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: 2's, 3's, Pre-K Has your child attended preschool 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 If Parental Rights have been revoked, than a certified copy of such court order must be provided to the school's office.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 releases 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: _____

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: _____

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. Please detach and hand in. 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:_____

CITY OF PEMBROKE PINES

EARLY DEVELOPMENT CENTER (EDC) CENTRAL CAMPUS

RELEASE AND WAIVER OF LIABILITY

Child's Name: _____

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF CITY OF PEMBROKE PINES EARLY DEVELOPMENT CENTER CENTRAL CAMPUS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM CITY OF PEMBROKE PINES EARLY DEVELOPMENT CENTER IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND CITY OF PEMBROKE PINES EARLY DEVELOPMENT CENTER CENTRAL CAMPUS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

_____

Print Registering Parent/Legal Guardian Name

_____ _____

Registering Parent/Legal Guardian Signature Date

"KNOW YOUR CHILDCARE FACILITY"

Dear Parent/Guardian

Florida child care regulations require your child care provider to verify that you received a copy of "Know Your Child Care Facility" brochure. On the lines below, please write the name of each child you have placed in the care of this provider.

Complete and sign the statement at the bottom.

Child_____ Child _____

Child_____ Child _____

I_____, have received a copy of the consumer
Print Registering Parent/Guardian Name

education brochure entitled "Know Your Child Care Facility".

_____ _____
Registering Parent/Guardian Signature Date

"INFLUENZA VIRUS, THE FLU
A GUIDE TO PARENTS"

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:

Child's Name: _____

Print Registering Parent/Guardian Name: _____

Registering Parent Signature: _____ Date: _____

THREE TYPES OF LEARNING STYLES

The Visual Learner (learns by watching)

- Prefers books with pictures and illustrations
- May seem to daydream during a lesson or conversation
- Is distracted easily by untidiness or movement
- May forget names, but remembers faces

The Auditory Learner (learns by hearing)

- Enjoys listening but also likes to talk
- May forget faces but remembers names
- Likes talking on the telephone
- Generally likes music and rhythm

The Kinesthetic Learner (learns by doing)

- Has difficulty sitting still for very long
- Likes action books and movies
- Will try almost anything impulsively
- May have a short attention span

LEARNING STYLE SUMMARY

Child's Name: _____

Child's Birth date: _____

You may request a Teaching Style, NOT A TEACHER. The style of teaching that you feel best suits your child's needs may not match with a teacher that YOU feel fits this profile. The teachers and I put much thought into classroom placement. Your input is important to us, but please trust that we will place your child with a teacher that we feel best meets his/her needs.

Please describe your child's learning style: _____

_____

_____

_____

Thank you,

Susan L. Cohen

Susan L. Cohen, MS
Site Supervisor

Print Registering Parent/Guardian Name: _____

TO BE COMPLETED FOR NEW STUDENT ONLY

NO GUARANTEED ADMISSION
TO CHARTER SCHOOL

In making application for my child to attend the City of Pembroke Pines Early Development Center (EDC) Central Campus, I understand that, when it comes time for my child to enter Kindergarten there is no guarantee he/she will automatically be enrolled in the Charter Elementary Schools.

Admission to the Charter Elementary School is done on a random lottery basis, and must be applied for independently of the preschool.

Child's Name: _____

Print Registering Parent/Guardian Name: _____

Registering Parent/Guardian Signature: _____

Date: _____

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

I hereby acknowledge receipt and examination of the Parent Manual (Agreement and pages 1-24 www.ppines.com/centraledc), and state that I understand and agree to abide by all provisions contained therein. I also understand that rules and regulations are subject to change without prior notice.

Child's Name: _____

Print Registering Parent's Name: _____

Registering Parent's Signature: _____

Date: _____

Please sign and return with your registration papers.

Thank you!

Board of Broward County Commissioners, Broward County Florida
SOCIAL SERVICES DIVISION
CHILD CARE PROGRAM

Child's Name: _____Date_____

ALTERNATE NUTRITION PLAN

Name of Facility: City of Pembroke Pines Early Development Center (EDC) Central Campus

Address: 12200 Sheridan Street, Pembroke Pines, Florida 33026

Dear Parent,

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

Please read the following carefully, sign and return as soon as possible to the Site Supervisor.

The Facility agrees to provide a nutritious:
(Director checks those which apply)

_____ Breakfast

__x__ Mid-Morning Snack

__x__ Mid-Afternoon Snack

_____ No Meals or Snacks

The parent agrees to provide a nutritious:

_____ Mid-Morning Snack

__x__ Lunch

_____ Mid-Afternoon Snack

I have read the alternate nutrition plan and agree to meet the child's nutritious needs as defined below.

School Director's Signature: *Susan L. Cohen M.S.*

Registering Parent's/Guardian's Signature: _____

Meals provided by parents should consist of the following:

A.	Meat/Poultry/Fish	2 ounces
	or Cheese	2 ounces
	or Eggs	1 egg
	or Dried Beans and Peas	½ cup
B.	Fruits (2 or more)	½ cup
	or Vegetables	½ cup
	or Fruit and Vegetables	¾ cup total amount and vegetables must equal ¾ cup
C.	Bread	1 slice
D.	Butter	1 teaspoon
E.	Milk	1 cup/8 oz.

City of Pembroke Pines

Early Development Center

Central Campus

AdvancED and Measured Progress are now | cognia

Accredited Since 2011

PEMBROKE PINES All-America City 2004

PEMBROKE PINES
CITY COMMISSION

Frank C. Ortis
MAYOR
954-450-1020
fortis@ppines.com

Iris A. Siple
VICE MAYOR
DISTRICT 3
954-450-1030
isiple@ppines.com

Jay D. Schwartz
COMMISSIONER
DISTRICT 2
954-450-1030
jschwartz@ppines.com

Thomas Good, Jr.
COMMISSIONER
DISTRICT 1
954-450-1030
tgood@ppines.com

Angelo Castillo
COMMISSIONER
DISTRICT 4
954-450-1030

Dear Parents:

In accordance with Broward County Child Care Ordinance 65C-22.005 Food and Nutrition, the City of Pembroke Pines Early Development Center Central Campus must inform each parent of each food-related activity which would include food consumption. Written parental permission may be obtained in the form of a general permission slip. Documentation of parent permission for food activities must be maintained for a minimum of four (4) months from the date of each activity.

This notice will serve to inform you that:

a. we offer hot lunches catered from an outside source;
b. we bring in snacks from an outside vendor;
c. parents may choose to send in a birthday treat, store bought only;
d. we bring in food from an outside source on Thanksgiving and graduation;
e. we have cooking activities involving food in each classroom at least once a month.

Your signature below acknowledges that you have been advised of each food-related activity at the City of Pembroke Pines Early Development Center Central Campus.

Thank you for your cooperation.

Sincerely,

Susan L. Cohen

Susan L. Cohen, MS
Early Childhood Education Administration
Site Supervisor
Central Campus

_____/_____ _____

ing Parent Signature Acknowledges Receipt of above Information Date Child's Name

State of Florida and Early Childhood Coalition Approved VPK Providers

Early Development Center Central Campus · 12200 Sheridan Street · Pembroke Pines, Florida 33026 · 954-322-3350

2022-2023

City of Pembroke Pines

Early Development Center

Central Campus

AdvancED and Measured Progress are now | cognia

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PEMBROKE PINES ★★★★★ All-America City 2004

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tgood@ppines.com

Angelo Castillo
COMMISSIONER
DISTRICT 4
954-450-1030

Activity Participation Policy

Regular physical activity is important to children's health and development. Our program ensures that all children participate in daily physical activity opportunities that are appropriate for their age, that are fun and that offer variety.

Preschoolers are provided with at least 30 minutes of unstructured outdoor physical activity daily, weather and air quality permitting twice daily and 30 minutes of structured indoor play twice daily.

Campers are provided with 30 minutes of unstructured outdoor physical activity, weather and air quality permitting twice daily and 30 minutes of structured indoor play twice daily. Outdoor play may include playground time, outdoor chalk, sports, bounce houses, walks, hopping, jumping and movement games. Structured indoor play may include activities such as musical chairs, dancing to music, bean bag play, freeze dance, exercises etc.

Children should dress in appropriate seasonal clothing and footwear that allows them to move freely and play safely. Children are not permitted to wear open toe shoes.

_____
Child's Name

_____ _____
Registering Parent/Guardian Signature Date

☐ Bright Beginnings ☐ Central EDC ☐ East EDC
☐ West EDC ☐ West Pines ☐ _____

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 Statues, as amended from time to time. § 166.251, Florida Statues, 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 Statues, 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: _____

SWIM Central Water Safety Education Questionnaire

Parents: *Do you know that drowning is the leading cause of death among children? Complete this form to receive information to protect your child from drowning.*

Child's Name: _____ **Date of Birth:** _____

Parent Name: _____ **Parent Signature** _____ **Date**_____

Email *(optional)* _____

Information is for the use of the Broward County Swim Central program only.

1. How would you rate your own swimming ability?
   - ☐ Unable to swim
   - ☐ Can swim a little, but NOT comfortable in deep water
   - ☐ Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?
   - ☐ Yes
   - ☐ No, check all the reasons below that apply:
     - ☐ Do not know how to find information about swim lessons
     - ☐ Swim lessons are not important
     - ☐ Schedule of lessons not convenient
     - ☐ Equipment such as swim suit, towel, goggles too expensive
     - ☐ Transportation problems
     - ☐ Lessons are too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?
   - ☐ Yes
   - ☐ No

4. Has your child's doctor talked to you about drowning prevention and water safety?
   - ☐ Yes
   - ☐ No

5. Would you redeem a $40 coupon to apply to the cost of swim lessons for your child?
   - ☐ Yes, visit http://www.watersmartbroward.org/swim-instruction/ for details.
   - ☐ No

6. I have received my Water Smart Broward Parent Education Flyer (Included in Parent Manual).
   - ☐ Yes
   - ☐ No

FOR OFFICE USE ONLY:

Broward Ordiance 2004, Section 7-8 requires parents to complete SWIM Central questionaire and for Child Care Facilities to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: City of Pembroke Pines Early Development Center- Central **Facility License #:** 46143

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: _____ **or, date mailed:** _____

Fax: 954.357.8077

SWIM Central 3700 NW 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded:
http://www.watersmartbroward.org/resources/brochures-handouts/

In: Check Behind The Car

- **BEFORE GETTING IN THE CAR AND STARTING THE ENGINE,** walk around the car and **CHECK FOR KIDS, TOYS, AND PETS!**
- Make sure there is **NOTHING UNDER OR BEHIND YOUR CAR** that could attract a young child.
- **PICK UP TOYS, BIKES, CHALK, OR ANY TYPE OF EQUIPMENT** around the driveway so that these items don't entice kids to play.

Developed by:
PREVENTION UNIT
Office of Family and Community Services

Getting In; Getting Out...

Out: Check the Back Seat

- In just **10 MINUTES**, a car's temperature can increase by **19°**
- Before getting out of your car, check the back seat ... **DON'T FORGET YOUR CHILD!**
- **NEVER** leave your child alone in a car and **CALL 911 IF YOU SEE ANY CHILD LOCKED IN A CAR!**

Developed by:

In accordance with the Department of Children and Families Florida Administrative Code 65C-22.001, parents attending a licensed early childhood program must be provided **'Distracted Adult'** information. The flyer accompanying this form was developed by the Office of Family Community Services Prevention Unit. It provides guidance for preventing accidents or incidents related to distractions when getting in and getting out of a vehicle. Please sign below to acknowledge receipt of the flyer.

I acknowledge receipt of the 'Distracted Adult' flyer developed by the Office of Family and Community Services Prevention Unit

Name of Child: _____ Name of Parent: _____

Signature of Parent: _____ Date: _____

Authorization for Release of Records

Student Name: _____

Student DOB: _____

I hereby authorize the City of Pembroke Pines Early Development Center Central Campus staff to view my child's records, which are on file at the school.

_____ _____

Parent/guardian Signature Date

City of Pembroke Pines
Early Development Center
Central Campus

PEMBROKE PINES
CITY COMMISSION

Frank C. Ortis
MAYOR
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fortis@ppines.com

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COMMISSIONER
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954-450-1030
acastillo@ppines.com

Charles F. Dodge
CITY MANAGER
954-450-1040
cdodge@ppines.com

Expulsion 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 the parent manual.

- Continuous physical and/or verbal abuse of staff or children by parent or child.

- Child has special needs which we cannot adequately meet with our current staffing (i.e. child requires one-on one attention, child runs away).

_____
Child's name

_____
Print name of Parent or Legal Guardian

_____ _____
Signature of Parent or Legal Guardian Date