



1600-1630 Hollywood Blvd. Hollywood Fl. 33020

3329 Wilson St, Hollywood FL. 33021

FIRST PRESBYTERIAN LEARNING CENTERS Lic.# 45308 - 50236
AND AFTER CARE ENRICHMENT

**Registration for Fall 2026
Is Now Open!**

FACTS System for payments, to get started, please use the following link to create your account: <https://online.factsmgt.com/signin/4QJ4N>

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

Preschool Registration Fee: \$350.00

Summer Camp Registration: \$150.00

After Care Registration Fee: \$150.00

Rollee Pollee: \$45.00 Required for Nap Time

Rebecca Ortiz Learning Center rortiz@fpcoh.org

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Alba Aviles St. James aaviles@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 5, Room A, Room B)
 - Lunch – can be brought from home or hot lunches can be purchased at the school office.
 - School Supplies List
-
- Rollee Pollee nap sets are available at the school's office for full time students who nap in the afternoon.
 - School provides Monday through Friday Snack for all our Students, **PLEASE do not send lunchboxes with snacks. (Unless your child has food allergies)**

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 / ELC (954) 929-8233 / St. James (954)399-8594



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES
PARENT CONTACT FORM **Lic.# 45308 -50236**

Enrollment Date: _____

Child's Last Name: _____ First Name: _____

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

Home Address: _____
Street City Zip

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

Parent's Email Address: _____

Parent's Employment: _____ Work #: _____

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

Parent's Email Address: _____

Parent'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)

Social Media: [☐] Yes [☐] No.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES PARENT CONTRACT FORM Lic.# 45308 -50236

This is a legally binding contract between Hollywood Learning Centers First Presbyterian and St James 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 Hollywood Learning Centers First Presbyterian and St James's policies.

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

ACADEMIC PROGRAMS CHILDREN 3 TO 12 YEARS OLD

Programs	Reg.	Monthly	Yearly
☐ Year Round(7:00-6:00pm)	Free	\$1,290.00(12 equal payments)	\$15,400.00
☐ Full Time (7:00-6:00pm)	\$350	\$1,200.00(10 equal payments)	\$12,000.00
☐ Part Time (8:30-1:30)	\$350	\$ 995.00 (10 Equal Payments)	\$ 9,950.00
☐ Part Time 3 Days	\$350	\$ 850.00 (10 Equal Payments)	\$ 8,500.00
☐ Part Time 2 Days	\$350	\$ 805.00 (10 Equal Payments)	\$ 8,050.00
☐ VPK Year Round(7:00-6:00pm)	Free	\$ 1,065.00(12 equal payments)	\$12,780.00(\$200 Add In The Summer)
☐ VPK Full Time (7:00-6:00pm)	\$350	\$ 930.00	\$9,300.00 (10 Equal Payments)
☐ VPK Part Time	\$350	\$ 675.00	\$6,750.00 (10 Equal Payments)
☐ VPK (8:30-11:30)	Free	Free	
☐ Kindergarten PT (8:00-2:00)	\$350	\$850.00	\$8,500.00(10 Equal Payments)
☐ Kindergarten YR	\$350	\$1,290	\$15,480
☐ After School (2:00-6:00pm)	\$150	\$415.00	\$4,150.00 (10 Equal Payments) Daily \$45
☐ Hot Lunch: \$10.00 per Day, \$45.00 per Week or \$120.00 per Month.			

Rollee Pollee's: Are required for nap time and must be purchased through the school for \$45.00.

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 donations of equal value to support our events are greatly appreciated. _____(Parent Initials) **ADDITIONAL NON-ACADEMIC PROGRAMS CHILDREN INFANT TO 12 YEARS OLD**

SUMMER, WINTER & SPRING CAMP:

| Registration: \$150.00 | Daily Camp Fee FT\$110.00, PT \$100.00 | Weekly Camp Fee FT- \$390.00/

Weekly PT 355.00 |

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 6% convenience fee.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES PARENT CONTRACT FORM Lic.# 45308 -50236

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

I, _____ Parents/Guardians

Agree to:

- Meet all financial obligations resulting from this contract.
- Abide to of all Hollywood Learning Centers First Presbyterian and St James policies.

ACADEMIC PROGRAMS CHILDREN 1 TO 3 YEARS OLD

Programs	Reg.	Monthly	Yearly
☐ Infants 8 Weeks up to 1 y. YR	\$350	\$1,475	\$ 17,700 (12 Equal payments)
☐ Infants 8 Weeks up to 1 y. PT	\$350	\$ 1,260	\$ 12,600 (10 Equal payments)
☐ Year Round	\$350	\$1,325.00	\$15,900.00 (12 Equal payments)
☐ Full Time (7:00-6:00)	\$350	\$1,260.00	\$12,600.00 (10 Equal payments)
☐ Part Time (8:30-1:30)	\$350	\$1,030.00	\$10,300.00 (10 Equal payments)
☐ Part Time 3 Days (8:30-1:30)	\$350	\$ 890.00	\$ 8,900.00 (10 Equal payments)
☐ Part Time 2 Days (8:30-1:30)	\$350	\$ 835.00	\$ 8,350.00 (10 Equal payments)
☐ Daily Drop INFANTS	\$350	FT:\$160.00 PT:\$110.00	
☐ Daily Drop (1y\$2Y)	\$350	FT: \$130.00 PT: \$110.00	

Hot lunch: \$45.00 per week, \$10.00 per day or \$120.00 per month.

Rollee Polles: Are required for nap time and have must be purchased through the school for \$45.00.

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: \$150, Weekly FT \$410.00 Weekly PT \$380.00

A sibling discount is not available on camp days. All Camp fees must 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 3% convenience fee.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FEES FOR LATE PICK-UPS

Lic.# 45308 -50236

Pick-up times are scheduled according to the program selected and are specified in the enrollment contract. Please review the dismissal times for each program below:

- **FREE VPK:** 8:30 AM - 11:30 AM (Pick-up time)
- **Part-Time Program:** 8:30 AM - 1:30 PM (Pick-up time)
- **Full-Time / Year-Round Program:** 7:00 AM - 6:00 PM (Pick-up time)
- **Aftercare:** From school dismissal until 6:00 PM (latest pick-up time)

If a child is picked up later than the agreed-upon time, a late pick-up fee of **\$2.00 per minute** will be charged.

Please note that calling the school in advance does not exempt families from this fee. Late pick-up fees must be paid on the day they occur. Any unpaid fees will be added to the monthly billing statement.

We appreciate your cooperation in ensuring timely pick-ups for the safety and well-being of all children and staff.

Parent/Guardian Acknowledgment

I have read and understand the Late Pick-Up Policy and agree to comply with the terms stated above.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Child's Name: _____



**HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES
PAYMENTS PLAN Lic.# 45308 --50236**

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 Hollywood Learning Centers First Presbyterian and St James starts on August 2026 and ends on June, 2027.

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 **\$50.00** will apply to all late account.

☐ I understand that my contract with Hollywood Learning Centers First Presbyterian and St James lasts for the duration of 10 months equal payments starting on August 2026 and ending June ,2027.

(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 Hollywood Learning Centers First Presbyterian and St James 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 \$350.00 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 \$350.00 is due before the student will be re-admitted.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES

Lic.# 45308 -50236

GENERAL DISCLAIMER FORM

• A current Physical Examination Card (Form 3040) and Immunization Record Card (Form 680 or 681) are required for school enrollment (including students with immunization Exemption document) 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 to Hollywood Learning Centers First Presbyterian and St James to review my child's file for inspection purposes only.

☐ Yes, I give permission to review.

☐ No, I do not give permission to review

- I give permission for my child to participate in a weekly 30 minute 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 Hollywood Learning Centers First Presbyterian and St James 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.

Hollywood Learning Centers First Presbyterian and St James 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 Hollywood Learning Centers First Presbyterian and St James. 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: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES

Lic.# 45308 -50236

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 the 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.
- Parents may be called to verify the change.
- Without parent's/guardian's 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 I have read, understand and agree to abide by LCs Student Release Procedures:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES

Lic.# 45308 -50236

DISCIPLINE POLICY

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 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 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 parents 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 hurtfully towards other children.
7. In case the problematic behavior pattern continues, the Learning Center reserves the right to suspend or dismissing a student.

With my signature below, I verify that I have read and understood Hollywood Learning Centers First Presbyterian and St James Discipline Policy.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES

Lic.# 45308 -50236

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 **Hollywood Learning Centers First Presbyterian and St James** 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 Hollywood Learning Centers First Presbyterian and St James Biting Policy.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES

Lic.# 45308 -50236

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 a fever reducer and send them 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 comes 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 parental contract in case of noncompliance.

Noncompliance is:

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

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

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES

Lic.# 45308 -50236

SAFE SLEEP POLICY

Hollywood Learning Centers adheres to the following practices at all times:

1. Back to Sleep. All infants are placed on their backs to sleep during naps and nighttime sleep, unless a written medical exemption is provided by a licensed physician.
2. Approved Sleep Equipment. Infants sleep only in safety-approved cribs that meet current Consumer Product Safety Commission (CPSC) standards.
3. Cribs are free of hazards and inspected regularly. Cribs are empty, containing only a tight-fitting crib sheet.
4. No pillows, blankets, bumper pads, stuffed animals, bibs, toys, sleep positioners, or loose items are allowed in the crib. Crib approved sheets are Pack and Play Sheets Fitted, Mini Crib Sheets.
5. Firm Sleep Surface. Infants sleep on a firm mattress designed specifically for the crib.
6. Room Supervision. Infants are directly supervised at all times while sleeping. Staff conduct regular visual checks and document sleep checks as required.
7. Swaddling is permitted for young infants if developmentally appropriate. Once an infant shows signs of rolling over, swaddling is discontinued immediately.
8. Pacifiers may be used at nap time if provided by the parent and do not contain attachments or cords.
9. Infants are never placed to sleep in swings, bouncers, car seats, loungers, or inclined devices.

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

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES

Lic.# 45308 -50236

HEALTH & SAFETY POLICY

EMERGENCY/MEDICAL AUTHORIZATION FORM

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 it is 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 HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES TO TRANSPORT AND 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 Hollywood Learning Centers First Presbyterian and St James 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 which may arise at Hollywood Learning Centers First Presbyterian and St James.
3. By my signature below, I will take full responsibility for payment of all medical services which might be rendered due to any emergency that may arise at Hollywood Learning Centers First Presbyterian and St James.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES

Lic.# 45308 -50236

LINGERING POLICY

Please be aware that Hollywood Learning Centers First Presbyterian and St James 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, Hollywood Learning Centers First Presbyterian and St James staff is no longer responsible for their care or supervision.

We cannot allow children who have been dismissed to their parents to remain on the playground or in the classroom. At times, children behave differently when their parents are 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.

State of Emergency Policy:

When it comes to natural disasters like hurricanes, tornadoes, flooding, etc., and Hollywood Learning Centers are unable to send an emergency email or phone call, you must follow what Broward County Public Schools determine. If they close schools, Hollywood Learning Centers are closed as well. You should also follow us on Facebook: Hollywood Learning Centers, on Instagram: @Hollywood Learning and you will be in touch with any changes or events.

Our priority is safety first!

Thank you for your cooperation!

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES

Lic.# 45308 -50236

Emergency Preparedness Plan

The purpose of this Emergency Preparedness Plan is to ensure the safety and well-being of all children, staff, and visitors at Hollywood Learning Centers (HLC) during emergencies or disasters. This plan outlines procedures for responding to emergencies including fire, evacuation, relocation, shelter-in-place, lockdown, inclement weather, and parent reunification, both onsite and offsite.

This plan also addresses communication with families and accommodations for children with special needs or chronic medical conditions.

Emergency Preparedness Team

- **Director / Designee:** Oversees emergency response and decision-making
- **Teachers:** Responsible for supervision, attendance, and child safety
- **Support Staff:** Assist with evacuation, medical needs, and communication

Emergency contact lists for staff, children, and emergency services are maintained and updated regularly.

Communication with Parents and Guardians

Hollywood Learning Centers will notify and update parents during an emergency using one or more of the following methods: phone calls, text messages or email notifications

Updates will include the nature of the emergency, location of children, reunification instructions, and any changes to normal operations.

Fire Emergency Procedures

In the event of a fire:

1. Staff will immediately activate the fire alarm.
2. Teachers will calmly line up children and evacuate using the nearest safe exit.
3. Attendance sheets will be taken.
4. Children will be relocated to the designated outdoor assembly area away from the building.
5. Attendance will be taken and reported to the Director.
6. Emergency services will be contacted (911).
7. No one will re-enter the building until cleared by authorities.



Evacuation Procedures

Evacuation may be required due to fire, gas leak, flooding, or other hazards.

- Staff will escort children to the designated evacuation area.
- Attendance will be taken before and after evacuation.
- Children will remain under constant supervision.
- If the facility cannot be re-entered, relocation procedures will be implemented.

Relocation Procedures

If relocation is necessary:

- Children and staff will relocate to a pre-identified safe offsite location.
- Parents will be notified of the relocation location and reunification process.
- Attendance and supervision will continue at all times.

Designated Offsite Reunification Location:

1530 Hollywood Blvd. Hollywood FL, 33020 (Church House or alternate safe location as directed by authorities)

Shelter-in-Place Procedures

Shelter-in-place may be used during environmental hazards such as chemical spills, severe weather, or external threats where evacuation is unsafe.

- Children and staff will move to interior rooms away from windows and exterior doors.
- Classroom and interior doors will be secured.
- Lights may be turned off as appropriate.
- Ventilation systems may be turned off if instructed by emergency authorities.
- Teachers will maintain calm routines and provide reassurance to children.
- Attendance will be taken and monitored continuously.

Designated Shelter Location:

1530 Hollywood Blvd. Hollywood FL, 33020 (Church House)

Children and staff will remain sheltered until local authorities or emergency personnel indicate it is safe to resume normal operations or initiate evacuation.

Lockdown Procedures A lockdown may be initiated due to a security threat.

- Classroom doors will be locked.
- Lights will be turned off.
- Children will be kept quiet and out of sight.
- Staff will follow law enforcement instructions.
- No one will open doors until an official all-clear is given.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Inclement Weather Procedures

For severe weather events such as hurricanes, tornadoes, or severe storms:

- Weather alerts will be monitored closely.
- Children will move to designated safe areas.
- Parents will be notified of early closures or schedule changes.
- Emergency supplies (water, food, first aid) will be used as needed.

Parent Reunification Procedures

Onsite Reunification

- Parents/guardians must present valid photo identification.
- Children will only be released to authorized individuals listed on the child's enrollment form.
- Sign-out procedures will be documented.

Offsite Reunification

- Parents will be notified of the offsite reunification location.
- Identification and authorization procedures will remain in effect.
- Staff will remain with children until reunification is complete.

Care for Children with Special Needs or Chronic Medical Conditions

Hollywood Learning Centers ensure that all children's needs are met during emergencies:

- Individual Emergency Care Plans are maintained for children with special needs or chronic medical conditions.
- Medications, medical equipment, and emergency supplies will accompany children during evacuation or relocation.
- Staff trained in medication, administration and emergency care will assist as needed.
- Communication with parents will include updates specific to their child's needs.

Training and Drills

- Staff receive regular training on emergency procedures.
- Fire drills, lockdown drills, and evacuation drills are conducted periodically.
- Emergency plans are reviewed and updated annually or as needed.

I acknowledge that I have received and reviewed the **Hollywood Learning Centers Emergency Preparedness Plan** for the First Presbyterian / St. James location. I understand the procedures outlined and agree to comply with reunification and emergency protocols established by the facility.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES
Lic.# 45308 -50236

AGREEMENT AND ATTENDANCE POLICY

- I agree to abide by all Hollywood Learning Centers First Presbyterian and St James 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 responsibility 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 Hollywood Learning Centers First Presbyterian and St James staff.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES
Lic.# 45308 -50236

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:

☐ Peanuts ☐ Fish / Shellfish ☐ Eggs
☐ Nut Butter ☐ Soy Products ☐ Milk
☐ Nut Oils ☐ Tree Nuts ☐ 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 must happen for your child to react to the problem of 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? _____

Please be advice that during the school year your child will participate in food related activities. Those activities might be schedule 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

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES

Lic.# 45308 -50236

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: _____



HOLLYWOOD LEARNING CENTERS FIRST PRESBYTERIAN AND ST. JAMES

Lic.# 45308 -50236

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.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



CHECKLIST OF FORMS RECEIVED Lic. # 45308 -50236

- ☐ I have received a copy of the Hollywood Learning Center Handbook via Email.
- ☐ I have received a copy of the Hollywood Learning Centers School Calendar.
- ☐ I have received a copy of the “Know Your Child Care Facility Pamphlet”.
- ☐ I have received a copy of the Alternative Nutrition Plan.
- ☐ Food Related Activities Permission Slip.
- ☐ Read and Signed the Discipline Policy Document.
- ☐ Read and Signed the Expulsion Policy Document.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____