City of Pembroke Pines
Charter Elementary/Middle School
Central Campus
Before Care Program
2012—2013 School Year

The City of Pembroke Pines Early Development Center Central Campus will provide Before Care from 6:45 a.m. until 8:15 a.m. for the students of the Charter Elementary and Middle Schools every morning school is in session. Before Care will be held in the elementary school cafeteria.

The cost of Before Care is due on the dates shown on page two. There is no adjustment of the monthly fee when our program is closed due to a legal holiday, in the event of a natural disaster or any other circumstances that may arise beyond our control. You will not be charged, however, when the Charter School is closed for teacher work days, winter, spring and summer breaks. We will run Mini Camps for those days.

Space in Before Care is limited, and based on a first-paid, first served basis. The Central Campus Before Care Packet can be found online at the Charter School Website under the "Quick Links". Please print out the packet, complete it and return to the Early Development Center, 12200 Sheridan Street, along with your $35.00 registration fee. All checks should be made payable to the City of Pembroke Pines. NO forms or cash payments will be accepted in the Before Care cafeteria.

You cannot attend Before Care on a DAY BY DAY BASIS! You need to register your child in Before Care in order for him/her to attend Before Care. No daily drop offs permitted!

Please feel free to call the Early Development Center at
(954) 322-3350 with any questions.
Thank You.

Charter Elementary School and
Charter Middle School
Central Campus
Before Care Payment Program
2012—2013 School Year
Payments are due the first day of each period.

August 20th thru September 19th

First Child $115.00
Second Child $109.25

September 20th thru October 19th

First Child $115.00
Second Child $109.25

October 22nd thru November 21st

First Child $115.00
Second Child $109.25

November 26th thru December 21st

First Child $115.00
Second Child $109.25

January 7th thru February 5th

First Child $115.00
Second Child $109.25

February 6th thru March 6th

First Child $115.00
Second Child $109.25

March 7th thru April 10th

First Child $115.00
Second Child $109.25

April 11th thru May 8th

First Child $115.00
Second Child $109.25

May 9th thru June 6th

First Child $115.00
Second Child $109.25

There will be no refunds, credits, or reduction of tuition for absences due to illness or vacation, since expenses for staff continue during the child's absences.
Payments not received by the fifth day of the period will be assessed a late fee of $25.00. Any tuition payment not received by the sixth day of the period will be charged an additional $2.00 per day for each day the tuition remains unpaid.

BEFORE CARE RULES AND REGULATIONS

HOURS OF OPERATION

The Before Care Program at the Pembroke Pines Charter Elementary/Middle Schools is run by the City of Pembroke Pines Early Development Center, and will operate from the hours of 6:45 am until 8:15 am.

DAYS OF OPERATION

The days of operation will include all days that school is in session. Daycare provisions during holidays or non-school days **MUST** be made separately with the Early Development Center. They can be reached at 954-322-3350.

ARRIVAL OF CHILDREN

All children **MUST** be signed in to the Before Care Program by the parent or designee (as stated on the enrollment form) each morning. The staff is responsible for documenting the authorized name (s) prior to accepting the child.

It is the parent's responsibility to notify the On-Site Coordinator, Susan L. Cohen, at 954-322-3350. if there is a change in the daily routine.

FEE POLICIES

Fees are due monthly. The payment is due the first day of each period. Payments not received by the fifth day of the period will be assessed a late fee of $25.00.
Any tuition payment not received by the sixth day of the period will be charged an additional $2.00 per day for each day the tuition remains unpaid.

We cannot take children on a day to day basis. There will be a one time registration fee of $35.00 per child. **No bills for tuition will be sent.** Repeated failures to pay on time will result in termination from the Before Care program.

There will be no refunds, credit or reduction of tuition for absences due to illness, vacation or school closings due to inclement weather, since expenses for staff continue during the child's absences.

PARENT COMMUNICATION

Parents will be contacted immediately under the following conditions:

1. A child has received an injury, which could require medical attention
2. A child exhibits a medical condition, which could be contagious or threatening to others in the program.

Parents may request to schedule a conference for any reason they deem necessary.

PARENT COMPLAINTS AND GRIEVANCES

Each complaint and problem should be addressed appropriately and in a manner that maintains positive relationships. Conflicts should be resolved through the On-Site Coordinator, Susan L. Cohen, available Monday through Friday at 954-322-3350. Through cooperation and by working together, we feel that all problems can be solved.

DISCIPLINE

All students will be expected to behave in accordance with the Code of Student Conduct for Broward County Public Schools. All rules applicable during school hours in the Code of Student Conduct shall be extended and applicable during the hours of the Before Care.

In order to achieve the goal of providing quality school-age childcare in an environment of cooperation and respect, all staff members of the Before Care Program will utilize positive discipline practices. Guiding and redirecting of behavior, positive reinforcement and time-out will be some of the techniques used to manage the behavior of the children.

After three (3) official referrals (incident reports) have been made to the On-Site Coordinator, a conference will be scheduled as a final attempt to rectify inappropriate behavior. A fourth referral constitutes grounds for termination from the Before Care Program.

SUSPENSION AND TERMINATION OF SERVICES

If it is the judgment of the On-Site Coordinator that a child presents a health or safety risk to other children in the program, she/he may be suspended or terminated from the Before Care Program. Continued disruptions that hinder the quality of the program will also be cause for suspension or termination.

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Board of County Commissioners, Broward County, Florida.
Broward County Social Division Child Care Program

Child Enrollment Information

Preferred Name: _____ **Four (4) Digit Entry Code/Password**_____

Child's Name:_____ Date of Enrollment:_____/_____/_____

Address:_____City_____Zip Code_____

Sex: **M or F** D.O.B._____/_____/_____ School Grade: K 1 2 3 4 5 6 7 8

Birthplace:_____ (County)_____ (State)_____

Name	**Home Address**	**Phone Number**
Mother _____	_____	( )_____-_____
Father _____	_____	( )_____-_____
Guardian _____	_____	( )_____-_____

Mother's Mobile Phone: ( )_____-_____ Father's Mobile Phone: ( )_____-_____

Email Address_____

Place of Employment	**Business Address**	**Phone Number/Extension**
Mother _____	_____	( )_____-_____
Father _____	_____	( )_____-_____

Mother's Occupation_____ Father's Occupation_____

Parent's Marital Status **S M D or W** Number of Children in Household_____

Name (s) and Ages of brothers_____

Name (s) and Ages of sisters_____

Child's Physician:_____ Physician's Phone Number: ( )_____-_____

Physician's Address:_____

May the Center call another physician if unable to contact the above? **YES or NO**
Person permitted to remove child: Mother **YES or NO** Father **YES or NO**

In case of an emergency or illness, other person to be notified and permitted to remove child from the Center:
(Must be 18 years of age to remove child from the Center)

Name:_____ Cell Phone ( )_____-_____

Name:_____ Cell Phone ( )_____-_____

Name:_____ Cell Phone ( )_____-_____

_____ _____

Print name of person enrolling child **Signature of person enrolling child**

EMERGENCY INFORMATION

Child's Name:_____D.O.B._____

Name of Child's Doctor:_____ Phone Number ( )_____-_____

Persons authorized to act for parents in an emergency:

First Choice:

Name:_____ Address:_____

Home Phone Number: ( )_____-_____ Work Phone Number: ( )_____-_____

Second Choice:

Name:_____ Address:_____

Home Phone Number: ( )_____-_____ Work Phone Number: ( )_____-_____

Medical History

Measles: YES or NO Mumps: YES or NO Chicken Pox: YES or NO

Convulsions:_____

Allergies: (food, medicine, etc.) _____

_____

Any evidence of hearing difficulty? YES or NO Explain:_____

Any evidence of visual difficulty? YES or NO Explain:_____

Speech Disabilities? YES or NO Explain:_____

Hospitalizations? YES or NO Explain:_____

Operations? YES or NO Explain:_____

Other Illnesses? YES or NO Explain:_____

Does your child have any physical handicaps or conditions which might affect his/her schooling _____

_____ Please describe_____

_____

_____

Briefly describe your child's likes, dislikes, favorite past times, toys, friends, toilet habits, napping needs, etc. In essence, please include anything that will help us to understand your child and help him/her grow.

_____

_____

_____

PARENT'S STATEMENT

In making application for my child to attend the City of Pembroke Pines Early Development Center Central Campus, I agree to support the moral, education and disciplinary standards of the school, in accordance with the Code of Student Conduct for Broward County Public Schools.

It is important for home and school to work together in establishing appropriate behavior.
I agree to pay any Before Care charges
I agree that I will NOT send my child to Before Care sick.
I also understand that this application cannot be considered without the registration fee.

In the event my child becomes ill or injured while under Before Care supervision:

1. If the illness or injury is minor, the parent/guardian will be contacted.
2. If the illness or injury is more serious and/or life threatening, 911 will be called.
3. Parent hereby release the City of Pembroke Pines Early Development Center Central Campus from any liability which might arise from giving such authorization, it being the parent desire to have child furnished medical or surgical services as soon as reasonably possible after illness or injury arises.

_____ _____

Child's Name | Print Parent's/Guardian's Name

_____ _____

Parent's/Guardian's Signature | Date

MEDIA RELEASE

From time to time during the year, the media and the graphics department photograph our school, staff and students to visually explain the many and varied types of programs and events which we offer. Those photographs or videotapes may be used in newspapers, on television or in other appropriate publications.

Your signature below indicates your permission for your child to be photographed for such purposes. Please sign and return this form as soon as possible.

Child's Name:_____

Print Parent's/Guardian's Name:_____

Parent's/Guardian's Signature:_____

Date:_____

DISCIPLINE POLICY

The Center will ensure that age appropriate, constructive disciplinary practices in accordance with the Code of Student Conduct for Broward County Public Schools shall be used for children in care.

Children shall not be subjected to discipline which is severe, humiliating or frightening. Discipline shall not be associated with food, rest or toileting.

Please sign below, detach and return bottom portion to the center supervisor as soon as possible.

I _____, have read the
Parent's Name

Preschool's Discipline Policy and have retained a copy.

_____ _____
Child's Name Print Parent's/Guardian's Name

_____ _____
Parent's/Guardian's Signature Date

MEDICAL RELEASE

Dear Parent,

In order to comply with the Broward County Child Care Code, please provide us with the following information: The Center shall have written instructions from parent for the school to follow arranging for immediate treatment for your child in an emergency situation.

Below, you will find the necessary form that will need to be filled out for our records. Please detach and hand in. If you have any questions concerning this matter, please feel free to contact us.

Thank you in advance for your cooperation.

Sincerely,

Susan L. Cohen

Susan L. Cohen, MS
Early Childhood Education Administration
Site Supervisor

1. By my signature below, I give the City of Pembroke Pines Early Development Center Central Campus authorization to seek medical treatment for my child if I or any other persons whom I have listed to be notified in case of an emergency can not be reached.

2. By my signature below, I give any health facility or physician permission to provide medical treatment for my child as deemed necessary in any situation which may arise at the preschool.

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 the preschool.

_____ _____
Child's Name Print Parent's/Guardian's Name

_____ _____
Parent's/Guardian's Signature Date

CITY OF PEMBROKE PINES
EARLY DEVELOPMENT CENTER
CENTRAL CAMPUS

I hereby acknowledge receipt and examination of the Before Care Rules and Regulations, and state that I understand and agree to abide by all provisions contained therein. I also understand that rules and regulations are subject to change without prior notice.

_____ _____

Child's Name Please Print Parent's Name

_____ _____

Parent's Signature Date

Please sign and return with your registration papers.

Thank you!

CITY OF PEMBROKE PINES
EARLY DEVELOPMENT CENTER CENTRAL CAMPUS
RELEASE AND WAIVER OF LIABILITY

Child's Name:_____

It is hereby acknowledged that every possible precaution will be taken to safeguard my child while attending the City of Pembroke Pines Early Development Center Central Campus. For and in consideration of my child's participation and registration at the City of Pembroke Pines Early Development Center Central Campus, and on behalf of myself and my child, our respective heirs, administrators, executors and successors, I hereby covenant not to sue and forever release and hold harmless the City of Pembroke Pines, its officers, directors, agents and employees from any and all liability (including attorneys' fees and costs) for any cause of action for personal injury, property damage or wrongful death occurring while my child is under the instruction, supervision or control of the City of Pembroke Pines including, without limitation, those damages or injuries resulting from acts of negligence on the part of the City, its officers, directors, shareholders, employees or agents while my child is in attendance and on the premises at the Early Development Center Central Campus.

_____

Printed Name of Parent/Legal Guardian

_____ _____

Signature of Parent/Legal Guardian Date

☐ Bright Beginnings ☐ Central EDC ☐ East EDC
☐ West EDC ☐ West Pines ☐ _____

Account Key# _____

Child's Name: _____
(Last) (First)

Payment Agreement

All fees are to be paid in advance. TUITION IS NOT SUBJECT TO ADJUSTMENT DUE TO ABSENCE FROM THE CENTER, WITHDRAWAL, HOLIDAYS OR OTHER CIRCUMSTANCES.

We accept Cash, Money Orders and Checks only. Please make all checks payable to: **City of Pembroke Pines.**

Any check issued to the City that is returned by the bank for: (insufficient funds, account closed, stop payment, refer to maker, no account found or other) will be assessed a returned check fee as provided for in § 166.251, Florida Statues, as amended from time to time. § 166.251, Florida Statues, provides for the following fees:

$25.00 if the check face value does not exceed $50.00
$30.00 if the check face value exceeds $50.00 but does not exceed $300.00
$40.00 if the check face value exceeds $300.00 or
(5%) of the check face amount of the check whichever is greater.

In the event a dishonored check is not paid, in accordance with Chapter § 166.251, Florida Statues, appropriate legal action may be filed for the full amount of the returned checks due and owing together with services charges, court costs, and reasonable attorney fees as provided by law.

When customer issues three (3) returned checks on any City account during the most recent twelve (12) months, his/her check payment privileges at The City of Pembroke Pines will be suspended for a period of six (6) months.

Subsequent returned checks received after the reinstatement of check writing privileges, will result in additional six (6) months suspensions.

In order to satisfy a return check, payment will only be accepted with cash, money orders, or cashier checks.

Past due accounts without satisfactory arrangements with the Site Supervisor shall result in your child not being able to attend the Center until your account is brought current.

Parent or guardian: By signing this agreement, I (we) agree to pay all amounts when due under this agreement. I have read and received a copy of this agreement and agree to all of its terms.

MOTHER OR GUARDIAN

NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____

FATHER OR GUARDIAN

NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____

Fees and policies for The City of Pembroke Pines programs are subject to change.