



672 CAMELLIA DR ROYAL PALM BEACH, FL 33411 561-793-6533  
[ABOVEANDBEYOND561@GMAIL.COM](mailto:ABOVEANDBEYOND561@GMAIL.COM) WEBSITE: ABOVEBEYONDPRESCHOOL.COM  
**CHILD APPLICATION BOOKLET**  
 Classroom \_\_\_\_\_ Year 2020/2021 Drop off \_\_\_\_\_ am/Pick up \_\_\_\_\_ pm

Days of the week child will be attending-PLEASE CIRCLE (Mon-Tues-Wed-Thurs-Fri) MEALS GIVEN (BR-LU-SNACK)

This application booklet must be filled out completely and accepted prior to admission. Immunization form (Blue form), physical exam (Yellow form) and a copy of birth certificate must be attached. For After-Preschoolers only a birth certificate is required. Any child being enrolled thru the early learning coalition (ELC), must have a Child Care Certificate from ELC before we can enroll them. The registration fee and tuition for the first week must also accompany this packet and are non-refundable. A copy of ID for Mom, Dad and/or Legal Guardian is required.

Registration fee (annually) \$100-child/ \$150 for a family 3 Hour VPK (No Charge)

**CHILD INFORMATION- PLEASE PRINT**

Child's Legal Name:  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Enrollment Date: \_\_\_\_\_ Start Date \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Known Food/Drug Allergies \_\_\_\_\_  
 Last School Attended \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_  
 Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Child lives with \_\_\_\_\_  
 Password \_\_\_\_\_  
 Legal Custody: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_\_\_  
 Please provide a copy of custody papers so we may keep on file with Above and Beyond Preschool, LLC

**Family or Legal Guardian- information- PLEASE PRINT**

Mother's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 CELL# \_\_\_\_\_ Home \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_  
 WORK# \_\_\_\_\_ EXT \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Carrier \_\_\_\_\_  
 Marital Status: Single-Married-Divorced-Separated-Widowed

Father's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 CELL# \_\_\_\_\_ Home \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_  
 WORK# \_\_\_\_\_ EXT \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Carrier \_\_\_\_\_  
 Marital Status: Single-Married-Divorced-Separated-Widowed

**School Discipline Policy:**

We expect our students to respect the rights of other children and staff members. We strive to instill in our children that they should treat others as they would want to be treated. All school property including classroom materials and school grounds should be treated with respect. Our students and staff deserve the right to enjoy each day they attend our facility. We provide clear boundaries and rules stated in the positive (what we need to child to do vs not what we do not want them to do)

Examples:

- Use your walking feet.....not stop or don't run
- Use your inside voice.....not stop or don't yell
- Use gentle loving hands.....not stop or don't hit

Our teachers will be re-remind the children of these rules regularly and as needed. Studies have shown that children usually misbehave because of trying to get a need met such as attention, acceptance, comfort, etc. We believe the purpose of discipline is to facilitate the development of self-respect, inner control, acceptable behavior and respect for the rights of others.

Inappropriate behavior is dealt with immediately on a one on one basis. Our teachers will use redirection, role modeling, logical consequences and time out: explain choices, conflict resolution techniques and individual behavior modification programs. All discipline methods we use are based on the understanding of each child's individual needs and their stage of development. Our learning environment is structured to minimize behavioral problems. Physical fighting is prohibited and verbal spats with other classmates are discouraged. We will intervene to resolve these actions. However, such continued behavior will result in suspension and finally termination. Our proactive methods include:

- Providing ample supply of varies toys options
- Keeping materials easily accessible to the children
- Maintaining flexibility with an age-appropriate schedule
- Providing a good balance of child directed vs teacher directed activities
- Create stimulating and developmentally appropriate classroom that engage and challenge the children
- Teachers make themselves available to the children playing alongside them and modeling successful and appropriate interactions
- Teachers proactively intervene into potential problems to assist children in making positive choices
- Making sure all the children's needs are met so they don't become overly tired, hungry, or thirsty
- Providing ample supply of varies toys options
- Provide positive rules for the children
- Provide child with choices

When misbehavior occurs, the following approaches are used:

- Distraction for infants and toddlers where teachers involve the child in a more positive choice and ignore the inappropriate behavior
- Redirection-teachers help the child focus their attention on a more acceptable alternative
- Provide children with choices
- Logical consequences-teachers allowed the logical consequences occur then the teacher helps the child understand how this occurred
- Conflict resolution- Teaches and promotes interactive conversations between the children in conflict to help resolve the issue themselves
- Behavior modification program – children can have individual program established addressing their individual needs with the help and cooperation of their parents when necessary.

We will not use punishment in any way. No form of physical punishment will ever be used. Nor will we use anything that is severe, humiliating or frightening. Nor anything associated with food, rest, or toileting. While on campus grounds we expect parents to adhere to our policies with their children.

**X** \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE HERE

DATE

Generally, we have very few serious discipline problems. If, however, one should develop, it will be resolved in a manner that is best for the child, teacher and center.

It is not our expectation that each child will model perfect behavior at all time. Children are children We hope these guidelines will lead your child toward good behavioral habits in their early learning years and beyond.

If there should be any questions or areas that require elaboration, please drop by the office.

NOTE ON LABELING ITEMS: YOU ARE REQUIRED TO LABEL WITH A PERMANENT BLACK MARKER ALL OF YOUR CHILD'S BELONGINGS. WE ARE NOT BE RESPONSIBLE FOR LOST ITEMS ..... PARENT INITIALS

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR A MINOR**

Chapter 65C-22 PBC Rules require that parents complete an Authorization for emergency medical care in the event of serious illness or accidents and if the parents cannot be reached.

I certify that I am voluntarily providing Above and Beyond Preschool, LLC with the medical insurance information for my child, whom I am registering in a Above and Beyond Preschool, LLC preschool/daycare program. In the event that I cannot be reached, the physician cannot be reached or any of the alternative people I have designated for an emergency, I give permission to a representative from Above and Beyond Preschool, LLC to obtain first aid and or emergency medical care for my child including transporting my child to the nearest emergency facility. In addition, I give permission to any physician and or emergency facility to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate medical treatment. I understand that all medical expenses for my child, are the sole responsibility of the parent(s)/Guardian(s).

Please note: In case of an emergency Palms West Hospital is the nearest pediatric emergency care to the facility. Above and Beyond nor the parent has the option to choose a hospital of choice.

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE HERE

\_\_\_\_\_  
DATE

**ILLNESS POLICY**

Any child with a temperature over 100 degrees Fahrenheit or higher will not be permitted to attend school. Children with diarrhea or vomiting may not attend school. A child must be fever and or symptom free for 24 hours in order to be re-admitted. If your child was diagnosed with a contagious disease, please obtain a doctor's note in order for your child to be re-admitted to school. It is important to keep your child home while sick and recovering so as not to infect the school, the other children and the staff. Any child who becomes ill in school will be isolated and made comfortable until a parent or guardian can be contacted. Parents or persons on your authorized list are expected to arrive to pick up the child as soon as possible after being notified of an illness.

In case I cannot be reached the following people in section D will be called to pick up my child from the center.

Is spouse legally permitted to pick up for emergency? YES/NO..... PARENT INITIALS

Is spouse legally permitted to pick up too take home? YES/NO..... PARENT INITIALS

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE HERE

\_\_\_\_\_  
DATE

**LIST ANY AND ALL ALLERGIES OR RESTRICTIONS**

\_\_\_\_\_ OR THERE ARE NO ALLERGIES OR RESTRICTIONS

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE HERE

\_\_\_\_\_  
DATE

**WAIVER TO BE PHOTOGRAPHIC**

I HEREBY RELEASE ABOVE AND BEYOND PRESCHOOL, LLC TO USE MY CHILD IN INDIVIDUAL OR GROUP ACTIVITY PICTURE(S) FOR PROMOTIONAL PURPOSES.

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE HERE

\_\_\_\_\_  
DATE

**PICK-UP PERMISSION FORM**

CHILDREN MAY BE RELEASED TO CUSTODIAL PARENTS OR A PERSON SIXTEEN (16) YEARS OF AGE OR OLDER AUTHORIZED IN WRITING AND LISTED ON THIS ENROLLMENT FORM. THERE WILL BE NO EXCEPTION AS THIS REQUIREMENT IS DEFINED BY THE PALM BEACH COUNTY HEALTH DEPARTMENT.

I GIVE PERMISSION FOR MY CHILD TO BE RELEASED TO THE FOLLOWING PEOPLE. THESE PEOPLE ARE ALLOWED TO PICK UP MY CHILD AT ANY TIME DURING THE YEAR (PASSWORD AND ID REQUIRED). A MINIMUM OF THREE (3) CONTACTS ARE REQUIRED BY THE DEPARTMENT OF HEALTH REGULATIONS.

1.	_____	_____	_____	_____
	Name	Address	Phone Number	Relationship 2child
2.	_____	_____	_____	_____
	Name	Address	Phone Number	Relationship 2child
3.	_____	_____	_____	_____
	Name	Address	Phone Number	Relationship 2child
4.	_____	_____	_____	_____
	Name	Address	Phone Number	Relationship 2child

**SIGN-IN/ SIGN OUT BOOK POLICY FOR GOVERNMENT SUBSIDIZED PROGRAM**

It is imperative that you sign your full name when you sign your child in and out. **NO INITIALS.** If you are subsidized through any agency of the state of Florida and you do not properly sign them in and out, Above and Beyond Preschool will charge you at a rate of \$45.00 per day for each day that you do not sign in and/or sign out. Subsidized Agencies will not pay Above and Beyond due to no proof of child attendance. Parent are responsible for any outstanding balance not covered by the agency. Additionally, upon receiving subsidized funding, parents are required to sign in and out their child for proper documentation. BY SIGNING HERE, I UNDERSTAND THAT I WILL BE CHARGED FOR EACH DAY MY CHILD IS NOT SIGNED IN/AND OR OUT PROPERLY.

**SIGN-IN/ SIGN OUT BOOK POLICY FOR PRIVATE PAY**

**OUR SIGN IN /SIGN OUT BOOK IS FOR SIGNING YOUR CHILD(REN) IN AND OUT OF OUR CENTER AND IS REQUIRED BY THE PALM BEACH COUNTY HEALTH DEPARTMENT.**

**X** \_\_\_\_\_ DATE \_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE HERE

**AUTHORIZATION FOR APPLICATION OF NON-PRESCRIPTION SUBSTANCES**

INSECT REPELLANT YES/NO | DIAPER CREAM YES/NO | HYDROGEN PEROXIDE YES/NO | ANTI-BACTERIAL CREAM(NEOSPORIN) YES/ NO  
**X** \_\_\_\_\_ DATE \_\_\_\_\_ OTHER \_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE HERE

**CHILD CARE FOOD PROGRAM NUTRITION PLAN AGREEMENT**

I UNDERSTAND AND APPROVE USE OF THE CCFP NUTRITION PLAN. WE WILL PROVIDE BREAKFAST, LUNCH AND AN AFTERNOON SNACK AT NO CHARGE TO PARENTS.

**X** \_\_\_\_\_ DATE \_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE HERE

You may be exempted from the Family Center Food Program by signing the below statement requesting exemption.

I understand and approve the use of the alternative Nutrition Plan. I understand that I must provide breakfast, Lunch and a snack for my child. I agree to provide my child(ren) with adequate food for the duration of time attending that conforms to the FDA food pyramid standards.

**X** \_\_\_\_\_ DATE \_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE HERE  
**X** \_\_\_\_\_ DATE \_\_\_\_\_  
 ADMINISTRATORS SIGNATURE HERE



**EXTENDED CARE ATTENDANCE POLICY**

PRIVATE PAY ONLY- YOU ARE PERMITTED 10 SCHOOL DAY ABSENTS DURING THE SCHOOL YEAR. YOU MAY BE ABSENT ADDITIONAL DAYS AS LONG AS YOU CONTINUE TO PAY YOUR WEEKLY TUITION PAYMENT  
SUBSIDIZED COPAY ONLY: YOU ARE PERMITTED 3 UNEXCUSED ABSENCES PER MONTH. ADDITIONAL ABSENCES MUST HAVE AN APPROVED PHYSICIAN/PARENT NOTE INDICATING ILLNESS REQUIRING A DOCTORS CARE AS WELL AS THE ACTUAL DAYS UNDER HIS/HER CARE NOT TO EXCEED 7 DAYS FOR THAT MONTH. YOUR CHILD MAY BE ABSENT ADDITIONAL DAYS JUST AS LONG AS YOU PAY FULL TUITION RATES TO KEEP YOUR CHILD ENROLLED IN THE SCHOOL

**ADDITIONAL FEES**

OUR CENTER IS OPEN FROM 6:30 AM UNTIL 6 PM MONDAY THROUGH FRIDAY. IF YOU ARE GOING TO LATE PICKING UP YOUR CHILD(REN), PLEASE CALL US AS SOON AS POSSIBLE TO INFORM US OF THIS. YOU WILL BE CHARGED \$3.00 PER MINUTE PER CHILD FOR ALL MINUTES PAST 6:00 PM. **AFTER ONE HOUR** WE WILL CALL THE POLICE AND HAVE THE CHILD TAKEN TO THE POLICE STATION, WHERE YOU CAN PICK UP YOUR CHILD(REN)

IF YOU ARE IN THE AFTER SCHOOL PROGRAM AND YOUR CHILD(REN) WILL NOT BE AT SCHOOL FOR US TO PICK UP, YOU MUST NOTIFY US BY 1:00 PM, BEFORE WE SEND THE SCHOOL VAN FOR THEM OR YOU WILL BE CHARGED \$7.00 PER INCIDENT. IF WE FIND THEY ARE NOT AT THEIR ELEMENTARY SCHOOL WE WILL BE CONTACTING YOU FOR VERIFICATION OF YOUR CHILDS WHEREABOUTS.

I have read and understand the tuition policy as stated above concerning payment and late fees. I have been given the Parent Handbook and will read it.

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE HERE

\_\_\_\_\_  
DATE

**PARKING LOT RULES**

- THERE IS ONLY ENTRANCE TO THE SCHOOL AND THAT IS AT 672 CAMELLIA DR
- THERE ARE TWO LANES- THE RIGHT LANE IS THE PARKING LAN
- THE LEFT LANE IS THE PASS THRU LANE-PLEASE DO NOT PARK IN THE LEFT LANE
- ALWAYS PULL UP AS FAR AS YOU CAN, SO WE CAN GET AS MANY CARS IN THE DRIVEWAY AS POSSIBLE
- ITS OK TO PARK ON THE GRASS IN FROM, BY THE MAILBOX
- PLEASE DRIVE THRU AT 5 MILES PER HOUR. REMEMBER THERE ARE CHILDREN WALKING TO AND FROM CARS

PLEASE HELP! WOULD YOU TAKE ONE MORE MINUTE AND LIST YOUR TOP THREE REASONS FOR SELECTING ABOVE AND BEYOND PRESCHOOL, LLC AND WHERE DID YOU HEAR ABOUT US

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

HOW WERE YOU REFERRED TO US: (LOCATION, GOOGLE, WEB SITE, PERSON- [LIST NAME]) \_\_\_\_\_ ?

**FIELD TRIP PERMISSION**

I give permission for my child to go on supervised walks and field trips (4-year old's and older only). The required number of teachers will go on every trip. All children are required to have a Above and Beyond Preschool T-shirt or they cannot leave the campus.

School Child attends \_\_\_\_\_ Current Grade (pls circle) Kindergarten/1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup>/5<sup>th</sup>  
Time School begins \_\_\_\_\_ time school ends \_\_\_\_\_

I give permission for my child, named above to be transported in the Above and Beyond Preschool, LLC vans from school as well as on various field trips.

I understand that I must contact Above and Beyond Preschool if my child is not going to be picked up from school on any given day. It is important that all the children obey the rules and regulations that are required while riding on the bus/van, interacting behavior may result in a child being dismissed from the program.

I have read and agree to comply with Above and Beyond Preschool's policies.

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE HERE

\_\_\_\_\_  
DATE

**PERMISSION FOR FOOD CONSUMPTION**

**(RELATED ACTIVITIES & SPECIAL OCCASIONS)**

Pursuant to 65C-22.005(1)(c)2., F.A.C. licensed childcare facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: Classroom cooking projects, gardening, school wide celebrations and birthday parties.

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_ to participate in food related activities and special occasions where in food is consumed, subject to the conditions indicated below:  
(parent or guardian) (circle one) (child's name)

Permission options: (Select and initial **one** of options below):

- My child DOES NOT HAVE a food allergy or dietary restrictions. He /She may participate in activities.
- My child DOES NOT HAVE a food allergy or dietary restrictions. However, He /She may not participate in activities.
- My Child HAS a food allergy or dietary restriction. He /She may not participate in activities.
- My Child HAS a food allergy or dietary restriction. He She may participate in activities, but must not eat or handle the following items (please list below):

\_\_\_\_\_  
\_\_\_\_\_

TYPES OF PERMISSION: (SELECT ONE):

specific permission only for: \_\_\_\_\_ date \_\_\_\_\_  
*Food activity or event*

General Permission:

I understand that is my responsibility to update this form if my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

**X** \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE HERE

DATE

**FOOD POLICY-ALLERGIES**

**NO PEANUTS ARE ALLOWED IN SCHOOL GROUNDS, WE ARE A PEANUT FREE SCHOOL.**

**DO NOT GIVE YOUR CHILD ANY FOOD OR SNACKS THAT CONTAIN PEANUTS TO BRING TO SCHOOL**

**NO PEANUT BUTTER SANDWICHES REESES PEANUT CUPS, M&M'S WITH PEANUTS, COOKIES W/ PEANUTS, BROWNIES W/ PEANUTS, PAYDAY BAR, SNICKERS, CANDY THAT HAS PEANUTS IN IT, PEANUT PRODUCTS OF ANY KIND.**

**X** \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE HERE

DATE

**SUPPLY LIST**

**Please make sure your child has the following supplies daily:**

**Children in diapers will need diapers, wipes, and diaper cream  
(please write child's name on each diaper and on box of wipes)**

**All children : extra clothes, crib sheet and small blanket-(please write child's name on all items)**

**EMERGENCY CONTACT**

CHILDS NAME \_\_\_\_\_  
DOB \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_ RACE \_\_\_\_\_

**MOTHER OR GUARDIAN**

NAME \_\_\_\_\_  
PHONE NUMBER C) \_\_\_\_\_ W) \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**FATHER OR GUARDIAN**

NAME \_\_\_\_\_  
PHONE NUMBER C) \_\_\_\_\_ W) \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_  
PHONE NUMBER C) \_\_\_\_\_ W) \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_  
PHONE NUMBER C) \_\_\_\_\_ W) \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_  
PHONE # \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_  
PHONE # \_\_\_\_\_

GIVE A BRIEF MEDICAL HISTORY ON YOUR CHILD INCLUDING ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL INSTRUCTIONS:

\_\_\_\_\_

I GIVE ABOVE AND BEYOND PRESCHOOL LLC PERMISSION TO CONSULT MY DOCTOR OR CALL 911 TO TRANSPORT CHILD TO NEAREST HOSPITAL IN THE EVENT OF AN EMERGENCY AND I CANNOT BE REACHED. I ALSO GIVE PERMISSION TO CALL 911 PRIOR TO REACHING ME, IF DETERMINED THAT TIME IS OF THE ESSENCE FOR MY CHILD TO GET EMERGENCY MEDICAL HELP.

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE HERE

\_\_\_\_\_  
DATE



CHILD'S PERSONAL RECORD

CHILDS NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

CHILDS EMOTIONAL ATTITUDE (PLS CIRCLE ONE OR MORE)

CALM-ENERGETIC-EASILY UPSET-SHY-NERVOIUS-WITHDRAWN-TEMPERAMENTAL- A SCRATCHER-A BITER- A HITTER- OTHER \_\_\_\_\_

ANY FEARS \_\_\_\_\_

ANY SIBLINGS: NO IF YES PLEASE LIST:

NAME(S) \_\_\_\_\_ AGE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_ OTHER LANGUAGES SPOKEN \_\_\_\_\_

ANY DIFFICULTIES IN SPEAKING: NO---IF YES THEN:

HAS YOUR CHILD BEEN TESTED FOR SPEECH AND HEARING ISSUES: NO—IF YES WHAT WERE THE RESULTS:

ANY MAJOR ILLNESSES, ACCIDENTS, OPERATIONS, PHYSICAL OR MENTAL HANDICAPS, HOSPITALIONS, ALLERGIES:

HAS ANY COMMUNICABLE DISEASE-(through the types of incidental contact expected to occur in childcare settings: i.e. (blood, saliva, stool, transferred thru spitting, biting, or mucus)

Circle any that pertain-X out all others (2019-nCoV CRE Ebola Enterovirus D68 Flu Hantavirus Hepatitis A Hepatitis B Hepatitis C HIV/AIDS Measles MRSA Pertussis Rabies Sexually Transmitted Disease Shigellosis Tuberculosis West Nile Virus Zika)

CHILDS BEDTIME: \_\_\_\_\_

DOES HE/SHE TAKE NAPS-NO—IF YES HOW LONG AND AT WHAT TIMES \_\_\_\_\_

IS CHILD A BED WETTER NO/YES?

FAVORITE FOOD: \_\_\_\_\_

LEAST FAVORITE FOOD: \_\_\_\_\_

ANY EATING CONCERNS: \_\_\_\_\_

FAVORITE TOY: \_\_\_\_\_

HOW DOES HE/SHE REACT/RELATE TO STRANGERS \_\_\_\_\_

HOW DOES HE/SHE EXPRESS FEELINGS: \_\_\_\_\_

IS HE/SHE POTTY TRAINED: NO/YES/WORKING ON IT BUT NOT QUITE (CIRCLE ONE)?

IF YES HOW FAR ALONG ARE WE: \_\_\_\_\_

WIPING: (YES/NO) WASHING HANDS: (YES/NO) UNDRRESSING FOR TOILET: (YES/NO) REDRESSING: (YES NO)

ANY POTTY CONCERNS: \_\_\_\_\_

Is there anything else we should know about behaviors, past incidents or anything in general that may help us to better care and understand your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TUITION POLICY AND CONTRACTUAL AGREEMENT**

- ALL TUITION PAYMENTS OR CO-PAYMENTS ARE DUE WEEKLY IN FULL BY THE END OF DAY ON MONDAY OF THE WEEK OF ATTENDANCE.
- LATE PAYMENTS OF TUITION INCURS A \$5.00 PER DAY CHILD LATE FEE FOR EACH DAY NOT PAID STARTING THE FOLLOWING DAY ( TUES.@6:30 AM.) PAYMENTS CAN BE MADE ON OUR WEB SITE = ABOVEBEYONDPRESCHOOL.COM
- WE WILL FILE A NOTICE OF TERMINATION OF SERVICES WITH ELC (IF APPLICABLE) IF FEES ARE NOT PAID.
- ALL TUITION COPAYS AND REGISTRATIONS ARE NON-REFUNDABLE.
- AFTER-SCHOOLERS TUITION INCREASES IF CHILD(REN) ATTEND A FULL DAY (WHEN PUBLIC SCHOOLS ARE CLOSED AND OR YOU ELECT TO HAVE YOUR CHILD(REN) ATTEND A FULL DAY. THIS IS REFERRED AS A NON-SCHOOL DAY, HOLIDAY OR CAMP DAY.
- PRIVATE PAY-AFTERSCHOOL FEE PER DAY IS \$75 WEEK/\$15 DAY. FULL DAY (CAMP DAY) FEE IS \$155 WEEK/\$31.00 PER DAY
- IF AN ELC CHILD TAKES SUSPENSION, THEN WHEN THEY COME BACK, THEY HAVE TO PAY A NEW REGISTRATION FEE
- AGE GROUP                                      REGISTRATION FEE                                      FULL TIME                                      3 DAYS/WK
- 
- Infants-(0-12 Months)                                      \$100.00                                      \$260.00                                      \$235.00
- Toddlers-(12-24 Months)                                      \$100.00                                      \$210.00                                      \$190.00
- Two's-(24-36 Months)                                      \$100.00                                      \$200.00                                      \$180.00
- Three's-(36-48 Months)                                      \$100.00                                      \$190.00                                      \$170.00
- Fours/Fives                                      \$100.00                                      \$185.00                                      \$160.00
- VPK- 3 HOURS                                      \$0                                      \$0
- VPK-W/ WRAP                                      \$100.00                                      \$135 WITH ADD ON FEE OF \$10 PER DAY WHEN NO SCHOOL
- Drop-in per day -(ALL AGES)                                      \$100.00                                      \$45.00 per day
- SCHOOL AGE                                      \$100.00                                      \$175.00 -Virtual School
- SCHOOL AGE                                      \$100.00                                      \$155.00 (NOT INCLUDING ACTIVITIES + FIELD TRIPS)
- (spring, summer and winter camp)
- SCHOOL AGE-(After School)                                      \$100.00                                      \$80.00 with add on fee of \$15 per day when no school
- Family registration fee is                                      \$150.00                                      Fees are subject to change without notice -revised 06/24/2020

Private Pay: Fees have been explained and I understand that my tuition fee is a yearly fee and paid weekly at a rate of \$\_\_\_\_\_ per week. If my account is turned over for collections, or taken to court, I agree to pay all costs and fees including but not limited to attorney and court costs and will agree to 18% interest from date of default.

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE HERE

\_\_\_\_\_  
DATE

ELC Daily Rate \_\_\_\_\_  
- parent co-pay \_\_\_\_\_  
Total ELC pays \_\_\_\_\_  
X 5 = \_\_\_\_\_ (ELC Weekly Rate)  
Weekly tuition fee                      \$ \_\_\_\_\_  
Minus weekly ELC Rate                      \$ \_\_\_\_\_  
Balance due per week                      \$ \_\_\_\_\_  
Balance due A/C 5-PT                      \$ \_\_\_\_\_  
Balance due 5-NSD/H                      \$ \_\_\_\_\_  
Balance due 1-NSD/H +4 PT                      \$ \_\_\_\_\_

ELC Daily Rate \_\_\_\_\_  
- parent co-pay \_\_\_\_\_  
Total ELC pays \_\_\_\_\_  
X 5 = \_\_\_\_\_ (ELC Weekly Rate)  
Weekly tuition fee                      \$ \_\_\_\_\_  
Minus weekly ELC Rate                      \$ \_\_\_\_\_  
Balance due per week                      \$ \_\_\_\_\_  
Balance due A/C 5-PT                      \$ \_\_\_\_\_  
Balance due 5-NSD/H                      \$ \_\_\_\_\_  
Balance due 1-NSD/H +4 PT                      \$ \_\_\_\_\_

ELC Daily Rate \_\_\_\_\_  
- parent co-pay \_\_\_\_\_  
Total ELC pays \_\_\_\_\_  
X 5 = \_\_\_\_\_ (ELC Weekly Rate)  
Weekly tuition fee                      \$ \_\_\_\_\_  
Minus weekly ELC Rate                      \$ \_\_\_\_\_  
Balance due per week                      \$ \_\_\_\_\_  
Balance due A/C 5-PT                      \$ \_\_\_\_\_  
Balance due 5-NSD/H                      \$ \_\_\_\_\_  
Balance due 1-NSD/H +4 PT                      \$ \_\_\_\_\_

ELC: Fees have been explained and I understand that my tuition fee is a yearly fee and paid weekly at a rate of \$\_\_\_\_\_ per week. If my account is turned over for collections, or taken to court, I agree to pay all costs and fees including but not limited to attorney and court costs and will agree to 18% interest from date of default.

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE HERE

\_\_\_\_\_  
DATE

FOR OFFICE PERSONAL

**COPIES OF THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION (CHECK OFF THAT FOLLOWING WAS RECEIVED)**

- |   |   |
|---|---|
| <input type="checkbox"/> Signed enrollment form                         | <input type="checkbox"/> Immunization form-DH3040-Blue      |
| <input type="checkbox"/> Signed Discipline Policy                       | <input type="checkbox"/> Physical exam form DH680-Yellow    |
| <input type="checkbox"/> Alternate Nutrition                            | <input type="checkbox"/> Copy of birth certificate          |
| <input type="checkbox"/> Signed Know your CC Center                     | <input type="checkbox"/> Influenza Flyer (date signed)_____ |
| <input type="checkbox"/> Signed and read Parent Handbook                | <input type="checkbox"/> Emergency information sheet        |
| <input type="checkbox"/> Field Trip Form/Transportation (5-12 yr. old)  | <input type="checkbox"/> T-Shirt order form                 |
| <input type="checkbox"/> Family Central Food Program app                |   |
| <input type="checkbox"/> ID for mother and or Legal Guardian            | <input type="checkbox"/> ID for father or Legal Guardian    |
| <input type="checkbox"/> ID for each authorized person to pick child up | <input type="checkbox"/> Insurance card of child            |
| <input type="checkbox"/> Registration fee paid                          | <input type="checkbox"/> First week tuition paid            |

Director/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

