



CHILD APPLICATION BOOKLET

Classroom _____ Year ____/____ 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. We must have a copy of ID for Mom, Dad and or Legal Guardian.

Registration fee (annually) ...\$100 Per Child \$150 For 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: _____	DOB: _____
Street Address: _____	City: _____ Zip: _____
Social Security #: _____	Driver's License Number: _____
Phone Numbers Home: _____	Cell: _____ Work: _____ Ext: _____
Employer: _____	Address: _____ City & Zip: _____
Marital Status: Single, Married, Divorced, Separated, Widowed	

Father's Name: _____	DOB: _____
Street Address: _____	City: _____ Zip: _____
Social Security #: _____	Driver's License Number: _____
Phone Numbers Home: _____	Cell: _____ Work: _____ Ext: _____
Employer: _____	Address: _____ City & Zip: _____
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-reminder 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 of 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 and 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 can not 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 _____ DATE
PARENT/GUARDIAN SIGNATURE HERE

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.

LIST ANY AND ALL ALLERGIES OR RESTRICTIONS

_____ OR THEIR ARE NO ALLERGIES OR RESTRICTIONS

X _____ DATE
PARENT/GUARDIAN SIGNATURE HERE

AUTHORIZATION FOR APPLICATION OF NON-PRESCRIPTION SUBSTANCES

INSECT REPELLANT X _____ DATE
PARENT/GUARDIAN SIGNATURE HERE
DIAPER CREAM X _____ DATE
PARENT/GUARDIAN SIGNATURE HERE

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	Relation to Child
2. _____	_____	_____	_____
Name	Address	Phone Number	Relation to Child
3. _____	_____	_____	_____
Name	Address	Phone Number	Relation to Child
4. _____	_____	_____	_____
Name	Address	Phone Number	Relation to Child

In case I cannot be reached the following people list above 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 _____

Please provide a Court Order if necessary.

X _____ DATE _____

PARENT/GUARDIAN SIGNATURE HERE

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 rage 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 cover 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 \$45.00 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

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 _____ DATE _____

PARENT/GUARDIAN SIGNATURE HERE

FIELD TRIP PERMISSION

I GIVE PERMISSION FOR MY CHILD TO GO ON SUPERVISED WALKS AND FIELD TRIPS (4 YEAR OLDS AND OLDER ONLY). THE REQUIRED NUMBER OF TEACHERS WILL GO ON EVERY TRIP. ALL CHILDREN ARE REQUIRED TO HAVE AN ABOVE AND BEYOND PRESCHOOL T-SHIRT OR THEY CAN NOT LEAVE THE CAMPUS.

X _____ DATE _____

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 _____
PARENT/GUARDIAN SIGNATURE HERE

DATE

X _____
ADMINISTRATORS SIGNATURE HERE

DATE

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 _____
PARENT/GUARDIAN SIGNATURE HERE

DATE

MY SIGNATURE BELOW VERIFIES THE RECEIPT OF THE FOLLOWING

- initial Sec. 65C-22.006(2), F.A.C. requires a current physical examination form (form3040 and immunization record (form 680/681) prior to enrollment
- initial Sec. 402.3125(5), F.S. requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24)
- initial I have received a copy of the Child Care facility Brochure, "Know Your Child Care Facility"
- initial Chapter 65C-22 PBC Rules requires that parents receive and complete a copy of the Influenza Virus Brochure
- initial I have received a copy of the Influenza Virus Brochure, completed it and signed it.
- initial I was given and read Above and Beyond Preschool Parent Handbook
- initial I was given a Distraction Adult Flyer AKA "Getting in/Getting Out"

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 child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: Classroom food experiences, school wide celebrations and birthday parties.

I _____ give/decline permission for my child _____ to participate in food related activities and special
(parent or guardian) (circle one) (child's name)

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 WITH PEANUTS, COOKIES W/ PEANUTS,BROWNIES
W/ PEANUTS-,PAYDAY BAR,SNICKERS, CANDY THAT HAS PEANUTS IN IT,PEANUT PRODUCTS OF ANY KIND-PERIOD**

X _____
PARENT/GUARDIAN SIGNATURE HERE

DATE

HOLIDAYS, SCHOOL CLOSINGS AND ABSENSE

YOUR TUITION IS DUE IN FULL EVEN IF SCHOOL IS CLOSED FOR THE FOLLOWING REASONS OR YOUR CHILD IS ABSENT:

- Posted holidays
- illness of child(ren)*
- Family vacation**
- severe weather-we follow the palm beach county schools district for emergency closing

*If your child is absent in any calendar month for more then 3 days without a doctor note due to illness, you are responsible for the full amount of tuition (private pay and ELC) for the day(s) absent from school. ELC will cover the first three of absences per month. After that a parent note or doctors note is required for ELC to pay, if a note is not provided, parents are responsible for the full tuition.

**For private pay students-you are permitted one week of vacation after a six months period of enrollment tuition. This means that the week of vacation has no tuition. We must be notified at least one week in advance. if a note is not provided, parents are responsible for the full tuition.

. Vacation time must be taken in full week increments. Attending school for any part of a week, a full week’s tuition is required. Upon termination from our school, any reason, no refund of tuition is given.

UNCOMMUNICATED ABSENSE

If your child (ren) is absence for 3 consecutive days without parental/guardian notice or paid tuition. Above and Beyond has the right to terminate the child (ren). Opening will be filled immediately.

ABOVE AND BEYOND ATTENDANCE POLICY (VPK)

OUR ATTENDANCE POLICY IS GOING TO BE MORE RIGID SINCE EXCESSIVE ABSENCES WILL NOT PERMITTED. Due to the numerous absences your child(ren) testing scores will be affected. The scores can impact your child education during the first year in Kindergarten. WE DO NOT BELIEVE ABSENT FROM THE SCHOOL OVER 3 DAYS PER MONTH IS ACCEPTABLE. WE WILL RESERVE THE RIGHT TO TERMINATE ANY CHILD THAT IS ABSENT FOR 3 DAYS IN ANY MONTH FOR ANY REASON. WE WILL REVIEW EACH INCIDENT ON A CASE BY CASE BASIS. IT WILL BE REQUIRED THAT THIRD PARTY DOCUMENTATION AND PARENT NOTE FOR ANY ABSENBE PAST THREE DAYS PER MONTH BE GIVEN.

ABOVE AND BEYOND VPK PARENT-INCURRED FEES

EVEN IF YOU ARE ENROLLED IN THE 3 HOUR VPK FREE PROGRAM ONLY, YOU WILL BE TERMINATED FROM OUR PROGRAM IF YOU DO NOT PAY YOUR LATE PICK UP CHARGES OUTSIDE OF THE 3 HOUR PROGRAM WITHIN 72 HOURS OF INCURRING THE CHARGE. NO EXCEPTIONS

X _____
PARENT/GUARDIAN SIGNATURE HERE (VPK ONLY)

DATE

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.

AT 7 PM WE WILL CALL THE POLICE TO COME TAKE YOUR CHILDREN AND YOU CAN PICK THEM UP AT LOCAL POLICE SUB STATION

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 LANE
- 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 FRONT, BY THE MAIL BOX
- 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 can not leave the campus.

School Child attends _____ Current Grade (pls circle) Kindergarten/1st/2nd/3rd/4th/5th

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 of 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

SUPPLY LIST

Please make sure your child has the following supplies on a daily basis:

Children in diapers will need diapers, wipes, 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:

CHILDS BED TIME: _____

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) UNDESSING 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

REGISTRATION AND TUITION:

ALL TUITION PAYMENTS OR CO-PAYMENTS ARE DUE WEEKLY IN FULL THE MONDAY OF THE WEEK OF ATTENDANCE. LATE PAYMENTS OF TUITION INCURS A \$5.00 PER DAY CHILD LATE FEE FOR EACH DAY NOT PAID. ADDITIONALLY, 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 CALLED A CAMP DAY.

ELC STUDENTS-AFTERSCHOOL FEE PER DAY IS YOUR PART TIME PARENT FEE. FULL DAY (CAMP DAY) FEE IS YOUR FULL TIME PARENT FEE.

PRIVATE PAY-AFTERSCHOOL FEE PER DAY IS \$75 WEEK/\$15 DAY. FULL DAY (CAMP DAY) FEE IS \$155 WEEK/\$31.00 PER DAY

AGE GROUP	REGISTRATION FEE INCLUDES 1-SHIRT	FULL TIME	3 DAYS/WK
Infants -(0-12 Months)	\$100.00	\$225.00	\$200.00
Toddlers -(12-24 Months)	\$100.00	\$200.00	\$180.00
Two's -(24-36 Months)	\$100.00	\$190.00	\$170.00
Three's -(36-48 Months)	\$100.00	\$180.00	\$160.00
Fours/Fives	\$100.00	\$175.00	\$150.00
VPK- 3 HOURS	\$0	\$0	
VPK-W/ WRAP	\$100.00	\$125 (add \$10 on no school days)	
Drop-in per day (ALL AGES)	\$100.00	\$45.00 per day	
SCHOOL AGE-Camp	\$100.00	\$155.00 (add on for field trips)	
SCHOOL AGE	\$100.00	\$75.00(fee of \$15 per day when no school)	

Family Registration Fee \$150.00

Fees are subject to change without notice -revised 08/12/19

