



Mini Camp

2025-2026 School Year

Kindergarten through Fourth Grade

The City of Pembroke Pines Early Development Center (EDC) Central Campus will provide Mini Camp for the teacher work days, winter break, and spring break. (see schedule below). All mini camps will be held in the charter elementary school cafeteria.

The cost will be \$50.00 per day. Space is limited and based on a first-paid, first served basis. Please download the appropriate packet online (<https://www.ppines.com/564/Camps-and-Mini-Camps>), fill out (no handwritten forms please - it is a fillable PDF) and return the forms with the **non-refundable** \$50.00 registration fee to the preschool office. This registration fee will also cover our Summer Camp registration. All checks should be made payable to the City of Pembroke Pines.

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

Thank you.

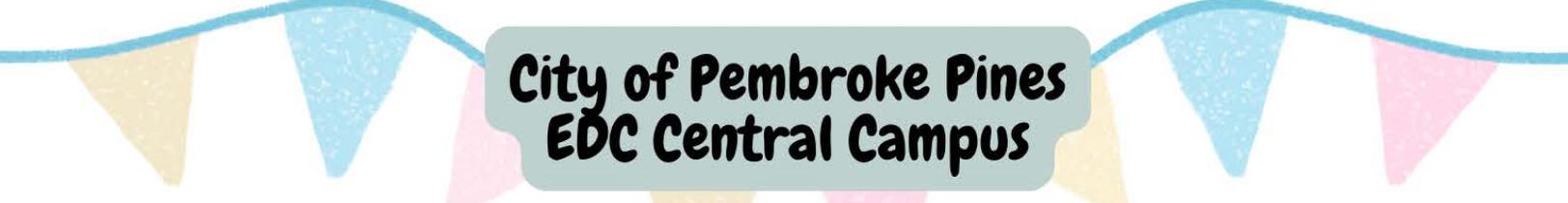
Minimum attendance is required for all events. If minimum attendance is not met, Mini-Camp Day may be cancelled or the event changed.

Packets are available at: www.ppines.com/561/Central-Campus

Enrollment forms must be typed - we cannot accept handwritten forms

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





City of Pembroke Pines EDC Central Campus

MINI CAMP

September 23, 2025 - Little Artists: Doodle and Comics Day
October 2, 2025 - In-House Movie Day: Popcorn and Plushies Party
October 13, 2025 - Little Scientists: Lego Challenges
October 20, 2025 - Little Artists: Wearable Art Day
December 22, 2025 - All Star Event: Mama Elf Show
December 23, 2025 - Field Day with Kidokinetics
December 24, 2025 - Little Scientists: Reactions and Creations
December 29, 2025 - Little Artists: Zines for Kids
December 30, 2025 - Snapology (STEM & Robotics)
December 31, 2025 - In-House Movie Day: Pajama Party
January 5, 2026 - All Star Event: Magic Show
March 13, 2026 - All Star Event: Castle Jump and Slide
March 16, 2026 - Little Artists: Collage and Altered Board Books
March 17, 2026 - Field Day with Kidokinetics
March 18, 2026 - In-House Movie Day: Walk of Fame Party
March 19, 2026 - Little Scientists: Imagine It! Build it!
March 20, 2026 - Wild Animal World
April 3, 2026 - Little Artists: Canvas Paint Alongs
April 6, 2026 - All Star Event: Big Top Bounce

\$50 Registration Fee
\$50 Daily Mini Camp Fee

CITY OF PEMBROKE PINES EARLY DEVELOPMENT CENTER
CENTRAL CAMPUS
12200 SHERIDAN STREET
PEMBROKE PINES, FL 33026
954-322-3350 WWW.PPINES.COM/CENTRALEDC
EVENTS ARE SUBJECT TO CHANGE



MINI CAMP RULES AND REGULATIONS

Please note, we cannot assume that because you registered and attended one Mini Camp that you will be attending all of them. We need a count in advance of the number of children attending the 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 (EDC) Center Central Campus and will operate on the Central Campus between the hours of 7:00 am and 6:00 pm.

DAYS OF OPERATION

The days of operation will include all days that school is not in session (excluding legal holidays and select days). Daycare provisions during holidays or non-school days **MUST** be made separately with the Early Development Center (EDC) 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 \$50.00 per day. There will be a **non-refundable** registration fee of \$50.00 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.

Parents are required to pick up children by 6:00 p.m. We realize that emergencies do occur. If you will be late, it is your responsibility to call the school 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 camp whose parents are on-time, and we strive to have no violations of this rule.

Our mini-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.

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 teachers and/or 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 (EDC) 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: _____

Print Registering Parent/Guardian Name: _____

Parent/Legal Guardian's Signature: _____

Date: _____

**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/Guardian Name: _____

Registering Parent/Guardian Signature: _____

Date _____

City of Pembroke Pines
Early Development Center (EDC)
Central Campus
Mini-Camp K-4th 2025-2026

Field Trip/In-House Events Permission Form

The City of Pembroke Pines Early Development Center (EDC) Central Campus has planned the following field trips and in house activities for K-4th Mini-Camp 2025-2026. We would like your permission for your child to attend any or all of the following possible events. Please sign the lower part of this form and return it to the main office as soon as possible. **Mininum attendance is required for all field trips and in-house events. If mininum attendance is not met, Mini-Camp Day may be cancelled or event changed.** Thank you!

- All Star Events (Includes: bounce houses, slides, magic show and holiday shows)
- Snapology
- In-House Movie Days (movies rated G or PG)
- In-House Science Day Projects
- In-House Art Projects
- Kidokinetics of South Florida
- Wild Animal World animal show

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 (EDC) 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.

Print Registering Parent/Guardian Name: _____

Registering Parent/Guardian Signature: _____

Today's Date: _____

Field trips and events are subject to change without prior notice.

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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 Mini-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 pastimes, 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 Registering Parent/Guardian Name: _____

Registering 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 Registering Parent/Guardian Name: _____

Registering 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 have
Registering Parent's Name

retained a copy.

Child's Name: _____

Print Registering Parent/Guardian Name: _____

Registering 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. 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 Registering Parent/Guardian Name: _____

Registering Parent/Guardian 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, 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: _____