sneakers every day. Please make sure your child wears sneakers and comfy clothes. A weekly schedule will be posted every Friday.

ELECTRIC DEVICES

Please know we are not responsible for electronic devices 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 Supervisor, 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/camp 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 Supervisor, 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 Supervisor 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.

DISCHARGE POLICY:

The City of Pembroke Pines Early Development Center (EDC) Central Campus reserves the right to cancel the enrollment of a child for the following reasons:

- Non-payment or excessive late payments of fees;
- Not observing the rules of the Center as outlined in this Summer Camp Packet; (i.e., habitual lateness or absenteeism from the program);
- Child has special needs which we cannot adequately meet with our current staffing patterns;
- Physical and/or verbal abuse of staff or children by parent or child.

SUMMER CAMP TUITION
K and 1st grade
(June 14th thru August 6th)

FEE POLICIES

Fees are due weekly, and must be paid on the **Friday** prior to the following week. 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 \$179.00 per week, plus a one time activity fee of \$75.00 for the summer. There will be a one time registration fee of \$25.00 for any child.

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.

____ Changes, cancellations and additions

Initial
I/we understand that as of May 21, 2021 a \$30.00 fee will be charged for cancellations of each reserved week or exchange of each reserved week for another. 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 14 th thru June 18 th	
2	June 21 st thru June 19 th	
3	June 28 th thru July 2 th	
4	July 5 th thru July 9 th (Closed 7/5/21)	
5	July 12 th thru July 16 th	
6	July 19 th thru July 23 rd	
7	July 26 th thru July 30 th	
8	August 2 nd thru August 6 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!**

CITY OF PEMBROKE PINES

EARLY DEVELOPMENT CENTER (EDC) CENTRAL CAMPUS

RELEASE AND WAIVER OF LIABILITY

Child's Name: _____

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF CITY OF PEMBROKE PINES EARLY DEVELOPMENT CENTER CENTRAL CAMPUS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM CITY OF PEMBROKE PINES EARLY DEVELOPMENT CENTER IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND CITY OF PEMBROKE PINES EARLY DEVELOPMENT CENTER CENTRAL CAMPUS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Print Registering Parent/Legal Guardian Name

Registering Parent/Legal Guardian Signature

Date

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

Child Enrollment Form

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: 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 _____
Registering Parent _____ Address _____ City _____ Zip Code _____ Home Phone _____ Employer _____ Occupation _____ Work Phone _____ Cell Phone _____ Email _____	Other Parent _____ Address _____ City _____ Zip Code _____ Home Phone _____ Employer _____ Occupation _____ Work Phone _____ Cell Phone _____ Email _____	

Parent's Marital Status **S M D or W** Name(s) and Ages of Siblings _____

Person permitted to remove child: Registering Parent **YES or NO** Other Parent **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:	Authorized Release/Contact for Registering Parent
Name: _____	/ _____ Cell Phone _____
Name: _____	/ _____ Cell Phone _____
Name: _____	/ _____ Cell Phone _____

Authorized Release/Contact for Non- Registering Parent

Name: _____	/ _____ Cell Phone _____
Name: _____	/ _____ Cell Phone _____
Name: _____	/ _____ Cell Phone _____

The registering parent and the non-registering parent of a child shall be listed on the Child Enrollment Form as persons authorized to pick their child up from school. No parent shall delete or in any way alter the names that have been provided on this form by the other parent. If Parental Rights have been revoked, than a certified copy of such court order must be provided to the school's office.

Print Registering Parent/Guardian Name

Registering Parent/Guardian Signature

Date

EMERGENCY INFORMATION

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

Name of Child's Physician: _____ Phone Number: _____

Physician's Address: _____

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

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, friends, 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 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 camp 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 and activity fee.

In the event my child becomes ill or injured while under camp 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 centers site supervisor as soon as possible.

I _____, have read the Camp's Discipline Policy
Parent's Name

an 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. 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/camp.
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/camp.

Child's Name: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

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, Credit Cards, 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: _____

PARENT OR GUARDIAN

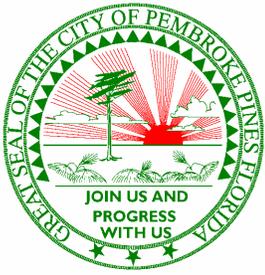
NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____

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City of Pembroke Pines

Early Development Center

Central Campus



Frank C. Ortis, Mayor
Thomas Good Jr, Vice-Mayor
Charles F. Dodge, City Manager

Angelo Castillo, Commissioner
Iris A. Siple, Commissioner
Jay Schwartz, Commissioner

March 5, 2021

Dear Parents,

We have planned special events for the children throughout the 2021 summer that, due to lack of space, we will not be able to hold in our Early Development Center. We will need to use the Central Charter School Campus.

Please sign the permission form below to allow your child to walk from the Early Development Center Central Campus to the Central Charter School Campus for these events. They will take place throughout the 2021 summer.

Sincerely,

Susan L. Cohen

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

Child's Name: _____

Parent's Name (please print) _____

Parent's Signature _____

State of Florida and Early Childhood Coalition Approved VPK Providers

Early Development Center Central Campus • 12200 Sheridan Street • Pembroke Pines, Florida 33026 • 954-322-3350

Authorization for Release of Records

Student Name: _____

Student DOB: _____

I hereby authorize the City of Pembroke Pines Early Development Center Central Campus staff to view my child's records, which are on file at the school.

Parent/guardian Signature

Date