



LITTLE EXPLORERS PRESCHOOL 2021-2022

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 | \$3500 | \$350 |

Wrap Around Options

| | | <u>Hours</u> | <u>Annual</u> | <u>Monthly</u> |
|-----------|---------------|--------------|---------------|----------------|
| Mornings | 5 days (M-F) | 9a-12p | \$6,000 | \$600 |
| Days | 3 days (T-Th) | 9a- 2p | \$4,850 | \$485 |
| Days | 5 days (M-F) | 9a- 2p | \$8,000 | \$800 |
| Full Time | 5 days (M-F) | 8:00a- 4:30p | \$9,000 | \$900 |

| | | |
|--------------------------------|----------|-------------|
| Aftercare (as needed) | 12p-2p | \$12.00/day |
| Extended Aftercare (as needed) | 2p-4:30p | \$18.00/day |

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

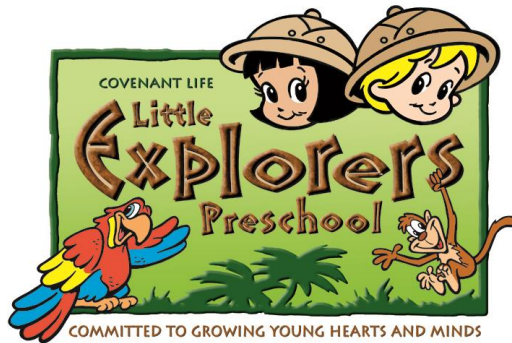
| | | <u>Hours</u> | <u>Annual</u> | <u>Monthly</u> |
|-------------------|-----------------|--------------|---------------|----------------|
| <u>VPK</u> | 3 days (T,W,Th) | 9a-2p | No Fee | No Fee |

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 | \$3,500 | \$350 |
| Full Time | 5 days (M-F) | 8:00a- 4:30p | \$6,500 | \$650 |

| | | |
|--------------------------------|----------|-------------|
| Extended Aftercare (as needed) | 2p-4:30p | \$18.00/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
- ☐ Distracted Adult Information Sheet
- ☐ Influenza Information Sheet
- ☐ Auto Payment Form*

These must be turned in with completed registration forms

- ☐ *Florida Immunization Record (Form 680) or Exemption
- ☐ *Florida DOH (3040) School Entry Health Exam Parts I and II
(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 2021-2022
 (Must be updated yearly)

Date: _____

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

Date of Birth: ____/____/____ Age: ____

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

Address: _____ Address: (if applicable) _____

Child lives with: **Both** **Mother** **Father** **Other:** _____
(Circle One)

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 _____



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, including COVID protocols.

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, email addresses and phone number that were provided on the Enrollment form to be 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 and the Tuition and Fees Agreement page.

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.

Mother's Signature

Date ____/____/____

Father's Signature

Date ____/____/____



2021-2022 Tuition and Fees Agreement

I am enrolling _____ for the following:
(Child's name)

| Annual Tuition Rates <small>Select choice</small> | | |
|---|--|---|
| | 2's and 3's <small>Requires \$250 registration fee</small> | VPK <small>*Requires \$100 registration fee</small> |
| 3 days (T-Th) 9a-12p | <input type="checkbox"/> \$3500 as 10 payments of \$350 | N/A |
| 3 days (T-Th) 9a-2p | <input type="checkbox"/> \$4850 as 10 payments of \$485 | <input type="checkbox"/> ELC Certificate |
| 5 days (M-F) 9a-12p | <input type="checkbox"/> \$6000 as 10 payments of \$600 | N/A |
| 5 days (M-F) 9a-2p | <input type="checkbox"/> \$8000 as 10 payments of \$800 | <input type="checkbox"/> \$3500 as 10 payments of \$350* |
| 5 days (M-F) 8a-4:30p | <input type="checkbox"/> \$9000 as 10 payments of \$900 | <input type="checkbox"/> \$6500 as 10 payments of \$650* |
| | | |
| After Care 12p-2p | <input type="checkbox"/> As needed \$12 per day | N/A |
| Ext Care 2p-4:30p | <input type="checkbox"/> As needed \$18 per day | <input type="checkbox"/> As needed \$18 per day |
| | Other, as Indicated | |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Please initial next to each statement and sign below:

_____ I understand that tuition is paid on a monthly basis. I understand the number of days in a month that school is in session does not affect the monthly rate and I will not receive adjustments in tuition for holidays or days missed. As long as my child is officially enrolled in the preschool, **tuition is due on the first of each month**, regardless of illness, vacation, school holidays, scheduled breaks, (as noted on the school calendar) early dismissal days or school closures.

_____ I understand the annual registration fee is non-refundable and due at the time of registration.

_____ I understand that all payments will be made using our Auto-Payment Plan and I will keep my banking or debit/credit card information current.

_____ I agree to have auto-pay tuition withdrawn on the **1st of each month**, August through May. As needed Aftercare and Extended care is billed the end of each month and will be withdrawn within the first week of the month.

_____ I understand that if I choose to withdraw my child from Little Explorers Preschool or decrease my child's enrollment in the program, I must give advance written notice to the Director. I understand, I will still be responsible to pay 2 additional months tuition from dated written notice and any outstanding balances.

Mother's Signature: _____ Date ____/____/____

Father's Signature: _____ Date ____/____/____



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 and telephone numbers of person(s) authorized to remove your child(ren) from The Little Explorers facility.

Name: _____

Telephone Number: _____

Relationship to child: _____

Name: _____

Telephone Number: _____

Relationship to child: _____

Name: _____

Telephone Number: _____

Relationship to child: _____

Name: _____

Telephone Number: _____

Relationship to child: _____

Name: _____

Telephone Number: _____

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)

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...

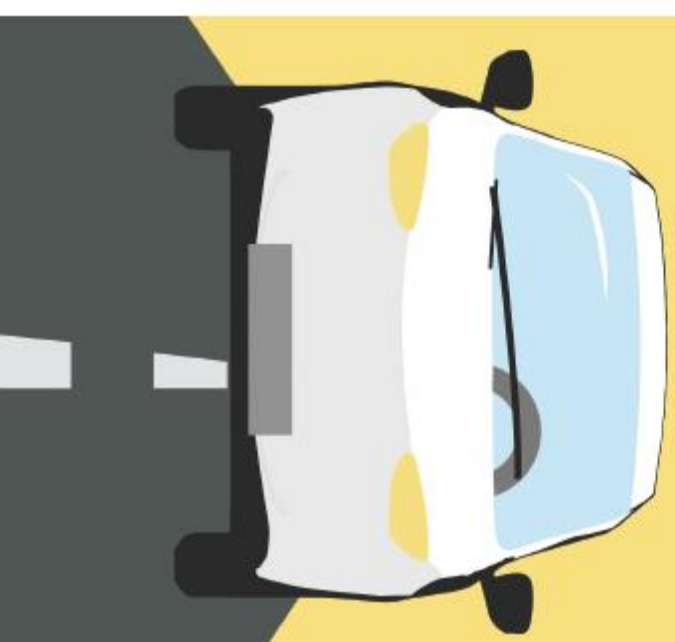


Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

When life happens...Don't be a
**DISTRACTED
ADULT**





FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child looked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent, ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



**My signature below verifies receipt
of the Distracted Adult brochure**

Parent/Guardian:

Child's Name:

Date:

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

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.

CE/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





☐ Registration fee may be withdrawn from my payment option noted.

To make paying your tuition easy, we will be using auto payment by checking account or debit/credit card. Please fill out this form to enroll.

Name: _____

Address:

City: _____ State: _____ Zip: _____

Email: _____

Telephone number: _____

Name of student (s): _____

***Tuition will be deducted on the 1st of each month. (Aug - May)**

***As needed Aftercare and Extended Care is billed at the end of each month.**

OPTION 1: Bank Debit (Preferred Option)

☐ Enroll me in Automated Bank Debit

Account type:

☐ **Checking account**

☐ Savings account

Attach voided deposit/check

YOUR NAME
1234 Main Street
Anywhere, OH 00000

123

PAY TO THE
ORDER OF

\$

DOLLARS

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

⑆044072324

⑆000123456789

⑆123

Account number: _____

Routing number: _____

OPTION 2: Debit / Credit Card*

☐ Enroll me in Automated Debit / Credit Card payments

Name on card: _____

Type of card: ☐ Visa ☐ MasterCard ☐ Discover Card

Credit card number: _____

Expiration date: _____ CV Number: _____

Billing address (if different than mailing address)

Address: _____

City: _____ State: _____ Zip: _____

*** There is a 3% surcharge to use your credit card.**

Authorization: I authorize Covenant Life Church to process debit entries

to my account as indicated herein. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature: