



PARENT CONTACT FORM Lic.# 45308/46416

Hollywood Learning Centers and After School and Summer Program

Enrollment Date: _____ School Name: _____

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: _____

CONTRACT FORM Lic.# 45308/46416

After School and Summer Program

I, _____ Parent (s) Guardian(s)

I Agree to:

- Meet all financial obligations resulting from this contract
- Abide to all Firth Presbyterian Learning center’s policies.

I _____ agree to enroll my children in the following program:

ACADEMIC PROGRAMS CHILDREN

Programs	Reg.	Yearly Tuition	Monthly
<input type="checkbox"/> After School 2:00pm – 6:00pm	\$100.00	\$3200.00	\$320.00
<input type="checkbox"/> After School 2:00pm – 6:30pm	\$100.00	\$3500.00	\$350.00
<input type="checkbox"/> Daily Afterschool 2:00pm-6:30pm	\$100.00	\$45.00	Daily
<input type="checkbox"/> Hot Lunch:	Daily: \$8.00	Weekly: \$30.00	Month: \$100.00
<input type="checkbox"/> Summer, Winter, Spring Camp:	\$100.00	Weekly : \$310.00	Daily : FT\$80.00 PT \$70

**Tuition is due the first 5 business days of every month
Fee for late Tuition is \$50.00**

We follow Broward County School Calendar

All registrations are non-refundable and non- pro-ratable _____ (Parent Initials)
Volunteer Hours: Five work hours, valued at \$20.00 an hour or donation of equal value to support our events are greatly appreciated _____ Parent initials.

All camp fees must be paid in advance _____ (Parent Initial)

Rates are subject to change yearly _____ (Parent Initial)

Payments can be made with cash, check payable to First Presbyterian Church of Hollywood,

Credit Card payments will incur a 6% convenience fee.



Dear Parents

Please be advised that First Presbyterian Learning Centers will charge your Credit Card after five business days of every month. 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: _____	

Credit Card Payments Will Incur A 6% Convenience Fee.



Contract Obligations:

I agree to give one month written notice in case of withdrawal from the program. If a previously enrolled student wishes to return to the Learning Center afterschool or camp programs a new registration must be submitted. Registration cost \$80

**FIRST PRESBYTERIAN LEARNING CENTERS
GENERAL DISCLAIMER AND POLICIES Lic.# 45308/46416
After School, Enrichment and Summer Program**

I agree to abide by all First Presbyterian Learning Center policies.

I agree to have my child arrive no earlier and no later than specified in my child's program.

I agree to assume all financial responsibilities for early drop off or late pick up.

The registration fee is non-refundable & non-pro-ratable and occurs once every school year. _____ **Parent initial**

Learning Center staff or other hired personnel may on occasion take photographs and /or videos of students for school purposes only. Videos or pictures maybe posted on FPLC social media(FACEBOOK) Please check one:

Yes, I give permission to have photos of my child taken.

No, I do not give permission.

Parents/Guardians Signature: _____ **Date:** _____

I give permission for my child to participate in a weekly 45 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.

Parents/Guardians Signature: _____ **Date:** _____

I give permission for my child to walk to the Pumpkin Patch, located in the west section of our campus to participate in ball games and sport related activities.

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.

Parents/Guardians Signature: _____ **Date:** _____

I give permission for my child to participate in routine lice checks.

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

No, I will provide a clearance letter from a physician, nurse or Lice Clinic, whenever an outbreak occurs.

Parents/Guardians Signature: _____ **Date:** _____

I agree to receive occasional emails from First Presbyterian Church of Hollywood containing information about community news, events and available services.

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.

Parents/Guardians Signature: _____ **Date:** _____



First Presbyterian Learning Centers reserves the right to restrict or remove persons from activities when appropriate. The Learning Centers 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, General Disclaimer & Policies Form, 2) Emergency/Medical Authorization Form, 3) Check List

Parent /Guardian Signature: _____ Date: _____

COURT ORDER INFORMATION: EVERYONE MUST ANSWER QUESTIONS BELOW

Is there a Court Order barring 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.



FIRST PRESBYTERIAN LEARNING CENTERS

Health and Safety Policy Lic.# 45308/46416

To maintain a healthy environment, the children are encouraged to wash their hands frequently, use tissues and keep toys out of their mouth. Students who are ill, should not be brought to school. Parents are required to inform the administration of all illnesses or injuries that 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 to accept him/her back at the center.

DO NOT SEND YOUR CHILD TO SCHOOL WITH ANY OF THE FOLLOWING SYMPTOMS:

Fever: axillary or oral temperature above 100 degrees, rectal temperature of 101 degrees or higher. Please do not treat your child with fever reducer and send him/her to school. We will call you as soon as the fever returns.

Respiratory Symptoms: difficulty breathing, or 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 increase number or loose stools in the previous 24 hours

Eye /Nose Drainage: thick yellow or green mucus or pus draining from the eye/s or nose.

Skin Problems: rash, undiagnosed or contagious, infected sores, sore 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% nit free.

Muscular/ Skeletal Injuries: if a student comes to school with any muscular or 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 children. **We Reserve the Right to Terminate A Contract Due to Noncompliance**

- Having a sick child at the school for more than thirty minutes
- Provide outdated phone numbers
- Stating unavailability to pick-up sick child

I have read, understand, and agree to follow all the First Presbyterian Learning Centers Policies regarding Illness

Parent/ Guard Signature _____



FIRST PRESBYTERIAN LEARNING CENTERS

EMERGENCY/MEDICAL AUTHORIZATION FORM Lic.# 45308/46416

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 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 CENTER 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 Center 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 Center.
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 Center.

Parent/Guardian Signature: _____ Date: _____



FIRST PRESBYTERIAN LEARNING CENTERS

Student Release Procedure Lic.# 45308/46416

Non- Emergency Release

In case the parents or 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 the phone or in person about day and time of change in the daily routine.
- Parent / guardians 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 **Password** and copy of the picture ID will be made. **Do not share password with anyone, only for parents.**
- Parent may be called to verify the change.
- Without parent's/ guardian instructions, the child will not be released under any circumstance.
- For security reasons, we request that the door security code may not be shared.

Emergency Release

In case parents/ guardians cannot be contacted LC's, 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.
- Only Parent's provides the Password to the school when one of the contact lists picks up students and a copy of the 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 I have read, understand and agree to abide by LC's Student Release Procedures.

Parent/guardianSignature_____Date_____



Discipline Policy Lic.# 45308/46416

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

Discipline is based on a positive attitude toward the children. Our policy is to reinforced positive behavior not negative.

Appropriative pro social behavior is reinforced with praise; children are encouraging to talk about their feelings and are helped to understand the difference between appropriate and unappropriated behavior. Problem solving skills and conflict resolution are demonstrated and facilitated. Children may be redirected to a different play area or activity when a solution is not reached.

A parent 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.

First Presbyterian Learning Centers, reserves the right to dismiss a child from our program who is recurrently unable to comply with the center's rules or behaves in a hurtful way towards other children.

Parent Signature _____ Date _____



After School Rules

Follow directions given by the group leaders.

1. Be respectful to others, yourself and FPLCs property.
2. Be responsible for your own belongings and respect the property that belongs to others including the church.
3. Inside the building, please, walk.
4. Inside the building, the van, bus, and church we use talking voices.
5. Use appropriate language always.
6. Keep your hands and feet to yourself.
7. In the bus or van, sit where the driver asked you.
8. At the end of the day say goodbye to the classroom teacher.

We will try consistently to encourage positive behavior, also praise good decisions made by the child(children). The staff will consistently thank the children and acknowledge helpful and positive attitudes.

When undesirable behavior occurs; the following action will take place.

1. The adults will remind the child of the behavior expected.
2. The adult will stop the van, bus or activity, move seats if necessary and speak to the student(s). The director's will be informed about the problem.
3. If further intervention is needed the student(s) will be spoken apart from other children, and the problem will be documented.
4. After three incident reports, a conference will be scheduled with the child's parents to discuss the child's conduct.
5. No child shall be subjected to abuse, neglect, cruel, severe, unusual or corporal punishment.

Parent Signature _____ Date _____



Bus Rules Lic.# 45308/46416

1. All students must sit properly and safely while on the bus and must buckle up using the seat belt.
2. Students should be sitting on their bottom in the seat and face forward.
3. Students should never sit on their knees, facing backwards, stand or walk in the aisle, climb over or crawl under seats while the bus is moving.
4. Students may not eat or drink while riding the bus. Eating and drinking while in the bus may result in choking, spilled food, sticky seats and floors; these are health violations.
5. Students who do not follow these safety rules create a danger to themselves and others and will be subject to parent / guardian notification.
6. Enjoy the ride!

Lingering Policy

Please be aware that First Presbyterian Learning Centers has a policy requiring that parents leave the school grounds after their child has been picked for dismissal. Once the child has been dismissed to the care of the parent or caregiver; First Presbyterian Learning Centers staff is no longer responsible for the child's care or supervision. We cannot allow children who have been dismissed to remain on the playground or in the classroom. At times the children behave differently when the parent is present, and our staff is unable to enforce playground or classroom rules. Please do not linger in the school, playground or courtyards with your child for socialization or extra playtime.

Parent Signature _____

Special Dietary Needs Lic.# 45308/46416

Student Names _____ Date of Birth _____

Parent/ Guardian _____ Phone # _____

Check the foods that have caused an allergy reaction:

- | | | |
|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Fish/ Shell/Fish | <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?

How quickly do the signs and symptoms appear

Do you have additional preferences that are not related to allergy? _____

Dear parent,

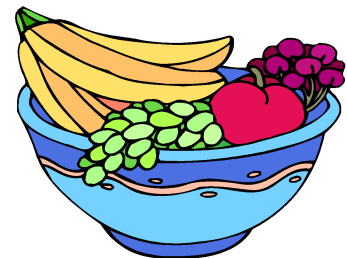
Please be advised that during the school year your child will participate in food related activities. Those activities might be scheduled as part of learning activities, birthday parties or cooking projects.

If you would like for your child to participate or not

Please mark below

_____ Yes, I want my child to participate

_____ No, I do not want my child to participate





SWIM Central Water Safety Education Questionnaire

Child's Name: _____ Birth date: _____

Parent's Name _____

Address: _____

1. Has your child ever taken swim lessons? Yes ___ NO ___
2. Can your child roll over and float on his/her back? Yes ___ NO ___
3. Can your child swim to the side of the pool? Yes ___ NO ___
4. Have you taken a Community Water Safety Course? Yes ___ NO ___
5. Is anyone in your household certified in CPR? Yes ___ NO ___

Additional Comments:

AFTERSCHOOL CHAPEL HOURS



Every Friday 4:00 -5:00 pm

Waumba Chapel will take place during the regular school year



Checklist of Forms Received

- I have received a copy of the First Presbyterian Learning Centers Handbook.
- I have received a copy of the First Presbyterian Learning Centers 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.

Child's name: _____

Parent Signature: _____ Date _____