



Summer Camp 2016 Kindergarten through Fourth Grade

The City of Pembroke Pines Early Development Center Central Campus runs a fun-filled summer program. Summer camp will be held in the charter elementary school cafeteria. Cost will be \$158.00 per week regardless of whether you attend camp for 1 or 5 days each week. **The non-refundable activity fee for the summer program will be \$260.00 for K through 4th grade. Activity Fee may be paid in 3 (three) installments, as long as it is paid in full by May 13, 2016. Please see the front office.** Since camp is a 9 week program, you will be required to attend a minimum of 7 weeks. Space in the Summer Program is limited, and based on a first-paid, first served basis. Please fill out the packet online, print, sign it and return to the Early Development Center, 12200 Sheridan Street, (P Building) (the registration fee is \$35.00 if you do not attend our Mini-Camp or Before Care Programs). All checks should be made payable to the "City of Pembroke Pines". NO forms or cash payments will be accepted in the cafeteria.

Please feel free to call (954) 322-3350 with any questions.

Thank you.

PLEASE COME BY THE PRE-SCHOOL TO FILL OUT YOUR PACKET
OR GO ONLINE TO "www.ppines.com/centraledc"

NO HANDWRITTEN FORMS WILL BE ACCEPTED.



SUMMER CAMP RULES AND REGULATIONS

Welcome to the City of Pembroke Pines Early Development Center Central Campus K-4th grade Summer Camp 2016. Here are a few rules and regulations to help make this summer more enjoyable for both you and your child.

HOURS AND DAYS OF OPERATION

The City of Pembroke Pines Early Development Center Central Campus Summer Camp Program will be held at the Pembroke Pines Charter Elementary/Middle School Central Campus Cafeteria. Camp will begin Monday, June 13th and end Friday August 12th, (excluding July 4th). Hours of operation are from 7:00 am until 6:00 pm. **Parents are required to pick up children by 6:00 p.m.** We realize that emergencies do occur. **It is your responsibility to call the school/camp as a courtesy and inform the administrative staff, but this does not absolve you from paying the late fee charges. Please make note of our telephone number: (954) 322-3350.** A child who is picked up late can get anxious, and teachers who have worked a full day need to be able to count on leaving their job promptly. We pride ourselves on being a school/camp whose parents are on-time and strive to have no violations of this rule.

Our school/camp closes at 6:00 p.m.; **parents arriving after 6:00 p.m. will be penalized as follows:**

1. Parents will be charged a per-child late fee of \$20.00 for arrival between 6:01 and 6:06 p.m.
2. Arrival between 6:07 p.m. to 6:15 p.m. will be an additional \$25.00.
3. Arrival between 6:16 p.m. to 6:30 p.m. will be an additional \$25.00.
4. Arrival between 6:31 p.m. to 6:45 p.m. will be an additional \$25.00.
5. Arrival between 6:46 p.m. to 7:00 p.m. will be an additional \$25.00.

Parents who are late more than three (3) times in picking up their child will have their childcare services terminated.

ARRIVAL AND DEPARTURE OF CHILDREN

Children **MUST** be signed in and out of the Summer Camp Program by the parent or designee (as stated on the enrollment form) each morning and afternoon. The staff is responsible for documenting the authorized name(s) prior to accepting the child. Please remember to have your driver's license with you when you pick up your child. Keep your driver's license with you until our counselors become familiar with you.

At 5:55 p.m. camp counselors and campers will start walking from the cafeteria to the preschool. If you should arrive after that time, you need to pick up your child in the preschool front office.

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

FEE POLICIES

1. Fees are due weekly, and must be paid on **Monday**. Payments not made by Tuesday will be assessed a late fee of \$10.00. You will continue to be charged an additional \$10.00 each Wednesday the tuition remains unpaid. Delinquent fees may result in termination of service. A NSF fee will be charged on all returned checks.
2. The cost is \$158.00 per week. There will be a one time registration fee of \$35.00 for any child not currently in our Before Care or Mini-Camp Programs. **No bills for tuition will be sent.** Repeated failures to pay on time will result in termination from the Summer

Camp Program. An Activity Fee of \$260.00 is due by May 13, 2016. This fee covers all in house events, field trips and transportation costs. **There will be no refunds, credit or reduction of tuition or activity fees for absences due to illness or closings due to inclement weather, since expenses for staff continue during the child's absences.** We **CANNOT** accept cash tuition payments in the cafeteria. Cash or Credit Card tuition payments must be made at the Preschool Office. (Credit cards cannot be used after 2:00 pm)

3. Payments may be made by cash, check or credit card (before 2:00 pm). Please note that a convenience fee of 2.6% of the total paid by credit card or debit card is assessed by electronic processing company, no part of the convenience fee goes to the City. Therefore, the convenience fee for credit cards or debit cards is non-refundable.
4. If your account indicates a history of dishonored checks, check payment privileges will be revoked for the remainder of the summer. More than (two) dishonored checks, and the City will require that future payments be made in cash, money order, certified check or credit card.
5. No refund or adjustments are made for days of absence, holidays, illnesses or camp closings due to inclement weather.
6. Please note: Paying the \$35.00 registration fee for Mini-Camp and/or Before Care Programs, DOES NOT guarantee your child a spot in our Summer Camp Program. You MUST register and pay the activity fee in order for your child to be considered in our Summer Camp Program.
7. Due to the fact that we limit our enrollment, you will be responsible for paying for all the weeks you indicate your child will be attending camp. I/we understand that as of May 13, 2016 a \$30.00 fee will be charged for cancellations of each reserved week or exchange of each reserved week for another.

SWIM RULES

Starting June 14th our campers will be going to Central Campus pool every Tuesday and Thursday. Please send your child to camp dressed in his/her bathing suit with sunscreen **ALREADY** applied. Please send a towel, water shoes or flip flops, a plastic bag and a full change of clothes, including sneakers. Please label **ALL** of your child's belongings with his/her name. If your child does not go swimming he/she will still be required to go to the pool with the other campers, because all counselors must be at the pool for supervision purposes.

LUNCHES AND SNACKS

Lunch needs to be provided **EVERY** day for your child and can either be sent from home or purchased **in advance**. Lunch Menus will be emailed in May for the June lunches. We will provide morning and afternoon snacks with water. Please provide lunch and a drink in a **disposable bag** for some **field trips**.

DAILY SCHEDULE AND FIELD TRIPS

Due to our daily schedule which includes gym, playground and sports, children **must** wear sneakers every day. Several field trips have been scheduled for our K-4th Grade Campers. Please make sure your child wears sneakers and their field trip t-shirts. A weekly schedule will be posted every Friday. This schedule will help you know where your child is at all times, and help you when you come to pick up your child.

ELECTRIC DEVICES

Please, **NO** video games, mp3 players, ipods, pads, Nintendo DS, etc. If your child insists on bringing video games, or cell phones, please remember that we are not responsible for lost, damaged, or stolen items.

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.
3. A child's inappropriate behavior presents a safety risk to other children or staff in the program.

Parents may request to schedule a conference with the Counselors or Site Supervisor 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 Supervisor, Susan L. Cohen, who is 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/camp hours in the Code of Student Conduct shall be extended and applicable during The Summer Program.

In order to achieve the goal of providing quality school-age childcare in an environment of cooperation and respect, all staff members of the Summer Camp 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 have been made to the On-Site Supervisor, a conference will be scheduled as a final attempt to rectify inappropriate behavior. A fourth referral constitutes grounds for termination from the Summer Camp Program.

SUSPENSION AND TERMINATION OF SERVICES

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

DISCHARGE POLICY:

The City of Pembroke Pines Early Development Center (EDC) Central Campus reserves the right to cancel the enrollment of a child for the following reasons:

- Non-payment or excessive late payments of fees;
- Not observing the rules of the Center as outlined in this Summer Camp Packet; (i.e., habitual lateness or absenteeism from the program);
- Child has special needs which we cannot adequately meet with our current staffing patterns;
- Physical and/or verbal abuse of staff or children by parent or child.

CITY OF PEMBROKE PINES
EARLY DEVELOPMENT CENTER
CENTRAL CAMPUS

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

Child's Name: _____

Parent's Name: _____

Please Print

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

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

Child Enrollment Form

Four (4) Digit Entry Passcode _____

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 Has your child attended camp before ___yes or ___no

Ethnicity _____ Race: ___Caucasian ___African American ___Asian or Other _____

Family Information:		Child Lives With _____
Registering Parent _____ Address _____ City _____ Zip Code _____ Home Phone _____ Employer _____ Occupation _____ Work Phone _____ Cell Phone _____ Email _____	Other Parent _____ Address _____ City _____ Zip Code _____ Home Phone _____ Employer _____ Occupation _____ Work Phone _____ Cell Phone _____ Email _____	

Parent's Marital Status **S M D or W** Name(s) and Ages of Siblings _____

Person permitted to remove child: Registering Parent **YES or NO** Other Parent **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/ Relationship to child:	Authorized Release/Contact for Registering Parent
Name: _____ / _____	Cell Phone _____
Name: _____ / _____	Cell Phone _____
Name: _____ / _____	Cell Phone _____

Authorized Release/Contact for Non- Registering Parent

Name: _____ / _____	Cell Phone _____
Name: _____ / _____	Cell Phone _____
Name: _____ / _____	Cell Phone _____

The registering parent and the non-registering parent of a child shall be listed on the Child Enrollment Form as persons authorized to pick their child up from school. No parent shall delete or in any way alter the names that have been provided on this form by the other parent. If Parental Rights have been revoked, than a certified copy of such court order must be provided to the school's office.

Print Registering Parent/Guardian Name

Registering Parent/Guardian Signature

Date

EMERGENCY INFORMATION

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

Name of Child's Physician: _____ Phone Number: _____

Physician's Address: _____

May the Center call another physician if unable to contact the above? **YES** or **NO**

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 challenges or conditions which might affect his/her schooling _____

_____ Please describe _____

Briefly describe your child's likes, dislikes, favorite past times, friends, 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 camp.

It is important for home and camp to work together in establishing appropriate behavior.

I give permission for my child to take part in all camp activities, I will always be told of any field trips in advance, and will sign a permission slip or my child will not be permitted to leave camp premises.

I agree to pay any tuition charges

I agree that I will NOT send my child to camp sick.

I also understand that this application cannot be considered without the registration and activity fee.

In the event my child becomes ill or injured while under camp 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: _____

DISCIPLINE POLICY

The Center will ensure that age appropriate, constructive disciplinary practices 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 centers site supervisor as soon as possible.

I _____, have read the Camp's Discipline Policy
Parent's Name

an have retained a copy.

Child's Name: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

MEDIA RELEASE

From time to time during the summer, the media and the graphics department photograph our camp, staff and campers 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

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. 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
Central Campus

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 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/camp.
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/camp.

Child's Name: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

Bright Beginnings
 West EDC

Central EDC
 West Pines

East EDC



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, Credit Cards, 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: _____

2/24/2016

PARENT OR GUARDIAN

NAME: _____

DRIVER'S LIC #: _____

SIGNATURE: _____

DATE: _____

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City of Pembroke Pines

Early Development Center



State of Florida and Early Childhood Coalition Approved VPK Providers

Frank C. Ortis, Mayor
Iris A. Siple Vice Mayor
Charles F. Dodge, City Manager

Angelo Castillo, Commissioner
Jay Schwartz, Commissioner
Carl Schechter, Commissioner

March 7, 2016

Dear Parents,

We have planned special events for the children throughout the summer program that, due to lack of space, we will not be able to hold in our City of Pembroke Pines Early Development Center, Central Campus. We will need to use the Pembroke Pines Charter Elementary/Middle School.

Please sign the permission form below to allow your child to walk to and from the City of Pembroke Pines Early Development Center Central Campus to the Pembroke Pines Charter Elementary/Middle School for these events. They will take place throughout the 2016 summer program.

Thank you,

Susan L. Cohen

Susan L. Cohen MS
Early Childhood Education Administration
Site Supervisor
City of Pembroke Pines
Early Development Center
Central Campus

Child's Name: _____

Parent's Name _____

Parent's Signature _____

Early Development Center · Bright Beginnings 901 NW 129th Avenue · Pembroke Pines, Florida 33028 · 754-323-4519
Early Development Center - Central Campus · 12200 Sheridan Street · Pembroke Pines, Florida 33026 · 954-322-3350
Early Development Center · East Campus 6700 SW 13th Street · Pembroke Pines, Florida 33023 · 954-986-5041
Early Development Center - West Campus · 1600 SW 184th Avenue · Pembroke Pines, Florida 33029 · 954-443-4816
Early Development Center - West Pines 18490 NW 8th Street Pembroke Pines FL 33029 – 954-437-1134

**City of Pembroke Pines
 Early Development Center
 Central Campus
 Summer Camp K-4th 2016
 Field Trip Permission Form**

The City of Pembroke Pines Early Development Center Central Campus has planned the following field trips for K-4th Summer Camp 2016. We would like your permission for your child to attend all of the following trips. Please sign the lower part of this form and return it to the main office as soon as possible. Thank you!

Dates/Scheduled Trips:

June 13th thru 30th
 All Star Events
 CB Smith Paradise Cove
 Monster Miniature Golf
 *Flippers Movie Theater
 Miami Seaquarium

July 1st thru 29th
 All Star Events
 Miami Marlins
 CB Smith Paradise Cove
 Science Eye
 Monster Mini Golf
 *Flippers Movie Theater
 Jungle Island
 Pines Ice Arena
 Sparez Bowling

August 1st thru 12th
 All Star Events
 CB Smith Paradise Cove
 Imax/Museum
 Flippers Movie Theater
 Young At Art
 Monster Mini Golf

* **Movie ratings may be G or PG.**

CONSENT AND RELEASE OF LIABILITY

I hereby consent on behalf of the student named below to participate in various school/camp-sponsored field trips, including activities and transportation, as set forth above. I understand that transportation may be provided by the City of Pembroke Pines ("City") or the City of Pembroke Pines Charter School and Early Development Center (collectively the "School/Camp"), and that a private entity may be contracted by the City for the School to provide transportation services. I, intending to be legally bound, do hereby, for myself, my spouse, heir, executors or administrator, release and waive and further agree to indemnify, hold harmless, and reimburse the City, the School/Camp, and Broward County, their successors and assigns, its officials, agents employees, instructors, and representatives thereof, from and against any claims, suits or demands which, I or my spouse, heirs, executors or administrators have, may have, or claim to have, known or unknown, as a result of any losses, damages or injuries, which the student may sustain or suffer, directly or indirectly arising out of, during, or in any way connected with the negligence of the City, the School/Camp, or Broward County and the student's attendance or participation in any of such field trips

* **Movie ratings may be G or PG.**

Child's Name: _____

I give permission for my child to ride the bus for these field trips or attend these events.

Parent/ Guardian Signature: _____

Parent Name: _____

Today's Date: _____

All Field Trips Or Events Are Subject To Change Without Prior Notice



T-Shirt Order Form



Please indicate your child's t-shirt size for his or her summer t-shirt.

Student's Name _____

Counselor's Name _____

Current Grade _____

Child Size

6/8 _____ 10/12 _____ 14/16 _____

Adult Size

Sm _____ Med _____ LG _____ XLG _____

Cost for additional t-shirts, will be \$8.00 each.

Total number of t-shirts ordered _____.

OFFICE USE ONLY
\$ _____