



City of Pembroke Pines Charter Middle School Academic Village Campus Before Care Program 2015-2016 school year

Pembroke Pines Charter Middle School – Academic Village Campus will hold before care from 6:45 a.m. until 8:15 a.m. for the students. Before care will be held inside the middle school (room location TBA); students will be escorted to the cafeteria at 8:15AM.

The cost of Before Care is due based on the first date of the payment cycle. There is no adjustment in the monthly fees to legal holidays or (in the event of) natural disasters. You will not be charged, however, when the school is closed for teacher work days, winter, spring and summer breaks.

Space in before care is limited, and based on a first-paid, first served basis. If interested, please complete the packet and return to the Pembroke Pines Charter Middle School with the \$35.00 registration fee. All checks should be made payable to the City of Pembroke Pines. **Registration is due by Monday, August 17th.**

Daily registration is not permitted. Students must register for the program on a monthly basis. Should you have questions, please feel free to contact us at 954.538.3700.

Payment Schedule

All payments due on the first date of the monthly cycle

<u>August 24th thru September 25th</u> First Child \$115.00 Second Child \$109.25	<u>February 8th thru March 4th</u> First Child \$115.00 Second Child \$109.25
<u>September 28th thru October 23rd</u> First Child \$115.00 Second Child \$109.25	<u>March 7th thru April 8th</u> First Child \$115.00 Second Child \$109.25
<u>October 26th thru November 13th</u> First Child \$115.00 Second Child \$109.25	<u>April 11th thru May 6th</u> First Child \$115.00 Second Child \$109.25
<u>November 16th thru December 18th</u> First Child \$115.00 Second Child \$109.25	<u>May 9th thru June 9th</u> First Child \$115.00 Second Child \$109.25
<u>January 4th thru February 5th</u> 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. You will continue to be charged an additional \$ 10.00 each week the tuition remains unpaid.

Before Care Rules and Regulations

HOURS OF OPERATION

The Before Care Program at the Pembroke Pines Charter Schools 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.

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.

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. You will continue to be charged an additional \$10.00 each week the tuition remains unpaid.

We cannot take children on a day to day basis. There will be a onetime 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 our school administrator.

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 school administrator, 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.

1

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. ____/____/____ Birthplace: _____ (State) ____ Primary Language spoken _____

School Grade: K 1, 2, 3, 4, 5, 6, 7, 8 Has your child attended preschool before
___yes or ___no

Ethnicity _____ Race: ___ Caucasian ___ African American ___ Asian or Other _____

Family Information:

Child Lives With _____

Parent 1 Name _____

Address _____

City _____ Zip Code _____

Home Phone _____

Employer _____

Occupation _____

Work Phone _____

Cell Phone _____

Email _____

Parent 2 Name _____

Address _____

City _____ Zip Code _____

Home Phone _____

Employer _____

Occupation _____

Work Phone _____

Cell Phone _____

Email _____

Parent's Marital Status **S M D or W**
Household _____

Number of Children in

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 and show picture I.D. to remove child from the Center)

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 () _____ - _____

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 Before Care Program, 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, including the PPCMS – AV 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

Parent's Name

Parent/Guardian 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: _____

MEDICAL RELEASE FORM

Dear Parent,

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

Thank you in advance for your cooperation.

1. By my signature below, I give the City of Pembroke Pines Middle School – AV 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 cannot 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
ACADEMIC VILLAGE 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: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

Please sign and return with your registration papers.
Thank you!

**CITY OF PEMBROKE PINES
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 Before Care Program at the Academic Village Campus. For and in consideration of my child's participation and registration at the City of Pembroke Pines Before Care Program, 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 City of Pembroke Pines Before Care Program at the Academic

Village Campus.

Child's Name

Parent's Name

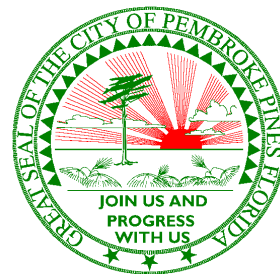
Parent's Signature

Date

Bright Beginnings
 West EDC

Central EDC
 West Pines

East EDC
 AV Campus



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 Statutes, as amended from time to time. § 166.251, Florida Statutes, 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 Statutes, 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's 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 an additional six (6) months' suspension.

Payment to satisfy a returned check will only be accepted by cash, money order, or cashier's check.

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.

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

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.

PARENT OR GUARDIAN

NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____

PARENT OR GUARDIAN

NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____