



**HOLLYWOOD LEARNING CENTERS
AND AFTER CARE ENRICHMENT
1600-1630 Hollywood Blvd. Hollywood Fl. 33020**

**Registration for Fall 2017 - 2018 is Now Open!
Dead Line June 15th, 2017**

Please return the attached Registration packet along
with your Non-Refundable Registration Fee.

Preschool Registration Fee: \$290.00

Summer Camp Registration: \$60.00

After Care Registration Fee: \$60.00

Rollee Pollee: \$35.00 Required for Nap Time

Secure your child's Seat for Fall 2017-2018

Fatima Marin
FPLC - Director
fmarin@fpcoh.org



Welcome Parents, families and children, thank you for selecting our licensed and accredited program. We are looking forward to getting to know your child and working with you.

Upon starting the program your child needs:

- Current physical examination form #3040
- Current immunization record form # 680 or #681 ▪ Completed enrollment packet
- Change of clothes, labeled with student's name.
- Supply of diapers and wipes (Room 3/5)
- Lunch – can be brought from home or hot lunches can be purchased at the school's office.
- Rollee Pollee nap sets are available at the school's office for full time students, who nap in the afternoon.

We are looking forward to serving you and your child and becoming part of your family, as much as we invite you to join our community of learning centers. If you have any questions or concerns, please do not hesitate to call us at L.C 954-922-8558 or ELC (954) 9298233

Fatima Marin

Director, First Presbyterian Learning Center

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Jacqueline Carbonell

Director, First Presbyterian Early Learning Center

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**HOLLYWOOD LEARNING CENTERS
AND AFTER CARE ENRICHMENT PROGRAM**
1600-1630 Hollywood Blvd. Hollywood Fl. 33020

Enrollment Date: _____ Child's Last Name: _____

First Name: _____ D.O.B _____ Age: _____ Sex: _____

Home Address: _____
Street City Zip

Mother's First & Last Name: _____ Cell #: _____

Mother's Email Address: _____

Mother's Employment: _____ Work #: _____

Father's First & Last Name: _____ Cell #: _____

Father's Email Address: _____

Father's Employment: _____ Work #: _____

Please Check one: Child lives with both parents []

Child lives with one parent [] Name of Parent : _____

Child lives with guardian: [] Name of Guardian: _____

Name of Parent we should contact first: _____

Child Allergies: _____

Contact Names: (Other persons allowed to pick up my child and/or to be notified in case of illness, accident or other emergency).

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

Secret Code: _____

Child's Doctor: _____ Phone #: _____

I give the school permission to use my child's photo for publicity & Social media purposes (Flyers, Website,

Facebook: [] Yes [] No.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



**FIRST PRESBYTERIAN LEARNING CENTER
CONTRACT Lic.# 45308**

This is a legally binding contract between First Presbyterian Learning Center and the Parent(s)/Guardian(s) of:

I, _____, Parent(s)/Guardian(s). Agree to:

- Meet all financial obligations resulting from this contract.
- Abide to all of First Presbyterian Learning Center’s policies.

I, _____ agree to enroll my child in the following program:

ACADEMIC PROGRAMS CHILDREN 2 TO 12 YEARS OLD

Programs	Reg.	Yearly Tuition	Monthly
<input type="checkbox"/> Year Round(7:00-6:00pm)	Free	\$9,8400 (12 Months)	\$820.00 (18 Camp days/10 camp weeks incl
<input type="checkbox"/> Full Time (7:00-6:00pm)	\$290	\$7,650	\$765.00 (10 Equal Payments)
<input type="checkbox"/> Full Time (Until 6:30 W/ Dinner)	\$290	\$8,200	\$820.00 (10 Equal Payments)
<input type="checkbox"/> Part Time (8:30-1:30)	\$290	\$5,500	\$550.00 (10 Equal Payments)
<input type="checkbox"/> VPK Year Round(7:00-6:00pm)	Free	\$7,560	\$630.00 (Additional in the Summer)
<input type="checkbox"/> VPK Year (Until 6:30 W/ Dinner)	Free	\$8,160	\$680.00 (Additional in the Summer)
<input type="checkbox"/> VPK Full Time (7:00-6:00pm)	\$290	\$5,250	\$525.00 (10 Equal Payments)
<input type="checkbox"/> VPK Full Time(Until 6:30)	\$290	\$5,800	\$580.00 (10 Equal Payments)
<input type="checkbox"/> VPK Part Time	\$290	\$3,150	\$315.00 (10 Equal Payments)
<input type="checkbox"/> VPK	Free	Free	Free
<input type="checkbox"/> After School (2:00-6:00pm)	\$60	\$2,200	\$220.00 (10 Equal Payments)
<input type="checkbox"/> After School (Until 6:30 W/ Dinner)	\$50	\$2,650	\$265.00 (10 Equal Payments)
<input type="checkbox"/> Hot Lunch: \$5.00 per Day, \$20.00 per Week or \$70.00 per Month.			

Rollee Pollee’s: Are required for nap time and must be purchased through the school for \$35.00.

Tuition Sibling Discount: Full Time and Year Round Programs are \$30.00 / Part Time is \$15.00.

Do not apply to camps days.

All registration fees are non-refundable and non-pro-ratable. _____ (Parent Initials)

Volunteer Hours: Ten work hours, valued at \$20.00 an hour or donation of equal value to support our events are greatly appreciated. _____ (Parent Initials)



ADDITIONAL NON-ACADEMIC PROGRAMS CHILDREN 1 - 12 YEARS OLD SUMMER, WINTER & SPRING CAMP:

| Registration: \$60.00 | Daily Camp Fee \$45.00 | Weekly Camp Fee - \$200.00 |

All Camp fees need to be paid in advance. _____ (Parent Initial)

Rates are subject to change yearly. _____ (Parent Initial)

Payments can be made with: Cash, Check "First Presbyterian Church", Money order or Credit Card with a 2% convenience fee.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



**FIRST PRESBYTERIAN EARLY LEARNING CENTER # Lic.46416
CONTRACT**

This is a legally binding contract between First Presbyterian” Early Learning Center” and the Parent(s)Guardian(s) of:

_____.

I, _____ Parents/Guardians

Agree to:

- Meet all financial obligations resulting from this contract
- Abide to of all First Presbyterian Early Learning Center policies.

ACADEMIC PROGRAMS CHILDREN 1 TO 3 YEARS OLD

Programs	Reg.	Yearly Tuition	Monthly	Daily
<input type="checkbox"/> Year Round	Free	\$10,080 (12 Months)	\$840.00(18 Camp days/10 camp weeks incl).	
<input type="checkbox"/> Full Time (7:00-6:00)	\$290	\$ 7,900	\$790.00 (ten equal Payments)	
<input type="checkbox"/> Part Time (8:30-1:30)	\$290	\$ 5,600	\$560.00(ten equal Payments)	
<input type="checkbox"/> Part Time 3 Days (8:30-11:30)	\$290	\$ 4,300	\$430.00(ten equal Payments)	
<input type="checkbox"/> Part Time 2 Days (8:30-11:30)	\$290	\$ 4,000	\$400.00 (ten equal Payments)	
<input type="checkbox"/> Daily Drop	\$290			\$50.00F/T/\$40P.T

Hot lunch: \$20.00 per week, \$ 5.00 per day or \$70.00 per month.

Rolle Polles: Are required for nap time and have must be purchased through the school for \$35.00.

Tuition Sibling Discount: Full Time and Year Round \$30 / Part Time \$15

All registration fees are non-refundable and non-pro-ratable. _____ (Parent Initials)

Volunteer Hours: Ten work hours, valued at \$20.00an hour or donation of equal value to support our events are greatly appreciated. _____ (Parent Initial)

ADDITIONAL NON- ACADEMIC PROGRAMS CHILDREN 1 TO 3 YEARS OLD

SUMMER, WINTER, SPRING Camp.

Registration: \$60, Daily Camp Fee: \$50.00 full time/ \$40.00-part time/ Weekly camp fee: \$210.00

Sibling discount not available on camp days. All Camp fees have to be paid in advance

Rates are subject to change yearly. _____ (Parent Initial)

Payments can be made with: cash, check “First Presbyterian Church”, Money order or Credit Card with a 2% convenience fee.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS

PAYMENTS PLAN Lic.# 45308 -41463

Please Select a Payment Plan:

I agree to pay the yearly tuition of \$_____ in full at the time of enrollment and receive a 5% discount. My contract with First Presbyterian Learning Centers starts on August 21, 2017 and ends on June 7, 2018.

OR

I agree to make monthly payments in the amount of \$_____. This amount is not a reflection of attendance. It is a partial payment towards the yearly tuition fee of the program I have contracted. The monthly payments are due on the first of each month. We must receive payments no later than the third business day. A late fee of **\$45.00** will apply to all late account.

I understand that my contract with First Presbyterian Learning Centers lasts for the duration of 10 months equal payments starting on August 21, 2017 and ending June 7, 2018. **(This applies to our Part timers and full timer's students)**

I agree to make monthly payment in the amount of \$_____

I understand that my contract with First Presbyterian Learning Centers lasts for the duration of 12 months equal payments, starting on_____, ending on_____.

(This applies to our year-round students)

In any case that the contract is broken your penalty will be to pay \$290.00 of Registration. Initial:

Contract Obligations:

I agree to give a one-month written notice in case of withdrawal from the program. If a previously withdrawn student wishes to return to Learning Centers, it become necessary to re-register the student and a non-refundable non-pro-ratable registration fee of \$290.00 is due before the student will be re-admitted.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Credit Card Authorization Form:

Dear Parents:

Please be advised that First Presbyterian Learning Centers will charge your Credit Card after ten days that tuition was due. This way we avoid any unpaid balance.

I _____ Parent of: _____

authorize First Presbyterian Learning Centers to charge my credit card if my monthly payment is ten or more days late.

CREDIT CARD (please mark one)		<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD
ACCOUNT NUMBER: _____			
EXP DATE: _____ / _____		3 DIGIT SECURITY NO: _____ (LOCATED ON THE BACK OF CARD)	
CARD HOLDER NAME: _____ (Exactly as printed on card)			
BILLING ADDRESS: _____ _____ _____			
PHONE: (_____) _____ - _____		FAX: (_____) _____ - _____	
SIGNATURE: _____		DATE: _____	



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463
GENERAL DISCLAIMER FORM

A current Physical Examination Card (Form 3040) and Immunization Record Card (Form 680 or 681) are required for school enrollment and must be on file before the student can participate in the program. Only students with valid health cards can attend the program. It may become necessary to renew the cards during the school year.

Parents/Guardians Signature: _____ Date: _____

I give permission for my child to participate in any school sponsored field trips. I understand that I will be informed in writing of all trips in advance. Each trip requires a parent signature.

Yes, I give permission for my child to participate.

No, I do not give permission.

I give permission for my child to participate in routine lice checks. Parents who select no, must present a written documentation from a physician, nurse or Lice Clinic, when an outbreak occurs to verify that the student is free of head lice.

Yes, I give permission to have my child checked by a staff member.

No, I do not give permission.

I give permission for my child to participate in a weekly 30 minutes session of spiritual development with Pastor Kennedy McGowan. Pastor Kennedy McGowan meets the Broward County Childcare staff background clearance. Learning activities in spiritual development include singing, dancing, storytelling, presentations of stories from the Bible. All activities are facilitated with the assistance and supervision of the teaching staff.

Yes, I give permission for my child to participate.

No, I do not give permission.

I give permission to First Presbyterian Learning Centers to include my name, address, phone number, type of employment/business and my child's name in the Learning Center Family Directory and/or yearbook.

Yes, I give permission.

No, I do not give permission.

First Presbyterian Learning Centers reserves the right to restrict or remove persons from activities when appropriate. The Learning Center is not responsible for medical expenses incurred from accidents or injuries which may occur while attending or participating in any activities sponsored by First Presbyterian Learning Centers. The person listed on this Parent Contact Form participates at his or her own risk. Children may only participate in the program when the Parent Contact form is filled in completely and parents/guardians note understanding and agreement with the policies and procedures of First Presbyterian Learning Centers by signing this form. Any monies previously paid will not be refunded in the event that the parents/guardians choose not to complete the enrollment process. A fully completed enrollment includes: 1) Parent contact form, 2) Agreement and Attendance Policy, 3) General Disclaimer Form, 4) Emergency/Medical Form, 5) SWIM Central Form, Form 3040-Physician's Statement of Good Health, 7) Form 680-Record of Immunization.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463
STUDENT RELEASE PROCEDURES

Non-emergency release

In case the parents/guardians are unable to pick up their child, the child will be released to a designated contact in the following manner:

- Parent/Guardian must inform the front office staff by phone or in person about day and time of change in the daily routine.
- Parent/Guardian must name the designated contact for pick up
- Designated contact needs to be listed on the **CONTACT FORM**
- Designated contact will be asked for the **Secret Code** and a copy of their picture ID will be made
- Parent may be called to verify the change.
- Without parent's/guardians instructions, the child will not be released under any circumstance.
- For security reasons we request that the door security codes may not be shared.

Emergency release

In case parents/guardians cannot be contacted by LCs, we will call one of the contacts listed below. We will contact you in case it has become necessary for the child to be picked up.

- The contact phone numbers cannot be identical.
- Parents/Guardians cannot list themselves as a contact.
- Listed contact will be asked for the **Secret Code** and a copy of their picture ID will be made.
- Parents/Guardians must notify us as soon as a change of name or number occurs.
- The enrollment process can only be completed if the 3 contact numbers are listed.

We advise you to inform your designated contacts about the release procedures as soon as the child is enrolled.

By my signature below, I verify that have read, understand and agree to abide by LCs Student Release Procedures:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463
DISCIPLINE POLICY 2017 - 2018

It is our goal to guide children to a level of responsibility that includes making conscious choices about their behavior and understanding the consequences of their choices.

Discipline is based on a positive attitude toward children. Our Policy is to reinforce positive behavior, not negative behavior.

1. Appropriate, pro-social behavior is reinforced with praise. Children are encouraged to talk about their feelings and are helped to understand the difference between appropriate and inappropriate behavior. Problem solving skills and conflict resolution are demonstrated and facilitated. Children may be re-directed to a different play area or activity when a resolution is not achieved.
2. In cases where a child is a threat to him/herself or others he/she may require a time away. The child will be accompanied to a “safe place”, which is a comfortable area in each classroom. There the child is given a chance to regain composure while a staff remains in close proximity. Before re-entering the group or classroom, a staff member will talk with the child about a more acceptable choice of behavior.
3. At no time will a child be subjected to discipline that is severe, humiliating or frightening.
4. Discipline shall not be associated with food, rest or toileting.
5. Spanking or any other form of physical punishment or shouting is prohibited on the entire campus. Neither staff nor parent nor guardian may engage in any of the above mentioned behaviors.
6. A parent/staff conference may be requested in case of disruptive actions of a child. For children who have persistent difficulties a behavior management plan may be developed. We reserve the right to dismiss a child from our program who is repeatedly unable to comply with the center’s rules or behaves hurtful towards other children.
7. In case the problematic behavior pattern continues, the Learning Center reserves the right of suspending or dismissing a student.

With my signature below, I verify that I have read and understood First Presbyterian Learning Center Discipline Policy.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463
BITING POLICY

Children must learn that biting is unacceptable. When a child continuously bites it often indicates that the child may be having difficulties with communicating and verbalizing their emotions or need for sensory stimulation

The biting policy of **First Presbyterian Learning Centers** is as follows:

1. If a student bites another student, the bitten area will immediately be cleaned with soap and water. The teacher/director will notify the parents/guardians of both students with a #4 Record of Unusual Incidents & Accidents Form. Both parents/guardians will be asked to sign the form to verify that they were notified about the incident.
2. If biting becomes a continuous problem, the parents/guardians will be asked to schedule a conference with the teacher & director to develop an individual behavior management plan. The plan may include a proven technique such as shadowing, providing crunchy/chewy food snacks, sending the student home after a biting incident and suspension.
3. If the individual behavior management plan is not successful, dismissal of the student may be considered until some measured improvement has taken place.
4. Child Care Licensing requires that parents/guardians sign the accident report. Your signature does not indicate approval or disapproval. Your signature verifies that we have informed you of the incident.

With my signature below, I verify that I have read and understood First Presbyterian Learning Centers Biting Policy.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463 HEALTH & SAFETY POLICY

In order to maintain a healthy environment, children are encouraged to wash hands frequently, use tissues and keep hands and toys out of mouths. We also wash toys, furniture, and cots regularly to prevent the spread of germs. Students who are ill should not be brought to school. Parents are required to inform the administration of all illnesses or injuries the student may have sustained prior to arriving at the Learning Center. If your child has a communicable disease, please notify us at once. A doctor's note clearing the student from being contagious is required in order to accept him/her back to the center.

DO NOT SEND YOUR CHILD TO SCHOOL WITH ANY OF THE FOLLOWINGS SYMTOMS:

FEVER: Auxiliary or Oral temperature: above 100 degrees. Rectal temperature: 101 degrees or higher. Please, do not treat your child with fever reducer and send to school; we will call you when the fever returns to pick up your child.

RESPIRATORY SYMPTOMS: difficult or rapid breathing, severe coughing.

SORE THROAT: especially when fever or swollen glands in the neck are present.

VOMITING: two or more episodes of vomiting within the previous 24 hours.

DIARRHEA: an increased number of abnormally loose stools in the previous 24 hours.

EYE / NOSE DRAINAGE: thick, yellow or green mucus or pus draining from the eye or nose.

SKIN PROBLEMS: rash, undiagnosed or contagious, infected sores, sores with crusty yellow or green drainage which cannot be covered by clothing or bandages.

ITCHING/LICE: persistent itching (or scratching) of body or scalp (head lice). Any child who comes to school with nits (lice eggs) will be sent home, and not allowed to return until they are 100% free nits.

MUSCULAR SKELETAL INJURIES: If a student come to school with any muscular skeletal injury, he/she must have a signed physician's note stating any restrictions the student might have.

Please make sure to have a back-up plan in place before your child becomes ill. We are unable to provide appropriate care for ill students. We reserve the right to terminate the parent contract in case of noncompliance.

Noncompliance is considered to be:

- Having a sick student wait in school for more than 30 minutes,
- Provide out-dated phone numbers,
- Stating that you are unable to pick-up a child.

I have read, understand, and agree to follow ALL the First Presbyterian Learning Centers Illness Policies above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463

EMERGENCY/MEDICAL AUTHORIZATION FORM 2017-2018

It is the firm hope that the authorization granted here will never have to be used. For the safety of the child, sound medical practice calls for such authorization. The authorization granted here will be used only when absolutely necessary and only after every attempt has been made to contact the parent. Doctors and hospitals refuse to give any treatment regardless of how minor, unless they have authorization from the parents.

I UNDERSTAND THAT IN THE EVENT I CANNOT BE REACHED, I HEREBY GRANT PERMISSION TO THE PHYSICIAN OR HOSPITAL SELECTED BY FIRST PRESBYTERIAN LEARNING CENTERS TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, ORDER INJECTIONS, ANESTHESIA OR PERFORM SURGERY FOR MY CHILD.

Student's Name: _____ Date of Birth: _____

Home Address: _____

Phone: _____ Cell: _____ Work: _____

Pediatrician: _____ Phone: _____

1. By my signature below, I give First Presbyterian Learning Centers authorization to seek emergency medical treatment for my child.
2. By my signature below, I give any health facility or physician permission to provide medical treatment for my child as necessary in an emergency situation which may arise at First Presbyterian Learning Centers.
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 First Presbyterian Learning Centers.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463

LINGERING POLICY

Please be aware that First Presbyterian Learning Centers has a policy requiring that parents leave the school grounds immediately after their child is picked up for dismissal.

Once a child has been dismissed in the care of their parent or caregiver, First Presbyterian Learning Center's staff is no longer responsible for their care or supervision.

We cannot allow children who have been dismissed to their parent to remain on the playground or in the classroom. At times, children behave differently when their parent is present and our staff is unable to enforce playground and classroom rules.

Please do not linger in the school, the playground or courtyards with your child at dismissal/pick up time for socializing or extra playtime.

Thank you for your cooperation!

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463

AGREEMENT AND ATTENDANCE POLICY

- I agree to abide by all First Presbyterian Learning Centers policies.
- I agree to have my child attend the program daily.
- I agree to have my child arrive no earlier and no later than specified in my child's program or VPK schedule.
- I agree to assume all financial responsibilities for early drop off or late pick up.

VPK Attendance Policy

- ❖ I understand that the State of Florida regulates the VPK program and public school attendance policies apply.
- ❖ I understand that my child is expected to arrive on time and attend daily unless a medical condition is present.
- ❖ Documentation from a physician is required for children being absent for more than three days.

TERMINATION OF CONTRACT

It is the Learning Centers policy to reserve the right to terminate a contract for the following reasons:

- Non-compliance with the policies of the Learning Centers programs as outlined in this handbook
- Non-payment of tuition
- Non-observation of traffic rules, speeding and endangering others in the parking lot
- Use of physical force and verbal abuse by a parent/guardian directed at students or other parents/guardians or First Presbyterian Learning Centers staff.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463

SPECIAL DIETARY NEEDS FORMS

Student Name: _____ Date of Birth: _____

Parent / Guardian: _____ Phone #: _____

History or Current Status:

Check the foods that have caused an allergic reaction:

- | | | |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Fish / Shellfish | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Nut Butter | <input type="checkbox"/> Soy Products | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Nut Oils | <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Other: _____ |

How many times has your child had a reaction? Never Once More than Once:

When was the last reaction? _____

Are the food allergy reactions: staying the same Getting Worse Getting better

Triggers and Symptoms:

What has to happen for your child to react to the problem food(s)? (Check all that apply)

- Eating Foods Touching Foods Smelling Foods Other:

What are the signs and symptoms of your child's allergic reaction? _____

How quickly do the signs and symptoms appear after exposure to the foods?

- Seconds Minutes Hours Days

Do you have additional Preferences that are not related to allergies? _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463

PARENTAL CONSENT FORM

Child's Name: _____

Age: _____

Parent's name: _____

Emergency phone Number: _____

Activity: Physical - Location of Activity: Indoor and Outdoor

SPECIAL INFORMATION

My child: (check applicable line)

Has no existing medical conditions that would endanger him/her from participating.

Has a medical condition that is being treated and poses no danger to his/her participation.

Is taking prescribed medication(s) _____

Other: _____

Activity may include:

1. Soft ball to practice, hitting, bouncing and kicking
2. Chase bubbles, walk along chalk lines and jump over crack in the ground
3. Dancing and sense of rhythm
4. Running, hopping and flapping
5. Learning to ride a bike and tricycle under teacher supervision
6. Games that involve rolling, skipping, hopping and chasing
7. Time of Activity: 9:30 am – 10:00 (2/3 year old) & 10:00am-10:30am (4 year old) & 4:00pm-4:30pm (2,3&4 y) Recommended footwear (sneakers) and appropriate clothing for exercises

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463

COURT ORDER INFORMATION: EVERYONE MUST ANSWER QUESTIONS BELOW

❖ Is there a Court Order barring either parent from removing the student from school?

No

Yes If yes, provide First Presbyterian Learning Centers with a copy of the applicable Court Order.

❖ Do parents have shared (or joint) parental rights and responsibility?

No If no, provide First Presbyterian Learning Center with a copy of the Court Order

which limits either parent's parental rights or responsibilities regarding the student. Yes

❖ Does either parent have final decision making authority regarding education decisions for the student?

No

Yes If yes, provide First Presbyterian Learning Center with a copy of the Court Order stating that one parent has final parental decision making authority regarding education.

❖ Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact or other Court Order that restricts or impacts access to the student by anyone, including a parent?

No

Yes If yes, provide First Presbyterian Learning Center with a copy of the applicable Court Order.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 -41463

CHECKLIST OF FORMS RECEIVED

- [] I have received a copy of the First Presbyterian Learning Center Handbook.
- [] I have received a copy of the First Presbyterian Learning Center School Calendar.
- [] I have received a copy of the “Know Your Child Care Facility pamphlet”.
- [] I have received a copy of Swim Central Questionnaire
- [] I have received a copy of “Influenza Virus pamphlet”
- [] I have received a copy of the alternative nutrition plan.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____