

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name: _____

Relationship to child: _____

Address: _____

Phone: _____

Phone: _____

Name: _____

Relationship to child: _____

Address: _____

Phone: _____

Phone: _____

Name: _____

Relationship to child: _____

Address: _____

Phone: _____

Phone: _____

Name: _____

Relationship to child: _____

Address: _____

Phone: _____

Phone: _____

- For preschool aged children: a current physical examination (form 3040) and immunization record (form 680 or 681) must be on file.
- Both parents must sign and agree to the information provided on the above Child Care Application for Enrollment. If a parent is unable to provide a signature, written notification must be provided to the reason a signature is unavailable.
- The information requested on the Free and Reduced-Price Meal Application is necessary so that the center may receive reimbursement for meals served to your child. Free and Reduced price Meal Applications will be placed in our files and treated as confidential information.
- By signing below, you verify that you have received the City of Miramar Early Childhood Program Parent Handbook and that all information on this enrollment form is complete and accurate.

Mother's Signature: _____

Date

Father's Signature: _____

Date

**CITY OF MIRAMAR
RULES OF CONDUCT / DISCIPLINE POLICY**

Children of all ages in the city program are disciplined in the same manner. The following policy will govern the types of discipline to be administered in the event a child becomes unruly or his/her actions interfere with the classroom or outdoor functions of the program.

1. A child may be disciplined by sitting out of the activity for a short period of time.
2. A child shall not be subjected to severe, humiliating or frightening discipline.
3. Discipline shall not be associated with food, rest or toileting.
4. A discipline record shall be kept on file in the office for any major or constantly recurring problem.
5. If necessary, the problem shall be discussed with the parents.
6. Spanking or any form of physical punishment is prohibited.
7. If a child becomes a problem to the point of considering dismissing the child from the program, the following procedures shall be implemented:
 - a. Meeting with the parent(s) and discuss the reason for considering dismissal.
 - b. Explore all avenues for positive corrective action.
 - c. Allow a probation period for corrective action.
 - d. Dismissal action should be taken only as a last resort.
 - e. Parent(s) shall be given a written notification of the reason(s) for dismissal.
8. Weapons
 - a. Under no time is it appropriate for any child to possess or bring any weapon of any kind into a program facility.
 - b. Possession of a weapon shall be defined as knowingly, intentionally, deliberately, or inadvertently (without meaning to do it) bringing a weapon onto City property, program facilities, or any program sponsored activity.
 - c. Parents are to be immediately notified and the child placed under constant supervision from the site supervisor, or designee.
 - d. Disciplinary action up to and including expulsion from any and all City run child care programs may be taken.
9. Policy and Procedures
 - a. The City of Miramar reserves the right to dismiss any participant or family who does not comply with the policies and procedures of the Early Childhood Program.

Parent _____ Date _____

Site Supervisor _____ Date _____



Get your City of Miramar information in your email inbox. Stay updated on current events, City news and special activities.

Please complete the form below to be added to the constant contact list for City of Miramar emails. Your email address will not be shared for any 3rd party advertising.

Name: _____

Email Address: _____

INFLUENZA VIRUS

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



CITY OF MIRAMAR
AUTHORIZATION FOR FIELD TRIP

I/WE, the undersigned, hereby grant my/our child:

(child's full name)

permission to travel on a Early Childhood Program sponsored trip to:

- Miramar Civic Center, 6920 SW 35th Street, Playground, Play Area, Community Center & Sports Field
- Sunset Lakes, 2801 SW 186th Avenue, Playground, Play Area, Community Center & Sports Field
- Vicki Coceano Youth Center, 2001 Douglas Road, Volleyball complex, Playground, Play Area & Forzano Field
- Silver Shores, 15700 Pembroke Road, Playground, Play Area & Sports Field
- Fairway Park, 3700 Largo Drive, Playground, Courts, Play Area, Annex Building & Sports Field

Departure 7:00 a.m. August 22, 2011
(month, day, year)

Return at about 6:00 p.m. August 31, 2012
(month, day, year)

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

FINANCIAL AGREEMENT

Payments: Registration, payments and fees are non-refundable and non-transferable.

- * All Preschool payments are due, weekly, before your child enters the center on Monday morning.
- * After-school payments are due in accordance with the payment schedule.
- * Payment schedule is not adjusted for Holidays or children absences.
- * Payments are due as scheduled, unless previous written arrangements have been made and approved by the Child Care Superintendent. Failure to make payment will result in your child being withdrawn from the program.
- * **ACCEPTABLE FORM OF PAYMENT IS: CHECK, MONEY ORDER, VISA OR MASTERCARD. NO CASH WILL BE ACCEPTED.**

Registration Fees: required at the time of registration

- * Preschool registration \$100 per school year. Preschool registration fee will be pro-rated accordingly as of January 1st for the remainder of the school year.
- * After-school registration \$50 per school year. After-school registration fee will be pro-rated accordingly as of January 1st for the remainder of the school year.
- * Spring, Winter, Teacher Planning Day registration \$10 per school year.
- * Summer Camp registration \$10 per summer.
- * Re-enrollment fee will be based on the current registration fee.

Preschool Payments:

- * Full time weekly: Infants \$200, Wobblers \$185, Toddlers \$175, 2-Year-Olds \$155, 3-Year-Olds \$145, 4/5-Year-Olds \$160 without VPK
- * VPK extended care fee \$100 for 7:00 a.m. to 6:00 p.m.; VPK extended care fee \$40 for 7:00 a.m. to 9:00 a.m. only or 12:30 p.m. to 2:00 p.m. only; Free VPK State funded program is 9:00 a.m. to 12:30 p.m. only.

Preschool Special Activity Fees:

- * All special activity payments must be made in advance of your child participating in the activity.
- * Child must pay preschool registration fee to participate in special activity programs.
- * A graduation fee of \$100.00 for pre-k classes is due on May 2nd.

After-School Payment Schedule:

- * \$150 per payment: August 22, September 19, October 17, November 14, December 12, January 23, February 20, March 26, April 23, May 21 (May 21st payment is prorated \$112.50)
- * \$160 payment is due for the after-school program at the Youth Center if transportation is included.

Teacher Planning Day, Spring Camp, Winter Camp:

- * Teacher Planning Days \$25 each, Winter & Spring Camp \$140 each.
- * Payments are non-refundable and due in full at the time of registration.

School Readiness / Subsidized Care / VPK: Refer to your Family Central agreement for complete policies.

- * Family Central will determine your Authorization for Care.
- * Children receiving funding are allowed three unexcused absences per calendar month, seven excused absences. Fees will be assessed for days not paid by school readiness funding.

Returned Checks:

- * A fee will be assessed by our finance department for any returned checks.
- * A money order for the exact amount of the original check, plus the check fee, is due within 3 days of notice in order for your child to continue attending the program.
- * After 3 returned checks on a child's account, all further payments must be paid by Credit Card or Money Order.

Withdrawal From Program: Written notification of withdrawal is required two weeks in advance. All applicable fees will be assessed if written notification is not received. Re-enrollment fees will apply if the child returns to the program after official withdrawal.

Non Residents: An additional 20% will be added to all program fees for Non-residents.

Parent's Signature

Date

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

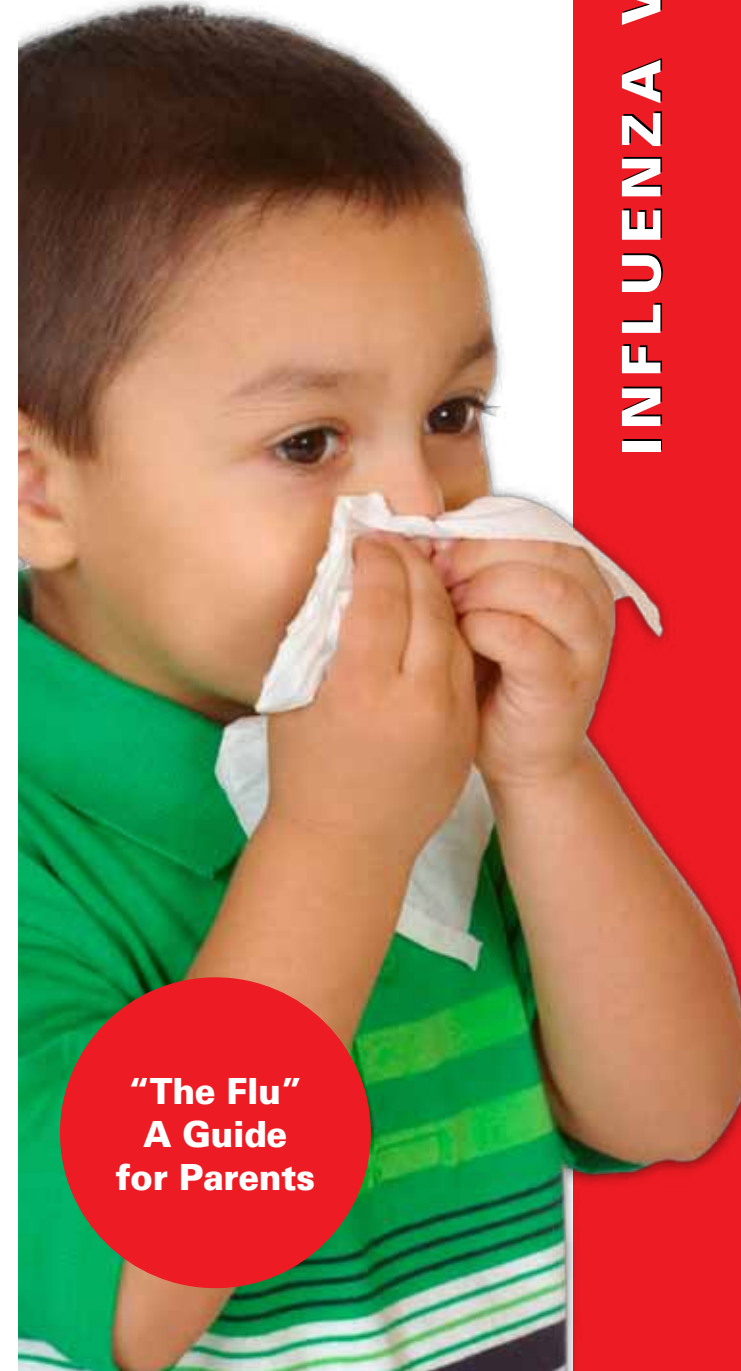
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



**“The Flu”
A Guide
for Parents**

INFLUENZA VIRUS

INFORMED CONSENT FORM (CHILD) ADDENDUM

STATE OF FLORIDA)
)
COUNTY OF BROWARD) **SS.:**

I/We, _____, being the parent, legal guardian or custodian of _____, hereby give authorization for the City of Miramar to seek medical treatment as follows pertaining to an allergic reaction my child, _____, has to ant bites:

1. In the event that my children is bitten by an ant or other insect and evidence any sort of allergic reaction, the City of Miramar is authorized to call paramedics in order to administer appropriate treatment.

I am fully aware that the City of Miramar employees are not authorized to administer any medications, injections, etc. I/We further agree to indemnify and hold harmless the City of Miramar from any and all claims/and/or liens.

IN WITNESS WHEREOF, we have hereunto set our hands and seal this _____ day of _____, AD, 2011-2012.

Signed, sealed and delivered in presence of:

WITNESS

WITNESS

Parent/Guardian/Custodian

Parent/Guardian/Custodian

Address

City, State, Zip Code

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized to take acknowledgements in the State and County aforesaid, personally appeared _____ who is/are personally known to me or who have produced her/his/their driver license(s) and who executed the foregoing informed Consent Form and he/she/they acknowledged before me that he/she/they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, AD, 2011-2012.

NOTARY PUBLIC

My Commission Expires: _____

Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
Children's Services Administration Division
Child Care Licensing and Enforcement Section

ALTERNATE NUTRITION PLAN

Name of Facility/Home: City of Miramar Early Childhood Program

Address: **Civic Center**, 6920 SW 35th Street, Miramar, Florida 33023
Youth Center, 2001 Douglas Road, Miramar, Florida 33025
Silver Shores, 15700 Pembroke Road, Miramar, Florida 33027
Sunset Lakes, 2801 SW 186th Avenue, Miramar, Florida 33029
Fairway Park 3700 Largo Drive, Miramar, Florida 33023

Dear Parent:

In accordance with the Broward County Child Care Ordinance/Family Child Care Ordinance, parents, and the child care facility/home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home.

Please read the following carefully, sign, and return as soon as possible to The City of Miramar Early Childhood Program.

The facility/home agrees to provide a nutritious:

(Operator/Director checks those which apply)

<u>XXX</u>	Breakfast
<u>XXX</u>	Lunch
<u>XXX</u>	Mid-afternoon snack
<u> </u>	Evening snack
<u> </u>	No meals or snacks

The parent agrees to provide a nutritious:

(Parent checks those which apply)

<u> </u>	Mid-morning snack
<u> </u>	Lunch
<u> </u>	Mid-afternoon snack
<u> </u>	Supper

I have read the proceeding and agree to meet the child's nutritional needs as defined above.

Early Childhood Program - Operator/Director Signature

Parent's Signature

Date

CITY OF MIRAMAR WEBSITE RELEASE FORM FOR MODELS

<http://www.ci.miramar.fl.us>

I, the undersigned, do hereby give the City of Miramar, Florida ("City"), through its agents, licensees, legal representatives, successors and assignees, including any person acting under its permission and authority, the unqualified, irrevocable right, privilege and permission to use or reproduce my picture, portrait or photograph in all forms and media and in all manners, including composite or distorted representations for advertising, trade, or any other lawful purpose; including unrestricted use for purposes of publicity or promotion; to copyright or otherwise legally register the same in the name of the city or its agents, licensees, legal representatives, successors and assignees, if deemed desirable, in the sole discretion of the City; and to use my name, (or fictional name), likeness, biographic or other information concerning me in connection thereto. I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I hereby grant, assign and transfer to the City or its agents, licensees, legal representatives, successors and assignees all my rights and interests therein. I for myself, my heirs, successors, executors, administrators and assignees, hereby remise, release and discharge the City, its agents, licensees, legal representatives, successors and assignees for and from any and all claims of any kind whatsoever on account of use of such photographs of me, including but not limited to any and all claims for damages for libel, slander and invasion of the right to privacy.

I further acknowledge that I am not to receive any financial benefits from the use of my photo in connection hereto.

I have fully read, understood and agree to each and every term contained in this Release.

Check the applicable box:

I am eighteen (18) years or more of age, of sound mind and have read and understand this authorization and release.

The subject child is a minor and as the parent or legal guardian I consent to the authorization on behalf of the child.

Date

Signature

Print Name

Address

Witness

Print Name

Address

Witness

Print Name

Address



SWIM CENTRAL WATER SAFETY EDUCATION QUESTIONNAIRE

Child Care Facility: _____ Date: _____

Child's Name: _____ Age: _____

Parent's Name and 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: _____

Please mail or fax this back to:

SWIM Central

950 N.W. 38th St. • Oakland Park, FL 33309 • 954-537-2949



**Voluntary Pre-Kindergarten Program
Policies & Procedures**

Thank you for reviewing these policies. Please refer to your parent handbook for additional information regarding our philosophy and daily operations. We look forward to a successful year and once again congratulations and welcome.

I have received a copy of the Voluntary Pre-Kindergarten Policies & Procedures, read, understand and agree to the policies and procedures of the City of Miramar Early Childhood Program Voluntary Pre-Kindergarten.

Mother/Guardian

Father/Guardian

Child's name: _____

Center & Class: _____

Date Child Started Program: _____