



**LITTLE EXPLORERS PRESCHOOL
2018-2019**

SCHOOL INFORMATION

Preschool meets Tuesday, Wednesday, and Thursdays
2 – 3 YEAR OLD CLASSES 9:00am – 12:00noon
VPK – 9:00am – 2:00pm

2's and 3's Program

Requires a \$250 non-refundable registration fee

		<u>Hours</u>	<u>Annual</u>	<u>Monthly</u>
<u>Preschool</u>	3 days (T,W,Th)	9a-12p	\$2,850	\$300

Wrap Around Options

		<u>Hours</u>	<u>Annual</u>	<u>Monthly</u>
Mornings	5 days (M-F)	9a-12p	\$4,750	\$500
Days	5 days (M-F)	9a- 2p	\$6,650	\$700
Full Time	5 days (M-F)	7:30a- 5:30p	\$7,600	\$800

Aftercare (as needed)	12p-2p	\$12.00/day
Extended Aftercare (as needed)	2p-5:30p	\$24.00/day

VPK Program (must be 4 before September 1st and obtain VPK certificate from OEL)

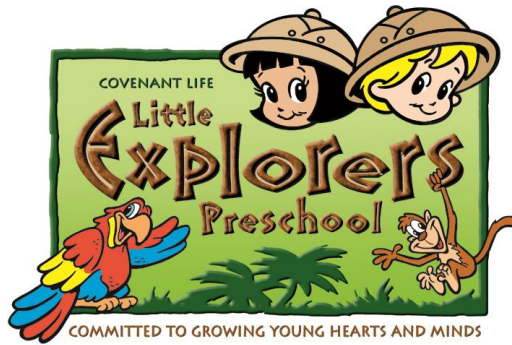
		<u>Hours</u>	<u>Annual</u>	<u>Monthly</u>
<u>VPK</u>	3 days (T,W,Th)	9a-2p	No Fee	No Fee

Wrap Around Options

Requires a \$100 non-refundable registration fee.

		<u>Hours</u>	<u>Annual</u>	<u>Monthly</u>
Days	5 days (M-F)	9a-2p	\$2,280	\$240
Full Time	5 days (M-F)	7:30a- 5:30p	\$4,750	\$500

Extended Aftercare (as needed)	2p-5:30p	\$24.00/day
--------------------------------	----------	-------------



FORMS MANDATORY FOR REGISTRATION

These forms are provided in your enrollment packet

- Enrollment Information
- Parental Authorization & Agreement Form
- Tuition and Fees Agreement Form
- Medical release Form
- Authorized pick up Form
- Photo/Media release form
- Influenza Information Sheet
- Auto Payment Form

These must be turned in with completed registration forms

- *Original immunization form or exemption form
(from Doctors office)
- *Original DOH School Entry Health Exam:
(current physical from Doctors office)
- Copy of birth certificate (new students)

- VPK Voucher - if attending VPK
(from Early Learning Coalition)

*Must be kept up to date while enrolled at LEP



Little Explorers Preschool
Covenant Life Church
Enrollment Information 2018-2019
 (Must be updated yearly)

Date: _____

Child's Name: _____ **F M** Prefers to be called: _____
(Circle One)

Date of Birth: ___/___/___ Age: ___

Parent/Guardian: (father) _____ (mother) _____

check if same for both parents

Address _____ Address _____
 Father _____ Mother _____

Contact Numbers: Please indicate contact preference for each parent with an asterisk *

Father Home _____ Mother Home _____

Father Work _____ Mother Work: _____

Father Cell _____ Mother Cell _____

Father E-mail _____ Mother E-mail _____

Emergency Contact Name _____ Phone#: _____

Relationship to Child _____

Known allergies _____

Regular Medication _____

Special Needs/Disability _____

Please supply information which will facilitate us in providing an enjoyable and comfortable environment for your child (favorite toy, blanket, food, etc...) _____



**PARENTAL AUTHORIZATION
AND AGREEMENT FORM**

(Child's Name)

Handbook Agreement _____mothers initials _____fathers initials

I have received the Little Explorers Parent Handbook and understand the expectations of attending Little Explorers Preschool

Health Policy _____mothers initials _____fathers initials

I have read and understood the Little Explorers well-child (health policy) and agree to follow the guidelines.

Discipline Practices/Policy _____mothers initials _____fathers initials

I have read and understood the Little Explorers Discipline Practices and Policies found in the Parent Handbook.

Activities Permission _____mothers initials _____fathers initials

I agree to allow my child to participate in any activity that Little Explorers Preschool deems age appropriate – including outside activities (Bouncy House)

Directory Agreement _____mothers initials _____fathers initials

I agree to allow my name, address, phone numbers and email addresses that were provided on the Enrollment form to be published in a Little Explorers Directory or shared with other LEP families. These are to be used solely by Little Explorers families and staff.

Financial Agreement _____mothers initials _____fathers initials

I understand all the policies that were outlined in the Parent Handbook.

Authorization for Observation and Screening _____mothers initials _____fathers initials

I give my permission for my child to be observed and receive developmental screening which may include vision, hearing, speech, language, motor, and developmental skills. I understand that these screenings are to help the teacher plan appropriate activities for my child. I also understand that outside professionals may be contacted to come do further evaluations. I also understand that these screening results will be shared with parents and staff.

Date ____/____/____

Mother's Signature

Date ____/____/____

Father's Signature



MEDICAL RELEASE FORM

Little Explorers Preschool
Covenant Life Church

Child's Name: _____

Please provide the name, address, and telephone number of a physician or health resource that can be contacted in case of an emergency.

Physician Name: _____

Address: _____

Telephone Number: (____) _____

Fax Number: (____) _____

Dentist Name: _____

Address: _____

Telephone Number: (____) _____

Fax Number: (____) _____

Preferred Hospital: _____

Insurance Provider: _____

Policy Number: _____

I give **MY** permission to consult the above health resource in the event of an emergency if I cannot be contacted.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

THIS INCLUDES PERMISSION FOR EMERGENCY TRANSPORTATION BY AMBULANCE
LEGAL GAURDIAN IS RESPONSIBLE FOR ALL MEDICAL PAYMENTS.



AUTHORIZATION FOR PICK UP

Little Explorers Preschool
Covenant Life Church

Child's Name: _____

To better serve you and meet the requirements for the Florida League Of Christian Schools (FLOCS), please complete the following information.

We will not release your child(ren) to any person other than those authorized by the parents/guardians listed on this document. Please provide names, addresses, and telephone numbers of person(s) authorized to remove your child(ren) from The Little Explorers facility.

Name: _____

Telephone Number: _____

Address: _____

Relationship to child: _____

Name: _____

Telephone Number: _____

Address: _____

Relationship to child: _____

Name: _____

Telephone Number: _____

Address: _____

Relationship to child: _____

Name: _____

Telephone Number: _____

Address: _____

Relationship to child: _____

Any custodial issue due to divorce or other legal agreements that affect who can pick up the child(ren) ___NO ___Yes * if yes please provide copy of agreement for our records



Photo/ Media Release Form

Little Explorers Preschool takes lots of pictures to use to illustrate what your child is doing at preschool. We will use these pictures in many different ways. They may be included in your child's portfolio, displayed in the classroom or put in a classroom portfolio which is used for our state inspection. We may use them for classroom books, in the school newsletter or pamphlet about our preschool. We may include a class photo in a thank you note after we have gone on a field trip or had a special visitor at school. We may also post them on our LEP Facebook Page.

I hereby grant permission for Covenant Life Church/Little Explorers Preschool to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child without compensation for the purpose of promoting Covenant Life Church and its programs.

If you have any special concerns or restrictions you would like to add, please write them here.

Child's Name: _____

Parent / Guardian Signature _____ Date _____

Parent / Guardian Name (print) _____

CLC Staff Member* _____ Date _____
or Witness*

*(when form is turned in must have either staff member or witness signature)

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.



INFLUENZA VIRUS

"The Flu"
A Guide
for Parents

