



Name of Student: \_\_\_\_\_

Password: \_\_\_\_\_ Grade \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

## PRE-SCHOOL CHILD'S FILE CHECKLIST

\_\_\_\_ Child Enrollment Information

\_\_\_\_ Enrollment Contract

\_\_\_\_ Financial Contract

\_\_\_\_ Discipline Policy

\_\_\_\_ Medical Emergency Release Form

\_\_\_\_ No Medical Insurance Form

\_\_\_\_ Physical Activity Statement

\_\_\_\_ Permission for Food-Related Activities

\_\_\_\_ Parent Do You Know

\_\_\_\_ Parent Questionnaire

\_\_\_\_ Swim Central Survey

\_\_\_\_ Distracted Adult Flyer (April & Sept.)

\_\_\_\_ Influenza Flyer (Sept.)

\_\_\_\_ Know Your Childcare Facility Brochure (Signed)

\_\_\_\_ Brochure Signoff Sheet

\_\_\_\_ VPK Attendance Policy (If Applicable)

\_\_\_\_ Proof of Health Insurance

\_\_\_\_ Birth Certificate

\_\_\_\_ Immunization Record #680

\_\_\_\_ Religion Exemption Notification to Parents

\_\_\_\_ Statement of Good Health #3040 (*Statement is good for 2 years*)

\_\_\_\_ VPK certificate (VPK only)

\_\_\_\_ Enrollment Fee

School Year 20\_\_ - 20\_\_

*Phyl's Academy Preparatory School*

7205 Royal Palm Blvd, Margate, FL. 33063

Phone: 954-731-7524 Fax: 954-777-9960

**APPLICATION FOR ADMISSION**

Student's Name: \_\_\_\_\_ Sex: Male ( ) Female ( )  
(Last) (First)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Years \_\_\_\_ Months Grade \_\_\_\_  
(MM) (DD) (YYYY)

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ethnicity \_\_\_\_ (Non- Hispanic or Non- Latino) \_\_\_\_ (Hispanic or Latino)  
Race \_\_\_\_\_

**Registering Parent Information**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ (Mandatory)  
Relationship to student: \_\_\_\_\_ Driver License # \_\_\_\_\_  
Street: \_\_\_\_\_ Apt #: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Non-registering Parent Information (parent will also be able to make changes to account)**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ (Mandatory)  
Relationship to student: \_\_\_\_\_ Driver License # \_\_\_\_\_  
Address (if different from student's)  
Street: \_\_\_\_\_ Apt #: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Student Lives with: One Parent \_\_\_\_\_ Both Parents \_\_\_\_\_ Legal Gaudian \_\_\_\_\_ Other \_\_\_\_\_

Please send all school mailings/information to: Mother ( ) Father ( ) Both Parents ( )

Dismissal Procedure: Walker ( ) Bike ( ) Car ( ) Onsite Aftercare ( ) Bus ( ) Other: \_\_\_\_\_

Please fill in the Name and Address of the school your child is currently attending:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### EMERGENCY CONTACTS / ALTERNATE PICK-UP PERSONS

Only the registering parent can make changes to the account. If the name of the non-registering parent is added to the application, they can authorize pick up for their child from school. No parent shall delete or in any way alter the names provided by the other parent for authorized pick-ups.

#### Registering Parent Authorized Release/ Contact List

Name	Relationship	Phone

*To the best of my knowledge the information is correct and complete. In the event of a change of address of, phone number, name, etc., I will notify the school immediately.*

Registering Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

#### Non -Registering Parent Authorized Release/ Contact List

Name	Relationship	Phone

*To the best of my knowledge the information is correct and complete. In the event of a change of address of, phone number, name, etc., I will notify the school immediately.*

Non-registering Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Health/ Allergy Information**

Does your child have any health/physical/emotional/learning problems for which he/she has been diagnosed and/or is being treated for, and of which the school should be aware? YES ( ) NO ( )

If yes, please specify \_\_\_\_\_

Is your child allergic to any foods/juices? YES ( ) NO ( )

If yes, please specify: \_\_\_\_\_

If your child was born premature please state the number of weeks (if not premature put 0) \_\_\_\_\_

**Student File Access**

I hereby grant permission for the staff of this facility to have access to my child's records.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Non- Discriminatory Policy**

I understand that Phyl's Academy does not deny admission based on race, color, creed, religion, sex, or any other legally protected status.

**Hold Harmless**

I agree that I will not hold the school or its Faculty or any other staff member responsible in case of any accidental injuries that might occur in any play and/or any school related activities in which the child might be engaged.

**Media Release**

Please be advised that during the school year we participate in various activities in which students may be photographed. As a parent of a student in Phyl's Academy, I understand that my child may be photographed, videotaped and/or interviewed by the school and or news media, for informational and/or promotional purposes. This may include yearbook, website, social media and school newsletter.

Please check an option below:

\_\_\_\_\_ I authorize my child's photograph/video/interview to be reproduced and released for use in the media.

\_\_\_\_\_ I **DO NOT** authorize my child's photograph/video/interview to be reproduced and released for use in the media.

**Immunizations Records**

I understand that children enrolled in Phyl's Academy may/or may not have current immunizations and may have a Religion Exemption Form. If the parent or legal guardian fails to provide the immunization documentation required within 30 days of enrollment, the facility will not allow the child to remain in the program.

I HAVE READ THE ABOVE AND AGREE TO ABIDE BY THESE REGULATIONS.

Parent Signature : \_\_\_\_\_ Administration Signature \_\_\_\_\_

# Phyl's Academy Preparatory School

## Enrollment Contract

20\_\_ - 20\_\_ ACADEMIC YEAR

Date: \_\_ / \_\_ / 20\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

We hereby request that our child be enrolled at Phyl's Academy Preparatory School for the current academic year. It is understood that our child will be enrolled for the entire academic year and that Phyl's Academy has obligated itself in regard to the number of faculty, size of facility, amount of supplies and equipment, and the nature of its program is reliant upon such enrollment.

Admission is not secured until the enrollment fee is paid in full. No refund or reductions in tuition or fees will be granted due to withdrawal, absence, or illness. The option to pay tuition in one or ten installments is offered as a convenience and does not constitute a fractional contract. Regardless of the selected payment plan, the parent or guardian remains fully responsible for the payment of the annual tuition and/or the net amount resulting from scholarship paid by an agency. Phyl's Academy reserves the right to disenroll any student due to disciplinary issues or absences totaling two or more weeks within a school year. Additionally, transcripts and all academic records will be withheld until all tuition and fees have been paid in full.

\*\*ALL FEES PAID WITH THIS APPLICATION ARE NON-REFUNDABLE/NON-TRANSFERABLE\*\*

Child's Name	Entering Grade	Administrator's Signature
Step-Up Award Number _____		Start date _____

**REGISTRATION & TUITION FEES**

Registration Fee:	\$ _____	Tuition:	\$ _____
Books & Materials:	\$ _____	Other:	\$ _____
Technology/Resource Fee:	\$ _____	(Scholarship):	\$ _____
PTO Fees (per family):	\$ _____		
Grad:	\$ _____	(Discount):	\$ _____
Discounts:	\$ _____		
<b>TOTAL ENROLLMENT:</b>	\$ _____	Parent Responsibility	\$ _____
Total Enrollment Paid:	\$ _____	Total Tuition Paid	\$ _____

**TUITION PAYMENT OPTIONS (Please Select One)**

- 1. Tuition paid in full with a 5% discount on the entire amount by August 1, K-12<sup>th</sup> grade only.  
Scholarship recipients do not qualify for this discount.
  
- 2. The balance of tuition will be paid in equal installments over a 10-month period. The automatic draft form is available on the school website at [www.phylsprep.com](http://www.phylsprep.com).

Monthly Tuition Amount \_\_\_\_\_ Parent Initial \_\_\_\_\_

All NSF payments are subject to a \$30 service charge. If monthly payments are 15 days past due, we must ask you to withdraw your student. If you withdraw your student, you are financially responsible for the entire contracted account.

**NO Refunds Will Be Issued and all fees are non-transferable.**

**A LATE FEE OF \$40 WILL BE APPLIED TO ALL ACCOUNTS AFTER THE 5TH**

**10% Multiple child discount**

\*\* Please indicate name and grade of other child/children enrolled at Phyl's Academy\*\*

Siblings' Names: \_\_\_\_\_ Grades: \_\_\_\_\_

I, the parent/guardian of the above child/children know the rules and regulations of the school and am in full agreement with the policies and standards and will have a proper spirit and attitude in supporting the school and its activities.

***I have read the financial requirements and agree to abide by all the above.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / 20\_\_

Notes:

# PHYL'S ACADEMY PREPARATORY SCHOOL

## FINANCIAL AGREEMENT/TUITION AND FEES 2026-27 PRESCHOOL (TODDLER – PRE-K/VPK)

Registration Fee:	\$ 200.00	Due at Application (Annually)
Matriculation Fee: (3 Yrs./ Pre-K /VPK)	\$ 100.00	Includes: Books & Materials
P.T.O Dues (Per Family)	\$ 30.00	Annually
Total Enrollment (Toddler Class)	\$ 230.00	
Total Enrollment (3 Yr. Old/ Pre-K/VPK)	\$ 330.00	
FES-UA Scholarship Service Requirements Fee	\$3000.00	Annually

10% Multiple Child Discount. School discount available for parents that do not receive a scholarship.

The parent or guardian remains fully responsible for the payment of the annual tuition and/or the net amount resulting from scholarship paid by an agency

Select	Age Group	VPK only 3hrs	Monthly 7a.m. – 6 p.m.	Monthly 7a.m. – 3p.m.	Monthly 7a.m. - 12 noon	Weekly 7a.m. – 6p.m.	Weekly 7 a.m. – 3p.m.	Weekly 7a.m. - 12 noon
	1 Year Old's		\$1085.00	\$1045.00	\$1005.00	\$290.00	\$275.00	\$260.00
	2 Year Old's		\$1045.00	\$1005.00	\$965.00	\$280.00	\$265.00	\$250.00
	3 Year Old's		\$1005.00	\$965.00	\$925.00	\$270.00	\$255.00	\$240.00
	4 Year Old's		\$965.00	\$925.00	\$885.00	\$260.00	\$245.00	\$230.00
	VPK (Wrap around)	\$0 8:30-11:30am	\$765.00	\$725.00	\$685.00	\$210.00	\$195.00	\$180.00
	Unique Abilities any age		\$1465.00	\$1345.00	\$1305.00	\$495.00	\$480.00	\$465.00

- Weekly payments are due on Wednesdays a late fee of \$25 will be applied to all accounts paid after Friday.
- All children not picked up by their contracted time of 11:30a.m, 12 noon, 3pm or 6pm will be charged a late fee of \$1/min.
- Monthly payments are due on the 1<sup>st</sup> of each month, a late fee of \$40 will be applied to all accounts paid after the 5<sup>th</sup>.
- There is a \$35 returned ACH service charge and \$10 returned credit card fee.
- Weekly payment past due and monthly payments after 15 days past due will result in denial of services and parent will still be financially responsible for the entire contracted account.
- All field trips deposits and payments are non-refundable.

I hereby acknowledge that ALL fees paid for tuition which includes registration, books, computer lab fees, deposits and application fees are NON-TRANSFERABLE and NON-REFUNDABLE.

Student Name \_\_\_\_\_ Academic Year 20\_\_\_\_ - 20\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYL'S ACADEMY PREPARATORY SCHOOL**

**Disciplinary/Suspension/Expulsion Policy**

*Please read the following carefully*

Preschool children (3 and over) that bite another child will be suspended and must be picked up immediately. She/he will remain out of school until the following day. In the event that a child's behavior warrants some form of correction, the child will be spoken to by the teacher and time out will be instituted. If this is not effective the child will be brought to the office for counseling.

Students in Elementary, Middle & High school must adhere to the rules listed in the Parent/Student handbook. The list explains the consequences based on a point system.

In the case of a child who continuously exhibits poor behavior, and/or inflicts bodily harm on another child, the parents will be notified and brought in to discuss the situation. A record of the meeting will be kept. If a child's parents must be repeatedly notified or brought in for meetings, the child will be dismissed from our program.

Please keep in mind that we will take the time to discuss a child's behavior with his/her teachers and parents, and make all efforts to correct the problem before resorting to a mandatory dismissal.

Parent/Guardians' verbal or physical abuse of teachers or other staff members especially on the grounds will not be allowed. This will result in termination of services.

This administration reserves the unquestionable right to suspend or expel from school any student whose behavior is excessively aggressive. This administration reserves the unquestionable right to suspend from class or expel from school any student whose parent's account is delinquent. An account is considered delinquent if payment is not made by the due date.

**I \_\_\_\_\_ HAVE READ THE ABOVE AND AGREE TO ABIDE BY THESE REGULATIONS.**

**Student Name \_\_\_\_\_ Parent Signature:**

\_\_\_\_\_

**PHYL'S ACADEMY PREPARATORY SCHOOL**  
**CODE OF CONDUCT**

*Please read the following carefully*

The primary objective of requiring appropriate student behavior and self-discipline is to produce a positive and safe learning atmosphere in which there will be no interruption of the teaching-learning environment. All students will assume personal responsibility for their behavior and actions, develop appropriate self-control, exhibit self-discipline, and accept the responsibility and consequences of any inappropriate behavior. To accomplish this objective requires a cooperative effort from students, staff, and parents.

All students shall...

1. Respect the educational process through the display of appropriate language, attitude, and physical behavior.
2. Respect and honor the rights of other students to learn in an environment free of intimidation or harassment.
3. Maintain satisfactory attendance.
4. Report to classes on time.
5. Comply with the dress code.

Consequences for noncompliance with the above expectations shall include, but not

be limited to, the list below. The severity or the repetitive nature of a student's behavior will be given consideration when determining appropriate consequences.

- Community or school service
- Detention
- Denial of participation in school activities
- Denial of privileges
- Intervention by professional school staff
- Parent contact or conference
- Referral to an administrative panel
- Referral to appropriate law enforcement or other governmental agency
- School probation
- Warnings
- Expulsion



# PHYL'S ACADEMY MEDICAL EMERGENCY FORM

In the event that my child \_\_\_\_\_ becomes ill or injured while at school or during school sponsored activities, I give my consent for the school authorities to take the following steps.

1. Contact emergency services (911) to secure medical assistance.
2. Contact the child's physician and follow his / her instructions.
3. Contact me as the child's parent and inform me of the situation.

In the event I cannot be reached I empower, authorize and appoint the Principal or his /her designee to furnish on my behalf written and or oral authorization to secure the medical services as soon as needed to assist my child.

I further release the principal, designee and school from liability which might arise from giving such authorization.

Child's primary source of health care is:

Physician/Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list any medications that the student is currently taking: \_\_\_\_\_

\_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ Grade \_\_\_\_\_

School Year: \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date \_\_\_\_\_

Administration signature \_\_\_\_\_ Date \_\_\_\_\_

*Phyl's Academy Preparatory School*

7205 Royal Palm Blvd, Margate, Fl. 33063

**No Medical Insurance Form**

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

**TO WHOM IT MAY CONCERN**

I, \_\_\_\_\_ certify that my child

(Parent's Name)

\_\_\_\_\_, is not covered under any form of

(Child's Name)

medical insurance. If in the future I obtain medical coverage, I will submit all pertinent information to Phyl's Academy. In the interim, I will be responsible for any and all medical bills associated with care of my child.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature

**Always a Step Ahead!**

# PHYL'S ACADEMY PHYSICAL ACTIVITY PARTICIPATION FORM

I \_\_\_\_\_ understand and acknowledge that my child \_\_\_\_\_ attends Phyl's Academy Preparatory School and will participate in indoor/outdoor and physical activities daily when weather and air quality conditions do not pose a significant health risk. Time planned for indoor/outdoor play and physical activities depends on the age group and weather conditions. Activities shall include structured play (led by the adult caregiver) and free play (supervised by an adult).

- **Toddlers (12 months to 3 years old)** shall participate in 60 to 90 minutes per day of moderate to vigorous physical activity.
- **Preschoolers (3 to 6 years old)** shall participate in 90 to 120 minutes per day of moderate to vigorous physical activity.
- **Children shall be dressed appropriately for the weather**, including wearing appropriate seasonal clothing and footwear, so they can participate fully, move freely, and play safely.
- **Child care providers will inform parents, caregivers, and families** that children need to be dressed appropriately for the current weather conditions to play outdoors.

**Children should wear clothing appropriate for the current weather:**

- **Snow:** heavy coat, waterproof boots, hat, and mittens.
- **Rain:** raincoat and waterproof boots.
- **Different temperatures during the day:** layers of clothing.

**Footwear should provide support for running and climbing.** Examples of **appropriate** footwear include sneakers, gym shoes, and other shoes with rubber soles that enclose the feet and will not come off easily. **Examples of inappropriate clothing and footwear include:**

- **Footwear that can come off while running** or that does not provide support for climbing (examples: flip-flops and clogs).
- **Clothing that can catch on playground equipment** (examples: clothes with drawstrings or loops).
- **Clothing that does not protect children** from the current weather conditions.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Classroom Teacher \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

Administration Signature \_\_\_\_\_ Date \_\_\_\_\_

# Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65C-22.005 (1)(c), F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities.

These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I, \_\_\_\_\_ **give / decline** permission for my child \_\_\_\_\_  
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

\_\_\_\_\_ My child **DOES NOT** have a food allergy or dietary restriction. He or she may participate in activities.

\_\_\_\_\_ My child **DOES** have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child **DOES** have a food allergy or dietary restriction. He or she may not participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)

## PHYL'S ACADEMY PREPARATORY SCHOOL - PRESCHOOL

The success of our students and indeed our school is dependent on creating a safe and secure environment where behavior of all is conducive to successful learning.

### Parent Do You Know That:

Please Initial as Read

1. Preschool hours of operation are 7:00 a.m. – 6:00p.m. \_\_\_\_\_
2. Excessive absences will result in loss of your space. Children need to be in class no later than 9:00 a.m. All children not picked up by 6:00p.m. will be charged a late fee of \$1/min. If a parent cannot be contacted, the Department of Children and Families will be notified. \_\_\_\_\_
3. Unacceptable behavior will not be tolerated. We reserve the right to suspend or expel any student who continually exhibits negative behavior. \_\_\_\_\_
4. You must send a nutritious snack each day. Parents must ensure they send a nutritious lunch (no sodas, bottled, or canned drinks) when not purchasing lunch from the school. We **DO NOT** warm up meals. \_\_\_\_\_
5. If a child becomes ill at school, the parent will be notified and asked to pick him/her up. If a parent does not come within an hour, EMS services will be called. \_\_\_\_\_
6. A #5 authorization form must be done for administrative staff to administer prescribed medicine. All medications must be in an original prescription bottle with the child's name, name of medication, amount to be given, and the time to be taken. We do not administer over the counter drugs. Do not give your child any medicine in their book bag \_\_\_\_\_
7. The designated parking areas for drop-offs and pickups are spaces at the front of the school. Children are not permitted to enter or leave the building or their classrooms alone. \_\_\_\_\_
8. Please sign your child in/out of class daily. Remember to include the time and your full signature. \_\_\_\_\_
9. All visitors must report to the front desk with their ID to sign in/out and obtain an authorization release form/pass when picking up a child. \_\_\_\_\_
10. Students are not allowed to bring personal items to school. All items permitted in school must be labeled. \_\_\_\_\_
11. Nail polish and/or hair beads and brightly colored hair should not be worn whether the child dresses in uniform or not. Children must not wear jewelry to school, boys and girls with pierced ears may wear posts or small ear knobs. If a child is required to wear a chain, it must be fully covered under their fully buttoned uniform top. On no account must heavy chains be worn over their shirts. Students who come to school with this type of jewelry will be asked to take it off. \_\_\_\_\_
12. Our school participates in various fundraisers to help us improve our facility. Parents who want to volunteer must fill out a volunteer form and be fingerprinted. Once approved parents are welcome to sign up for various volunteering opportunities. We encourage active participation in fundraising activities during your child's school years. \_\_\_\_\_
13. All parents/guardians are expected to uphold the rules and regulations of this facility. \_\_\_\_\_
14. You, as a parent/guardian, must uphold the rules and regulations of this facility, be aware of the philosophies and moral values of the school, and do not object to your child following them. You should conduct yourselves in a respectful manner and dress appropriately whenever on the school premises. \_\_\_\_\_
15. Parents/guardians verbal or physical abuse of any staff or students especially on the grounds, will not be allowed. This will result in termination of services. \_\_\_\_\_
16. All parents must adhere to the enrollment contract. \_\_\_\_\_

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

Parent Signature \_\_\_\_\_

# PARENT QUESTIONNAIRE

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

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

The purpose of securing this information is to help us better understand your child and to help you know what to expect from our program. Your child's care during the day is a responsibility that we share.

How did you hear about our school? \_\_\_\_\_

Has the child had previous placement at this school?                      YES                      NO

Name of previous school: \_\_\_\_\_

Reason for requesting placement: \_\_\_\_\_

May we request records from his/her previous school? \_\_\_\_\_ Date placement is desired: \_\_\_\_/\_\_\_\_/20\_\_

Name of the person responsible for payment: \_\_\_\_\_

Has he/she had experience playing with other children?                      YES                      NO

How does your child interact with other children? \_\_\_\_\_

Is he/she: Friendly \_\_\_\_\_ Aggressive \_\_\_\_\_ Shy \_\_\_\_\_ Withdrawn \_\_\_\_\_

How does he/she get along with sibling(s)? \_\_\_\_\_ Other adults? \_\_\_\_\_

Is he/she known by any other children in this facility? \_\_\_\_\_

How does your child deal with change? \_\_\_\_\_

What age-group does your child prefer to play with? \_\_\_\_\_

Does your child enjoy or prefer being alone? \_\_\_\_\_

Does your child demand a lot of attention? \_\_\_\_\_

How does your child relate to strangers? \_\_\_\_\_

What makes him/her upset? \_\_\_\_\_

How does your child express his/her feelings? \_\_\_\_\_

Does your child have any special bathroom needs?                      YES                      NO

If yes, please describe: \_\_\_\_\_

Does your child eat his/her meals willingly?                      YES                      NO

Will he/she need help to be fed?                      YES                      NO

What frightens your child? \_\_\_\_\_

What is your child's favorite toy/activity at home? \_\_\_\_\_

List other favorite activities: \_\_\_\_\_

What method of discipline do you use \_\_\_\_\_

Who does most of the discipline? \_\_\_\_\_



**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
    - Transportation problems
    - Swim lessons are not important
    - Lessons are too expensive
    - Schedule of lessons not convenient
    - Equipment such as swim suit, towel, goggles 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

**FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents to complete SWIM Central questionnaire 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 each child's file to be monitored by the staff of the local licensing agency.

**Facility Name:** \_\_\_\_\_ **Facility License #:** \_\_\_\_\_

**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 11<sup>th</sup> Place  
Lauderhill, FL 33311

**Form and educational handout for parent distribution can be downloaded:**

<http://www.watersmartbroward.org/resources/brochures-handouts/>

# Drowning is the #1 Cause of Death Among Children Ages 1 to 4



## Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

## Simple Steps Save Lives

### Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

### Extra Layers of Protection *if Supervision Fails*

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

### Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

### Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

### Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

### Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: <http://www.watersmartbroward.org/>



## Parent's Role

A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for their child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.



## More information and free resources:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: \_\_\_\_\_

License Issued on \_\_/\_\_/\_\_

License Expires on \_\_/\_\_/\_\_

For more information regarding the compliance history of this child care provider, please visit:

[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



OFFICE OF CHILD CARE REGULATION  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.,



## Know Your Child Care Facility

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)

# General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation vehicles (if transportation is provided).
- Provide parents with written disciplinary practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios:

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

## Health Related Requirements

- Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers.
  - Staff trained in first aid and Infant/Child CPR on the premises at all times.
  - Fully stocked first aid kit.
  - A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

## Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

## Food and Nutrition

- Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

## Record Keeping

- Maintain accurate records that include:
  - Children's health exam/immunization record.
  - Medication records.
  - Enrollment information.
  - Personnel records.
  - Daily attendance.
  - Accidents and incidents.
  - Parental permission for field trips and administration of medications.

## Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- Equip with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.

# Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

## Quality Activities

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve.

## Quality Caregivers

- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child's individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- Help children manage their behavior in a positive, constructive, and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting, and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

## Quality Environments

- Are clean, safe, inviting, comfortable, child-friendly.
- Provide easy access to age-appropriate toys.
- Display children's activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.



## **Brochure Sign Off Sheet**

### **Know Your Childcare Facility Brochure**

I acknowledge that I have read and received a copy of the Know Your Childcare Brochure.

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

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Shaken Baby Syndrome (Abusive Head Trauma) Prevention Policy**

I acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

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

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# **PHYL'S ACADEMY PREPATORY SCHOOL**

## **VOLUNTARY PRE-KINDERGARTEN (VPK) ATTENDANCE POLICIES**

To the parent/guardian of: \_\_\_\_\_

Your child is enrolled in the Voluntary Prekindergarten program. Because this is a state-funded program, there are rules and regulations set by the State that both Phyl's Academy and the parents/guardians must follow. **PLEASE READ THE INFORMATION BELOW CAREFULLY!**

### **1. SIGN IN/ATTENDANCE VERIFICATION**

Your child must be signed in upon arrival and signed out at dismissal every day by the adult who drops off and/or picks up. The point of entry for your child is at the front door of the facility. If someone other than the parent picks up, they must show photo ID and we need prior approval from the parent. The monthly attendance sheet will be located in at the main entrance in your child's teacher binder, where you must put the time and full signature, **NO INITIALS ALLOWED**. At the end of each month, you will be required to sign a "Student Attendance and Parental Choice Certificate that confirms that your child has been in the program during the month and that you wish your child to continue in the program at Phyl's Academy.

### **2. ATTENDANCE/ABSENCE**

Regular attendance is required in the VPK program. It is important that your child attends every day in order to receive the maximum benefit of this program so that your child is prepared to succeed in kindergarten. Please note: It is a State requirement that parents/guardians comply with the Phyl's attendance policy as well as any of its other policies and procedures. The state VPK program allows a school to dismiss a child who does not follow these rules.

### **3. LATE PICK UP**

Children enrolled in our VPK ONLY program may arrive no earlier than (5) minutes before the start of the program, and must be picked up no later than (5) minutes after the end of the program. Parents/guardians are responsible to pick up their child in a timely manner. There is a late charge of \$10.00 for every (15) minutes for late pick-up.

Thank you for taking the time to review these policies. The Florida Office of Early learning may modify their policies and you will be notified of any changes in writing. We look forward to a successful school year. Thank you for choosing Phyl's Academy for your VPK provider.

# PHYL'S ACADEMY PREPATORY SCHOOL

I have read and received a copy of the VPK Attendance Policy, I understand that it is my responsibility to sign in and out daily and I must provide the school with written documentation for absences.

I have received a copy of the Voluntary Prekindergarten Attendance Policy:

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

# **Shaken Baby Syndrome (Abusive Head Trauma)**

## **Prevention Policy**

This policy is designed to prevent the possibility of abusive head trauma during care. Abusive head trauma (also referred to as Shaken Baby Syndrome) occurs in infants and young children, whose neck muscles are not well-developed and whose heads are larger relative to their bodies. As a result, they are especially susceptible to head trauma caused by any type of forceful or sudden shaking, with or without blunt impact. Damage can occur in as little as 5 seconds.

Abusive head trauma can occur in children up to 5 years of age; however, infants less than one year are at greater risk of injury. Shaken baby syndrome can lead to serious conditions including:

- Brain damage, problems with memory and attention, cerebral palsy;
- Blindness or hearing loss;
- Intellectual, speech or learning disabilities; and
- Developmental delays.

## **Signs and Symptoms**

The signs and symptoms of shaken baby syndrome or head trauma include:

- Seizures;
- Bruises;
- Lack of appetite,
- vomiting, or difficulty sucking or swallowing;
- Lack of smiling or vocalizing;
- Rigidity, inability to lift the head;
- Difficulty staying awake, altered consciousness;
- Difficulty breathing, blue color due to lack of oxygen;
- Unequal pupil size, inability to focus the eyes or track movement; or
- Irritability.

## **Injury Prevention**

Infant crying is normal behavior, which improves as a child ages. Caregivers should develop proactive strategies to manage stress levels and appropriate responses to a crying child. This includes being aware and noticing when the caregiver may become frustrated or angry. Parents/guardians, caregivers and coworkers should discuss what calming strategies are successful with a particular child at home or in the center.

## **Emergency Response**

If a child presents any of the above symptoms or you suspect a baby has suffered abusive head trauma:

- Call 911, call the parent/guardian and inform your director.
- Report to the appropriate child protective services agency (or law enforcement, if applicable) within 24 hours or less as required by law. See Child Abuse/Neglect and Mandated Reporting Policy and Procedure for further information.
- See Medical Emergencies-Calling 911 for additional information.

## Strategies for Caregivers and Parents

A child is usually shaken out of frustration, often when the child is persistently crying or irritable. The following strategies may work some of the time; but sometimes nothing will comfort a crying child. A teacher should seek support from a coworker or center management. If a child is inconsolable on a regular basis, the director and management should be notified and determine if the right supports are in place for the child and for staff.

### Do:

- Hand the child to another caregiver.
- Place the child somewhere safe in the classroom (or home) and call the office (or a neighbor) for support; take deep breaths and count to 10.
- Check to see if the baby's diaper needs changing.
- Give the baby a bottle. If the baby readily takes a bottle, feed slowly stopping to burp often. Do not force the baby to eat.
- Check for signs of illness and call the parent if you suspect the child is sick.
- Give the baby a pacifier.
- Hold the baby close against your body and breathe calmly and slowly.
- Gently rock the baby using slow, rhythmic movements.
- Sing to the baby or play soft, soothing music.
- Use "white noise" or rhythmic sounds that mimic the constant whir of noise in the womb
- Hold the baby on its side or stomach position to help with digestion. Babies should always be placed on their backs to sleep.
- Take the baby for a walk indoors or outside for a ride in the stroller.
- Be patient: let the baby cry it out if necessary.

### Never:

- Shake a child.
- Drop a child.
- Throw a child into the air or into a crib, chair, or car seat.
- Push a child into any object including walls, doors, and furniture.
- Strike a child's head, directly or indirectly.

## Resources

In addition to any required state training, the following resources are available to parents/guardians and staff:

### Websites:

Abusive Head Trauma-How to Protect Your Baby

<https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-TraumaShaken-Baby-Syndrome.aspx>

National Center on Shaken Baby Syndrome <https://www.dontshake.org/>

Growing World of Toddlers

<https://mybrightweb.brighthouse.com/EducationPortal/Supplemental%20Materials/ILMToddler%20Development.pdf>

Related Policies and Procedures

- Child Abuse/Neglect and Mandated Reporting Policy and Procedure
- Medical Emergencies-Calling 911
- Safe Infant and Toddler Handling Procedure



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

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I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

#### For Official Use Only

Date Received
Employee Signature

