



## Mini Camp 2016-2017 School Year Kindergarten through Fourth Grade

The City of Pembroke Pines Early Development Center (EDC) Central Campus will provide mini-camp for the teacher work days and winter, spring and summer breaks. (see schedule on back). All mini camps will be held in the charter elementary school cafeteria.

The cost will be \$35.00 per day. Space is limited and based on a first-paid, first served basis. Please come by the preschool and complete the appropriate forms (and pay your \$35.00 registration fee, if you do not attend our before care program). 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 the Early Development Center at (954) 322- 3350 with any questions.

Thank you.

*Minimum attendance is required for all field trips and inhouse events. If minimum attendance is not met, Mini-Camp Day may be cancelled or event changed.*



Packets are available at: [www.pines.com/CentralEDC](http://www.pines.com/CentralEDC)

City of Pembroke Pines  
Early Development Center  
Central Campus  
12200 Sheridan Street  
954-322-3350

\$35.00 registration

# School's Out / Camp's In

\$35.00 per day

## Mini-Camp

October 3 – Flippers Cinema

October 12 - Wild Animal World

October 28 - Pumpkin Decorating/Crafts

*(Ghouly Goodies)*

November 8 – All Star Event

November 23 - Inhouse Movie Day

**December 26, 2016 - CAMP CLOSED!**

December 27 - All Star Event

December 28- Holiday Show

December 29– Flippers Cinema

December 30 – Monster Golf

**January 2, 2017 – CAMP CLOSED!**

January 3 – All Star Event

January 4 – Science Eye

January 5 – Sparez Bowling

January 6 - All Star Event

January 13 -Snow Day-Sledding

March 24 - Flippers Cinema

April 10 – All Star Event

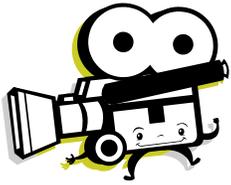
April 11 – Flippers Cinema

April 12 — Science Eye

April 13 – Young At Art

April 14 – Inhouse Movie Day

City of Pembroke Pines  
Early Development Center  
Central Campus  
12200 Sheridan Street  
954-322-3350



Field trips and events are subject to change without prior notice.

All Star Events, Wild Animal World and Science Eye are in-house events.

# MINI CAMP RULES AND REGULATIONS

Please note, we cannot assume that because you registered and attended one holiday/mini-camp that you will be attending all of them. We need a count in advance of the number of children attending the holiday and/or mini-camp so that we can plan appropriately for the activities and the supervision needed.

## **HOURS OF OPERATION**

The Mini Camp Program at the Pembroke Pines Charter Elementary School is run by the City of Pembroke Pines Early Development (EDC) Center Central Campus and will operate on the Central Campus between the hours of 7:00 am and 6:00 pm.

## **DAYS OF OPERATION**

The days of operation will include all days that school is not in session (excluding legal holidays). Daycare provisions during holidays or non-school days **MUST** be made separately with the Early Development Center (EDC) Central Campus. They can be reached at 954-322-3350.

## **ARRIVAL OF CHILDREN**

Children **MUST** be signed in to the Mini Camp 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.

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

## **FEE POLICIES**

Fees are due two (2) weeks prior to the event date. The cost is \$35.00 per day. There will be a registration fee of \$35.00 per child, per school year. **No bills for tuition will be sent.** Fees not paid by the due date will result in forfeiture of the mini-camp reservation.

Parents are required to pick up children by 6:00 p.m. We realize that emergencies do occur. If you will be late, it is your responsibility to call the school 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 camp whose parents are on-time, and we strive to have no violations of this rule.

Our mini-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.

**There will be no refunds, credit or reduction of tuition for absences due to illness or 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,
3. A child presents a safety risk to other children or teachers.

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 the On-Site Coordinator, 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 hours in the Code of Student Conduct shall be extended and applicable during the hours of the Before Care, After Care, Mini-Camp and Summer Camp programs.

In order to achieve the goal of providing quality school-age child care in an environment of cooperation and respect, all staff members of the Mini 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 two (2) official referrals (incident reports) have been made to the On-Site Coordinator, a conference will be scheduled as a final attempt to rectify inappropriate behavior. A third referral constitutes grounds for termination from the Mini Camp 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 teachers and/or other children in the program, she/he may be suspended or terminated from the Mini Camp Program. Continued disruptions that hinder the quality of the program will also be cause for suspension or termination.

**CITY OF PEMBROKE PINES  
EARLY DEVELOPMENT CENTER  
(EDC) CENTRAL CAMPUS**

**I/We hereby acknowledge receipt and examination of the Mini 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: \_\_\_\_\_

Print Registering Parent/Guardian Name: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF PEMBROKE PINES  
EARLY DEVELOPMENT CENTER (EDC) 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 (EDC) Central Campus. For and in consideration of my child's participation and registration at the City of Pembroke Pines Early Development Center (EDC) 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 (EDC) Central Campus.

\_\_\_\_\_  
Print Registering Parent/Guardian Name:

\_\_\_\_\_  
Registering Parent/Guardian Signature:

\_\_\_\_\_  
Date

**City of Pembroke Pines  
Early Development Center (EDC)  
Central Campus  
Mini-Camp K-4<sup>th</sup> 2016-2017**

**Field Trip/In House Events Permission Form**

The City of Pembroke Pines Early Development Center (EDC) Central Campus has planned the following field trips and in house activities for K-4<sup>th</sup> Mini-Camp 2016-2017. We would like your permission for your child to attend any or all of the following events. Please sign the lower part of this form and return it to the main office as soon as possible. **Minumum attendance is required for all field trips and inhouse events. If mininum attendance is not met, Mini-Camp Day may be cancelled or event changed.** Thank you!

*Dates/Scheduled Field Trips/In-House Events:*

October	3	Flippers Cinema	January	4	Science Eye
October	12	Wild Animal World	January	5	Sparez Bowling
October	28	Pumpkin Decorating	January	6	All Star Event
November	8	All Star Event	January	13	Snow Day-Sledding
November	23	In House Movie Day	March	24	Flippers Cinema
December	27	All Star Event	April	10	All Star Event
December	28	All Star Event-Holiday Show	April	11	Flippers Cinema
December	29	Flippers Cinema	April	12	Science Eye
December	30	Monster Golf	April	13	Young At Art
January	3	All Star Event	April	14	In House Movie Day

**CONSENT AND RELEASE OF LIABILITY**

I hereby consent on behalf of the student named below to participate in various school-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 (EDC) Central Campus (collectively the "School"), 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, 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, or Broward County and the student's attendance or participation in any of such field trips.

Child's Name: \_\_\_\_\_

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

I give permission for my child to attend G/PG rated movies.

Print Registering Parent/Guardian Name: \_\_\_\_\_

Registering Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Field trips and events are subject to change without prior notice.

7/22/2016

# 1

## 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 Mini-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, 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 Early Development Center (EDC) Central Campus, I agree to support the moral, education and disciplinary standards of the school. It is important for home and school to work together in establishing appropriate behavior.

I give permission for my child to take part in all school 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 school premises.

I agree to pay any tuition charges

I agree that I will NOT send my child to school 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 school 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 (EDC) 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 Registering Parent/Guardian Name: \_\_\_\_\_

Registering Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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 Registering Parent/Guardian Name: \_\_\_\_\_

Registering Parent/Guardian 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 center supervisor as soon as possible.

I \_\_\_\_\_, have read the Preschool's Discipline Policy and have  
**Registering Parent's Name**

retained a copy.

Child's Name: \_\_\_\_\_

Print Registering Parent/Guardian Name: \_\_\_\_\_

Registering Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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  
Site Supervisor

1. By my signature below, I give the City of Pembroke Pines Early Development Center (EDC) 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.
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 Registering Parent/Guardian Name: \_\_\_\_\_

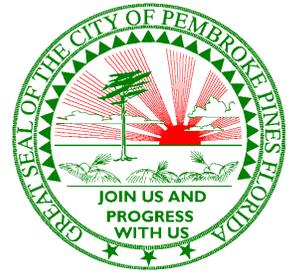
Registering Parent/Guardian Signature: \_\_\_\_\_

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, 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: \_\_\_\_\_